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JICA Study on Education and Health Sectors in the Pacific Region

FINAL REPORT

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Abbreviations

ADB	Asian Development Bank
AVI	Australian Volunteers International
AYA	Australian Youth Ambassadors
BELS	Basic Education and Literacy Support
BEMTUP	Basic Education Management and Teacher Upgrading Project
CRIP	Curriculum Reform Implementation Project
CROP	Council of Regional Organisations of the Pacific
CRP	Comprehensive Reform Program
CWM	Colonial War Memorial Hospital
DESD	*Department of Economic and Social Development*
DOE	Department of Education
EPI	Expanded Program of Immunisation
ETESP	Elementary Teacher Education Support Project
EC	European Commission
EU	European Union
EUVED	European Union Vanuatu Education Development
FP	Family Planning
FSM	Fiji School of Medicine
GDP	Gross Domestic Product
GIP	Government Investment Program
GGP	Grant Assistance Grassroots Projects
GOF	Government of Fiji
GOJ	Government of Japan
GONZ	Government of New Zealand
GOPNG	Government of Papua New Guinea
GOV	Government of Vanuatu
HP	Health Promotion
HRD	Human Resources Development
HSSP	Health Sector Support Program
IEC	Information Education and Communication
IT	Information Technology
JICA	Japan International Cooperation Agency
JOCV	Japan Overseas Cooperation Volunteer
JSS	Junior Secondary School
LAMP	Literacy and Awareness Materials Production
MCH	Maternal and Child Health
MFA	Ministry of Foreign Affairs
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCD	National Capital District
NCD	Non Communicable Disease
NCHP	National Centre for Health Promotion
NDOE	National Department of Education
NGO	Non Government Organisation
NZ	New Zealand
ODA	Official Development Assistance
PACTAF	Pacific Technical Assistance Facility
PASTEP	Primary and Secondary Teacher Education Project
PIC	Pacific Island Country
PNG	Papua New Guinea
PRSP	Poverty Reduction Strategy Paper
RH/FP/SH	Reproductive Health/Family Planning/Sexual Health

RWSS	Rural Water Supply and Sanitation
SOPAC	South Pacific Applied Geoscience Commission
SPC	Secretariat of the Pacific Community
SV	Senior Volunteer
TB	Tuberculosis
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Program
UNESCO	United Nations Economic Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNV	United Nations Volunteer
UPE	Universal Primary Education
USP	University of the South Pacific
VASTEP	Vanuatu Junior Secondary Teacher Education Project
VSA	Volunteer Service Abroad
WB	World Bank
WCH	Women's and Children's Health
WHO	World Health Organisation

Executive Summary

Taking into account the current economic environment in Japan, related budgetary constraints for ODA worldwide and the requirement for public accountability, the JICA Australia Office sought an assessment of the effectiveness and efficiency of aid in the health and education sectors in the Pacific. Objectives of the Study were:

- To analyse and examine the advantages, effectiveness and issues in JICA/Japan's program of assistance as it relates to poverty alleviation in the sub-sectors of basic education and health promotion in the target countries of Fiji, Vanuatu and Papua New Guinea.

- To formulate recommendations to improve the effectiveness and efficiency of the program of assistance including possible regional approaches, taking into account the enhancement of collaboration and coordination with other donors and regional organisations.

The Study was undertaken by two independent Australian consultants in Australia, New Zealand, Papua New Guinea, Vanuatu and Fiji in February/March 2002 over a five week period including 20 days in the field.

This Report examines the status of basic education and health/health promotion in Papua New Guinea, Vanuatu and Fiji and regional activities in these sectors; identifies issues affecting the effectiveness and efficiency of aid and proposes ten recommendations to address these issues.

Findings of the Study

The Study Team found that a range of activities had been delivered by GOJ/JICA utilising grant aid in the three Pacific Island countries covered by the study. In ***Papua New Guinea*** Japan is the third largest donor to with substantial commitments over many years to technical cooperation activities, grant aid projects and grant assistance for grassroots projects (GGP) in basic education and health. These commitments feature the provision of JOCVs, the establishment of the National Education Media Centre and related technical inputs in basic education and the supply of infrastructure and equipment to the health sector in PNG.

The main thrust of Australia, France, the ADB and the New Zealand cooperation program in ***Vanuatu*** is public sector reform. For its part, GOJ/JICA has committed substantial resources over the last 20 years to technical cooperation activities in Vanuatu particularly in the education sector. 49 out of 97 JOCVs located in Vanuatu since 1981 supplied service in basic education. Japan's GGP in Vanuatu is approximately 40 million Yen per year with significant commitment to rural primary school infrastructure and facilities. The Study Team noted that the four year European Union vocational education project (8.3 million euros) is related to upgrading of rural schools.

Many donors imposed sanctions on aid cooperation to ***Fiji*** following the civilian takeover of government in May 2000 and are currently in the process of finalising levels/sectors for forward commitments. Sanctions were not applied by Japan. Fiji GDP per capita is above the World Bank threshold for grant aid. Japan's ODA commitment to Fiji in 2000 was significant at USD 13.9 million primarily for technical cooperation activities.

However the Team notes that GOJ has no mechanism to provide direct funding to regional organisations and the Report indicates that a significant proportion of GOJ funding to Fiji is earmarked for regional organisations many of which are based in Fiji. This includes the USP Net Communications Project, the Fiji based Pharmaceutical Service Centre, the UNICEF EPI Program and the Filariasis project. Five of the 33 Fiji based JOCVs are working as Special Education Teachers and a significant percentage of GGP activities implemented were for the upgrading of rural schools in Fiji.

Strengths of JICA/Japan Aid in the Pacific

The Team found that activities funded by Japan have produced positive results and fill gaps at national, regional and community levels. Japan is one of the few Pacific donors willing to fund a wide variety of infrastructure projects/provision of equipment, and donors and governments in the region recognise that many externally funded activities in the health and education sector rely on these inputs. Japan funded capital works are generally of high technical standard and Japan is considered to have a comparative advantage in this niche area. This strategy for aid delivery complements 'sector wide planning' and 'capacity building' strategies of key donors in the region.

Community interaction by volunteers is seen to promote understanding and cooperation between Japan and the host country; JOCVs leave behind practical resources in the community and the accessibility of qualified experienced, resourceful and reliable technical expertise at the grass roots level is particularly valued.

Issues identified by the Study Team:

- The ***absence of a publicly available strategic plan*** for GOJ/JICA activities agreed with bilateral partners articulated by country or by region which includes sectoral priorities and plans with clear goals and objectives was noted in PNG, Vanuatu and Fiji. This has resulted in a perception that JICA activities are sometimes ad hoc. Activities support recipient government ODA requirements and are selected against generic criteria. As a result, GOJ/JICA has conducted activities in a wide variety of sectors in all three countries. While this means that JICA activities are 'responsive' and 'flexible', this approach reduces the opportunity for impact. Various stakeholders indicated to the Team that the absence of a 'program' approach impacts on the planning capacity of the recipient government. As well, the current approach makes donor performance and activity impact difficult to measure.

- JICA has indicated some interest in exploring some of the "soft" areas of aid such as policy, planning and management. Other donors are seen to hold the advantage when compared to JICA in areas related to policy and program development in the health and education sectors. JICA has a comparative advantage in ODA in the provision of

infrastructure and materials. These "hard" areas rely less on English proficiency than do the "soft" areas yet can be more directly linked with poverty alleviation. These issues will need careful consideration in the process of making decisions regarding the ***level and nature of future GOJ/ JICA ODA commitments.***

- The current ***structure and responsibility for management and decision making*** related to Japan ODA causes delays in implementation of projects and technical cooperation and in decision making related to project adjustments/amendments which may be required in the implementation process. Policy direction and approvals relating to grant aid projects including levels of aid are made at MFA headquarters in Tokyo. There appears to be limited delegation for decision making at the country (MFA/JICA) level.

- MFA and JICA offices in Papua New Guinea and Fiji engage local and expatriate staff with responsibilities for implementation of discrete categories of ODA. No examination has been conducted relating to the cost effectiveness and efficiency of current structures including numbers and levels of expatriate and local staff or roles and responsibilities of expatriate vis a vis local officers.

- ***Limited access to information about JICA processes and activities*** was an issue of concern to a wide range of stakeholders including government departments, other donors and representatives of regional and non-government agencies. While there are some mechanisms for dialogue there is limited local understanding of Japan ODA systems and activities. As well consultation with the local community at the preparatory and feasibility study stages of grant aid projects appears to be limited. In addition, it is understood that GOJ/JICA level of participation at donor/sectoral meetings (national and regional) is limited.

- Most donors in the Pacific have increased their level of ***information sharing***, networking and collaboration. While JICA in principle supports results oriented cooperation and believes that coordination will become increasingly important aspect of aid delivery, JICA at present is perceived to largely work in a *singular* way, outside of this network.

- Australia and New Zealand have had a close aid dialogue in the past and are now actively working towards a higher order of collaboration, namely ***donor harmonisation*** where each country's policies, programs, practices and procedures are brought into alignment. While JICA in principle supports donor cooperation, the Team is aware that GOJ has reservations about an approach that calls for placement of funds into a 'common basket' of support.

- GOJ inputs to **regional organisations** are substantial and have, to date, been channelled through bilateral programs or multilateral agencies. Given the current level of GOJ (indirect) contributions, and the need perceived by JICA for increased donor coordination, it may be timely to explore the feasibility/efficiency of direct contributions to regional organisations.

- JICA's technical cooperation includes customised and off- the-shelf technical training to in- service personnel. While some training is conducted in third countries, much of the training is conducted in Japan. There is some concern at the ***sustainability of technical training*** given the level of mobility of returned participants and the limited access to resources including technical equipment in the workplace on return. No long-term impact of short term technical training has been conducted.

- Procurement of equipment through grant aid assistance has been a feature of JICA activities in the Pacific. However the level of ***maintenance of facilities procured with Japan ODA*** is seen to have compromised the sustainability of the assistance. There are several reasons for this: while maintenance training may have been available in the first instance, knowledge is lost when training participants leave. Where facilities/equipment have been provided through GGP, the responsibility for maintenance rests with the community/local governments who are unable to stretch very limited funding to provide maintenance. While this sequence of events is largely beyond the control of the donor, this is not an effective use of funding.

- The focus on ***poverty alleviation*** in donor policies is a recognition by agencies that economic growth does not always translate into poverty reduction and that economic reform can shift loss onto the poor. Poverty alleviation can be achieved through targeted interventions which directly engage the poor in health and education activities. The link between infrastructure activities and poverty alleviation is less direct. Given that many of GOJ/JICA's activities in the Pacific (technical cooperation, GGP) are delivered at community level, they can be said to contribute to poverty alleviation. While poverty reduction is regarded as a priority issue in Japan's Medium Term policy on ODA, the Team understands that identification of grant aid projects does not include an analysis of the opportunity for poverty reduction.

Japan has invested heavily in its volunteers in the Pacific over many years. These volunteers by and large are regarded as resourceful and skilled personnel able to fill manpower gaps. However there are a number of ***significant issues related to the volunteer program*** as follows:

- Generally JOCVs fill line positions, many of which have been filled year after year, by a succession of JOCVs who have been unable to transfer skills to counterparts, for a variety of reasons. This practice is not ***sustainable*** particularly given the shortage in Japan of some categories of volunteer. The placement of JOCVs in line positions on a long-term basis challenges the principles of technical cooperation.

- ***Evaluation of JOCV placements*** appears to be limited to regular progress reports and a completion report. There has been no evaluation of the long-term impact of JOCVs on local host organisations or on the particular sector as a whole.

- The level of ***administrative support*** for a small number of volunteers is high compared with other volunteer programs

- There is no ***long-term goal or country-specific strategy for volunteer placements.*** JICA does not appear to have a clear picture about what it is trying to achieve in each country or how volunteers might contribute to the goal.

- JOCV placements respond to individual requests and often cover a ***diverse range of sectors.*** Placements are not targeted to priority sectors and they are rarely integrated with other GOJ/JICA development inputs. Ad hoc placements reduce the opportunity for impact and should be discouraged.

- ***Language levels of volunteers*** were identified as an issue by host organisations

Solutions proposed by the Team include:

- A more strategic approach to planning and delivery of GOJ/JICA ODA activities.
- Improved targeting of aid and integration of aid 'packages' to enhance impact.
- Increased levels of communication with other donors about JICA activities and with local communities in the preparation of activities.
- Increased attention to the local context and incorporation of a wider range of local expert knowledge in project design.
- Increased efficiency in the management of volunteers.

In **Basic Education** the Study Team concludes:
That Japan funded activities in rural areas in primary education, particularly through JOCV inputs, investment in distance education and materials production and through infrastructure- related grassroots projects are valuable and should continue.

In **Health Promotion** the Study team concludes:
That Japanese involvement in health promotion activities in PNG and Fiji has been useful and should continue over the next few years as part of a comprehensive country and regional strategy and

That Japan has a comparative advantage in equipment and audio-visual technicians and is best placed to specialise in this area rather than explore health promotion "software" areas where Japanese language is a disadvantage

Taking into account the performance of JICA aid activities and issues raised, the Study recommends:

Recommendation 1

a) That JICA 'in principle' support for a country program strategy approach be implemented in practice in the Pacific and
b) That consistent with this approach and, in consultation with the partner government, that country programs are developed comprising an integrated and targeted program of assistance in agreed priority sectors.
c) That JICA and national commitments to poverty alleviation be taken into consideration in the selection of the forward program.

Recommendation 2
That an assessment is made of the cost effectiveness and efficiency of current GOJ/ JICA field office structures in ODA management in the Pacific including staffing levels in country, roles, responsibilities and delegations of expatriate and local officers and administrative procedures related to grant aid projects.

Recommendation 3
That the principle of sharing information about JICA aid policies, activities, structures and procedures is put into practice through a process of increased, regular dialogue (both formal and informal) between GOJ/ JICA personnel and donors, government and non-government personnel in country.

Recommendation 4
That GOJ/JICA offices in country be encouraged to actively seek appropriate opportunities for collaboration between donors at country level.

Recommendation 5
That an assessment is made by JICA of the efficiency and cost benefit of greater regional cooperation, including direct funding to regional bodies and co-financing arrangements.

Recommendation 6
a) That an overall review/study into the effectiveness and efficiency of current management structures relating to Japanese volunteers, including staffing levels in country and impact of the placements on the workplace is overdue and should be conducted as soon as possible;

b) That an assessment be made of incidence, circumstance and consequence of practices relating to the successive placement of JOCVs in line positions over the long term by country and that

c) As part of this assessment policy recommendations relating to volunteers be formulated which are consistent with principles of sustainable development cooperation, and

d) That, given the importance of good local language skills, other options be explored for volunteer language training, including the use of native speakers as trainers, the balance between English and local language training, and the merits of in-country versus third-country and in-Japan courses.

Recommendation 7
That an external review is conducted to assess the appropriateness, impact and efficiency of JICA funded technical (particularly in Japan and third country) training as soon as possible.

Recommendation 8
That where grant aid applications include requests for facilities/equipment that

- equipment is appropriate and compatible
- risks relating to sustainability of facilities and equipment are identified in the feasibility study stage and that
- a specific strategy to sustain the assistance including a maintenance regime is agreed with the recipient agency

Recommendation 9
a) That Japan continues to strengthen health promotion (HP) activities in the Pacific, through supply of equipment to, and placement of Japanese personnel in key technical positions in, existing HP centres (such as Fiji NCHP, PNG National Education Media Centre, SPC Media Centre) and other centres identified by national governments as appropriate for a HP role.

b) That Japan explores the sending of JOCVs (with small-scale equipment and travel budget as necessary) to work as HP personnel alongside designated national HP staff, in provincial areas of PNG, Vanuatu, Fiji and other countries as appropriate.

c) That the HP JOCVs and HP Centre technical staff be informally linked as part of a network of Pacific wide HP personnel, supporting each other and maximising impact.

d) That Japan views Japan-funded country-specific HP activities as part of a wider Regional Program, where all equipment is compatible, where training is standardised and Japanese and national personnel have opportunities for information-sharing, mutual learning and where appropriate, collaboration.

e) That coordination of the regional HP link be undertaken by JICA Fiji.

Recommendation 10
a) That Japan implements a program of targeted activities in Basic Education in the Pacific through the JICA technical cooperation schemes and through GGP projects.

b) That Japan activities in Basic Education including schools infrastructure and placement of Japanese volunteers and experts be integrated to maximise impact, use local material and human resources and incorporate specific strategies for sustainability.

c) That Japan takes an active role at regional meetings on education with appropriate representation at policy level

and that in PNG:
d) Taking into account lessons learned from the LAMP project that the feasibility be assessed of extending multi media distance education services and resources currently funded through Japan ODA for literacy and numeracy classes in PNG

in Vanuatu

e) That measures be explored to integrate some JOCV inputs with other donor inputs at the Vanuatu Teachers College particularly in courses on physical education and music.

f) That given the low rates of adult literacy, that JICA explore new ways to support NGO literacy activities.

and in Fiji

g) That given the level of JOCV inputs in Special Education and the policy commitment of the GOF to increased access to disabled persons that further activity including expertise/ inputs to special education policy/mainstreaming could be explored.

SECTION 1 Introduction

1.1 JICA in the Pacific

JICA is the primary agency for implementation of Japanese Official Development Assistance (ODA). The aim of JICA is to contribute "*to economic and social development in developing regions ... and to the promotion of international cooperation.*"[1] Japanese ODA in the Oceania Region includes bilateral loans and bilateral donations. Bilateral loans are implemented through the Japan Bank for International Cooperation. Bilateral donations are through grant aid projects and activities and include Grant Assistance for Grassroots Projects (GGP); Technical Cooperation activities including the provision of experts, Junior Overseas Cooperation Volunteers (JOCV) and Senior Volunteers (SV), and in-country and Japan/third country based training. Grant aid is approved through the donor country representative of the Ministry of Foreign Affairs (Embassy of Japan). By and large grant aid activities are implemented by JICA on behalf of the Ministry of Foreign Affairs.[2] There are four embassies of Japan and four JICA offices in the Pacific; Australia, Fiji, Papua New Guinea and Samoa; five JICA/JOCV offices are located in FSM, Palau, Solomon Islands, Tonga and Vanuatu and one JOCV office is located in the Marshall Islands.

1.2 Background to the Study

JICA recognises the importance of poverty alleviation particularly in the key sectors of health and education in its ODA to the Pacific. The Medium Term Policy on ODA (1999) established that Japanese cooperation will place emphasis on basic education.

Taking into account the current economic environment in Japan, related budgetary constraints for ODA, and the requirement for public accountability, the Government of Japan through JICA Australia sought an assessment of the efficiency and effectiveness of aid implementation in the health and education sectors in the Pacific including the relationship of activities to poverty alleviation and an assessment of the opportunities for donor collaboration in the Pacific. The goal of the study is:

To increase the efficiency and effectiveness of JICA's assistance in the Pacific region in the health and education sectors.

The objectives of the study are to:

1. To analyse and examine the advantages, effectiveness and issues in JICA/Japan's program of assistance as it relates to poverty alleviation in the sub-sectors of basic education and health promotion in the target countries of Fiji, Vanuatu and Papua New Guinea.

2. To formulate recommendations to improve the effectiveness and efficiency of the program of assistance including possible regional approaches, taking into account the

[1] JICA; Annual Report 2001 p. front cover
[2] Except in the case of GGPs, which are managed by MFA.

enhancement of collaboration and coordination with other donors and regional organisations.

Terms of reference for the Study are attached at Annex 1 of this Report.

1.3 Methodology

The Study was conducted in Australia, New Zealand, Fiji, Papua New Guinea and Vanuatu over a total of five weeks including 20 days in the field.

The Team studied documentation, collected information from a variety of sources and met representatives from JICA and AusAID in Australia; with NZODA and VSA in New Zealand; and with government ministries, non-government organisations, regional organisations, various bilateral and multilateral donors; JICA officers and JOCVs, SVs, and experts working in these sectors in Fiji, PNG and Vanuatu. The schedule of meetings is attached at Annex 2 of this Report. A bibliography of documents consulted appears at Annex 5 of this Report.

Following the field visits in PNG, Vanuatu and Fiji, the Team prepared briefing notes on its findings. These notes were presented by the Team to in-country JICA stakeholders prior to their departure and formed the basis for a two-way dialogue covering confirmation of findings and possible strategies to address issues raised by the Team in the notes.

While there are shifts in emphases on aspects of Basic Education between PICs, for the purposes of this Study, Basic Education is defined as primary education and literacy and numeracy skills. Health Promotion encompasses all those activities that seek to make life safer and enable individuals to behave in health preserving and health enhancing ways. It includes any combination of educational and environmental supports for actions and conditions of living, conducive to health. It is not limited to health education. There are 5 main action areas for health promotion: building healthy public policy; creating supportive environments; strengthening community action; developing personal skills; and reorienting health services.

1.4 Study Team

The Study was undertaken by Margaret Winn and Eileen Wahab, two independent Australian consultants. Eileen and Margaret have a broad knowledge and understanding of development and development agencies in the Pacific and have extensive experience in the design, implementation and assessment of efficiency and effectiveness of aid projects, Eileen in the education sector and Margaret in the health sector. Eileen therefore took responsibility for coverage of the education sector and Margaret for the health sector. The Team was assisted in the conduct of the Study and the analysis of findings, by JICA resident representatives and program officers in Australia, PNG, Vanuatu and Fiji offices.

SECTION 2 Status of Basic Education and Health/Health Promotion in the Pacific

2.1 Papua New Guinea

2.1.1 Papua New Guinea Development Context

Papua New Guinea is characterised by a population growth rate of 2.7% and economic growth at 3.3% over the 15 year period to 2001 which is poor compared with neighbouring countries. PNG has been undertaking a Structural Reform Program with the financial support of the IMF and World Bank since 1995. Provincial governments have been responsible for the delivery of essential services since the introduction of the Organic Law in 1995. Human resource inadequacies, in both absolute numbers of personnel and skill level, exist at all levels but particularly in the provincial and rural areas. There is a freeze on recruitment to the PNG public service and a lack of skilled personnel in existing jobs.

Aid to PNG is dominated by AusAID's AU $340million per annum allocation and a long history of budget support. AusAID has a clear and comprehensive PNG strategy based on increasing self-reliance, economic stability, social and gender equality and poverty alleviation. One of four priorities is to improve health and education indicators, particularly through institutional strengthening and capacity building.

The EU is the second largest donor with an allocation of EUR with 166m Euro allocated for the 5 year funding cycle 2002 - 2007, to support activities that fit within the EU's PNG Country Strategy. Education takes the majority share of the EU budget.

Japan is the third largest donor and although it makes no specific budget allocation and has no clearly articulated program objectives and strategies, roughly contributes about USD 30-40 million each year to a range of individual projects in infrastructure construction and supply of equipment, resources and technical cooperation. . The JICA office has 19 staff members, 8 of whom are Japanese. Three of the Japanese staff work as Volunteer Coordinators servicing 49 JOCVs and 6 SVs. UN agencies are significant players but the UN is not the focal point of coordination that it is in other countries.

Technical Cooperation

For many years donors have filled manpower gaps with a variety of experts and volunteers. UNV had a large volunteer program in the past but numbers have dwindled from hundreds to about 10 currently. Australia has 57 AVIs and a variety of specialist recruitment scheme personnel through PACTAF and AESOP. AVI has no field office and is flexible about local salary and accommodation requirements. Although some other volunteer agencies (including JICA) do not send females because of personal security concerns, AVI and New Zealand's VSA both send female volunteers.

There are a total 55 Japanese volunteers in PNG, all male. JOCVs receive 3 months pre-departure training in Japan, a large part of which is devoted to English Language training. On arrival in PNG, they receive 10 days' Pidgin training. JOCVs use Pidgin daily at work and generally speak far better Pidgin than English. JOCV placements are for 2 years. A significant proportion of current JOCV positions is repeat

placements. There is one Aikido position, which has been filled continuously for 20 years. There does not appear to be a comprehensive strategy to phase out volunteers from repeat placements or to prioritise alternative workplace positions.

2.1.2 Basic Education in PNG

Basic schooling for all children or universal primary education (UPE) is a national objective of the National Department of Education (NDOE) in PNG. Indicators of UPE are defined as school entry at age 7; completion of the primary cycle (grades 1-6) in which all children achieve a standard of literacy and numeracy.[3]

Education in PNG is not compulsory. Elementary schools (years 1 and 2) which are 'feeder schools' for primary schools, were introduced as part of education reforms detailed in the National Education Plan 1995. The use of community languages and local curriculum content is encouraged in Elementary schools. Grades 7 and 8 were relocated in some areas from high schools to primary schools (upper primary). Approximately 52% of both elementary and primary schools are managed by the church,[4] however standards and curricula of church schools are overseen by the NDOE which provides the majority of funding for these schools.

In March 2001, approximately 81% of all 7 – 12 year old children were enrolled in grades 1-6. However there were some notably lower rates in some locations including 67.6% enrolment in National Capital District (NCD) where numbers of children exceed the places available. Female participation of girls in primary school is at 45% (consistent with the % of female population). The teacher/pupil ratio is 35:1 overall but in some provinces, which experience a severe shortage of teachers, it is 42:1 which is above international standards. Multi-grade teaching is official NDOE policy. Approximately 55% children who start Grade 1 complete Grade 6. The UNDP indicates that adult literacy is at 63.9 %. A budget appropriation of KINA150 million has been set aside by GOPNG for subsidisation of school fees, of which KINA 50 million has been allocated (to NDOE).

Challenges to UPE in PNG include: retention levels which are partly addressed by the introduction of elementary schools; teacher training particularly at the elementary and upper primary levels; curriculum development and materials provision, school infrastructure including classrooms for Grades 7 and 8 in primary schools and staff housing; teacher supervision and the limited financial and human resource capacity of provincial/district governments following the introduction of Organic Law in 1995 (wherein the operation, development of schools and delivery of education services are the direct responsibility of provincial and local level governments). Some of these issues have been addressed by government policies and some by donor's development projects and programs.

Major Donor Projects in Basic Education in PNG

AusAID is the major donor to the education sector through the following projects: Primary and Secondary Teacher Education Project (PASTEP), which aims to raise the

[3] National Department of Education, Education Reform Facilitating and Monitoring Unit "*The State of Education in Papua New Guinea*" March 2001 p.13

[4] Department of Education, Corporate Data Branch, *"Education Statistics of Papua New Guinea 1999" pp8 and 9.*

quality of teacher education to meet the requirements of the education reform agenda. The project is implemented in 7 teachers colleges and supplies some training resources. (5 years 1999 –2004 AUD 28 million); Elementary Teacher Education Support Project (ETESP) which enables the training of approximately 5000 elementary teachers (3 +2 years 1997 – September 2002 AUD 16.5 million). This project includes the development of curriculum materials and some infrastructure support for staff housing; Curriculum Reform Implementation Project (CRIP) to develop and implement curriculum reform focussing on elementary and primary curricula (5 years October 2000 – November 2005; AUD 30 million). AusAID also assisted in the provision of elementary school kits in 2001 and of textbooks for grades 7 and 8 (AUD 13 million).

EU has indicated that education and human resource development (HRD) will be a focal sector in the forward program 2002 – 2007 for which EUR 35 million will be set aside. Major interventions are envisaged in basic education through support to rural primary schooling; the maintenance of education facilities; effective school inspection; distance learning facilities and in-service teacher training.

GOJ/JICA aid to the sector has included the establishment of the National Education Media Centre at the Curriculum Development Division of the NDOE. (KINA 30 million) The Centre, which produces schools radio broadcasts and education video programs, was opened in 2001. The project included the provision of equipment, technical training for Centre staff (both 'on the job' and Japan based) and the provision of an expert and a volunteer to provide technical support. The Centre is currently piloting the production education programs for direct telecast to schools (Grades 7 – 11) via satellite.

Literacy and Awareness Materials Production (LAMP) Centres were established in 19 provinces of PNG in 1996 by GOJ to produce reading material for local literacy. This project included the provision of computers for desktop publishing, laser printing and duplicating equipment and preparation of a maintenance manual. It is understood that poor local maintenance of Reisograph equipment has affected the level of usage of the centres.

320 solar lighting kits and related installation and maintenance training were provided to rural schools in 19 provinces (KINA 4.19 million) in 1997-98 through non-project grant aid. It is understood that local maintenance of the kits has been a problem - a review has been undertaken by JICA and results will be released in due course.

GOJ has 14 out of 49 JOCVs working in the education sector (primary, secondary and audio visual education). As well, grant aid for infrastructure and equipment to primary schools has been provided through GGP.

Japan ODA in Basic Education, PNG; Looking Ahead

There is a clear requirement for increased emphasis on quality education in PNG. While donors are active in enhancing quality in the basic education sector in PNG this appears to be through the formal education system at the elementary, primary and upper primary levels. Given the heavy reliance on donors for support in both the

education development and recurrent budget [5] there continues to be a requirement for further donor inputs. This is particularly in the area of literacy education and promotion in rural areas where current activities are principally implemented with NGO as against bilateral or multilateral donor support. The feasibility of extending audio-visual distance education services and resources funded by Japan ODA for literacy and numeracy classes could be explored. Recommendations and lessons learned through the review of the LAMP centres and the Solar Power projects and risks related to the capacity of provincial and local level governments in the implementation of projects in rural areas, will need to be taken into consideration in the feasibility/assessment process.

2.1.3 Health in PNG

The health status of Papua New Guineans is among the lowest in the Pacific and GOPNG and donors have identified health as a priority sector for development assistance. The health sector is characterised by an orientation to hospital-based curative care, a lack of financial support for PHC and preventive health, chronic shortages of key health personnel, and extensive (but in past years undiscriminating) use of donor assistance. The GOPNG has a comprehensive and practical National Health Plan (2001-2010), which sets out policy directions, priorities and implementation strategies for addressing low health status and problems with health delivery and donor coordination.

Health Promotion
Health Promotion (HP) is identified as one of the 8 priority areas in the national Health Plan. Communities are to be encouraged to improve and maintain their own health. Health Promotion programs and training are to be pursued in partnership with all government agencies, churches, NGOs and community groups. The Plan's Health Promotion Program includes activities related to: the production and distribution of materials, radio and TV broadcasting, and public meetings, forums and expositions; and community health programs. The principal HP indicator is the percentage of districts with at least one nominated community health educator.

To support this HP Program is a Health Promotion and Education Branch in the Ministry of Health, with a staff complement of 29 in Port Moresby, (including WHO and AusAID advisers) and HP officers in 9 Provinces. The principle problems the HP Program face are: the lack of skilled and sufficiently resourced staff to conduct effective HP in rural areas; the low level and diversity of local health knowledge and practice; and the plethora of local languages for education. To address these problems the Branch would like an increased budget and equipment for in-house production of print and audio-visual resources, more HP skills transfer to provincial personnel, and some mobile outreach vans. The current workplace priorities of the HP Branch are to undertake networking with other agencies, research the best ways to get the HP messages across, and develop a media strategy to promote the national Health Plan. The focus of the HP Branch appears to be resource production for health education.

[5] It is estimated that less than 10% of the education development budget is provided by GOPNG see *"Strategy for AusAID Support to the PNG Education Sector 2000–2010"* Vol. 1 March 2000 p.13

Major Donor Projects in Health and Health Promotion in PNG

AusAID

AusAID and ADB are major health donors, with AusAID providing about AUD 50 million for 2001-02. AusAID and ADB have been instrumental in supporting the reforms of MOH to make more effective use of donor support to the sector, in particular the "sector-wide approach" to health aid projects. This approach aims to reduce pressures on MOH personnel to focus on donor projects to the detriment of core MOH priorities. The approach aims to direct donor and government resources to the priorities identified by PNG, through the Health Sector Improvement Program. It uses PNG health policy, planning, delivery and monitoring systems, and means that all project activities are confirmed annually by the PNG planning process and are part of the MOH program budget structure. The approach also includes a separate trust fund with a budget of about KINA 90 million donated by ADB, AusAID and NZ, which can be used for specific activities determined by MOH. Japan has indicated its concerns re contributing to this "common basket".

The goal of Australia's support to the health sector is to improve the health status of Papua New Guineans, by building capacity to improve the quality, accessibility and effectiveness of rural health services. AusAID's major involvement is the Health Sector Support Program, which fits the sector-wide approach and aims to strengthen health delivery at provincial and rural health facilities. There is a HP component in HSSP. Other major AusAID projects such as Women's and Children's Health Project and National AIDS Support Project have been re-oriented to the new sector-wide approach and also include HP activities.

ADB

Although some people say that with AusAID's aid dominance there is not much room for other donors in health, there is significant donor activity from ADB, Japan and the UN system. ADB has been operating in the sector for 16 years, and the latest of its rural health projects (to start in 2003) is worth USD 10 million. Over time ADB health projects have concentrated less on straight health infrastructure construction and more on health-related activities such as building housing for health staff to encourage them to work in rural areas, and on rural water supply and sanitation. ADB has engaged in health education training although its successes in this area are mixed. ADB is currently undertaking (for the first time) a health sector review, which should be available November 2002.

EU

EU has a large Rural Water Supply and Sanitation (RWSS) project to start in 2003 or 2004, which has a significant health education component. WHO is involved in EPI, malaria, TB and leprosy, health promoting schools and has a WHO expert HP officer in Port Moresby. UNFPA, WB, and UNICEF all support important niche health activities. Most major donor projects include some HP activities but in general they are specific to their project and of limited duration and impact.

Japan

Japan has had an important role in the health sector, providing capital works, equipment and supplies that other donors do not readily offer. Construction and refurbishment of hospitals and health centres, supply of medicines, and provision of

health-related equipment are very much welcomed by GOPNG and other donors. Japan has provided important, discrete components of other donor projects such as vaccines and needles and syringes for WHO EPI program, and cold chain installation equipment for AusAID's WCH project. Donors working on these projects with Japan have viewed the collaboration as effective, with each making use of their comparative advantage.

By and large, the equipment and supplies from Japan are appropriate for PNG although there have been some hiccups. There are many reasons for this, some of which are beyond the control of the donor, while others are the result of inadequate consultation and planning between GOPNG and Japan. Some examples of difficulties include: the donation of equipment without consideration of a budget for installation, operation, maintenance or repair; the design of buildings that leave out drainage systems or fail to consider the ability of local cleaners to keep the building clean; and the supply of vaccine that does not match the vaccination schedule in current use.

Japan is making some attempt to minimise future problems by having a health expert based in MOH to facilitate communication. Reports suggest that there was inadequate introduction, briefing and documentation for MOH and donor personnel, about the role and function of the JICA health expert and consequently little effective exploration of collaborative possibilities between MOH, other donors and Japan. Most MOH staff did not know the purpose of the JICA health expert in the MOH and did not include him in the informal office information sharing which is usually so effective in progressing collaborative ventures. At present the health expert position is unfilled and apparently there are difficulties finding a suitable expert from Japan.

Apart from experts, Japan/JICA have supplied other personnel to fill technical roles in the PNG health sector. Japanese personnel, and the training of indigenous health staff in PNG, in regional countries and in Japan, are appreciated.

JICA has 5 JOCVs in the health sector, most filling technical positions such as pharmacist. There are no SVs in health. JOCVs are generally viewed as sufficiently skilled to fill line positions and resourceful and adaptable for grass roots positions. However owing in part to security concerns, fewer and fewer JOCVs now go to remote areas - most are found in provincial centres where other volunteers are also to be found. It has been commented that this lessens the grass roots experience of JOCVs and results in less engagement with local people.

Training of selected PNG nationals including senior health personnel has been a feature of JICA technical cooperation for some time. While this training has had some positive results for individual participants, some commented that language and the relevance of courses were problems. The participants' lack of Japanese, coupled with the poor "technical vocabulary" of interpreters and variable English language skills of instructors, meant that the participants' level of understanding was compromised. On return to PNG the application of what participants had learned was variable. A number of line managers that there was little institutional benefit gained by the training, although personal confidence and enthusiasm were often heightened.

Japan ODA and Health/Health Promotion, Papua New Guinea; Looking Ahead
Japan has had only minor involvement in PNG HP, although some of the equipment in HP Branch of MOH is Japanese. There are no JICA volunteers undertaking HP activities and no current health expert involvement in HP. The Japan-funded MOE National Education Media Centre, although capable of producing HP resources for MOH, is busy with its own MOE production and is considered too expensive for the MOH budget. Currently Japan is not involved in any significant regional health education initiatives.

Japan does not have a publicly available strategic program, with clear long-term goals, objectives and strategies for health aid to PNG, nor does it support the "sector-wide approach of MOH and other donors. This has an impact on the planning capacity of GOPNG and MOH and makes Japan's health sector performance and impact difficult to measure. It has also resulted in a perception that Japan's aid is somewhat ad hoc, which can be an advantage in allowing flexibility, but can also reduce overall effectiveness.

Although Japan is well placed to provide an alternative approach to aid from that of other donors, there is limited scope for Japan to actively engage in health promotion through the MOH in PNG. The Health Promotion and Education Branch is well serviced by other donors and has a large complement of staff and expert advisers. There are questions from ADB and others, about the Branch's capacity to absorb further activities, as well as about the appropriateness and cost-effectiveness of it undertaking in-house (rather than contracting out) resource production. In addition, the sector-wide approach followed by most health sector donors (but not by Japan) makes it more difficult for any proposed Japanese activities to be integrated into MOH's HP planning for the future.

The one area where there is some potential for Japan to engage in HP activities is through its existing work with MOE's National Education Media Centre. The existing JICA expert and JOCV, the sophisticated audio-visual equipment, and maintenance and repair capacity make it a good base from which to pursue possible HP initiatives. There is scope for JICA personnel to explore the development of HP a/v materials for schools, either through the existing curriculum or through the Healthy Schools Initiatives of WHO. The Healthy Schools Initiative is of regional significance and therefore could link with similar activities in other countries of the Region.

2.2 Vanuatu

2.2.1 Vanuatu Development Context

The main thrust of the GOV development program is the reform of the public sector through the Comprehensive Reform Program (CRP) endorsed at a National Summit in 1997. There is strong commitment from Australia, France, ADB and New Zealand to the reform process, in the hope of addressing the deteriorating economic situation. Although reform is proceeding apace, Vanuatu does not have a current clear National Plan against which to measure reform progress or impact. Nevertheless the CRP does endorse a number of priorities including improving the lives of rural people.

Vanuatu's Department of Economic and Social Development (DESD) has introduced new arrangements for aid coordination, which aim to include all approved projects in the Government Investment Program (GIP) and in the budget submissions of individual sponsoring departments. This approach aims to give GOV a better picture of the overall financial situation and to increase donor harmonisation. However it does not cover UN or regional programs. Japan has an expert placed in the DESD who provides an effective link between JICA/JOCV office and GOV.

The main constraints to Vanuatu's development include 80-100 vernacular languages, dual French-English language and education system, vulnerability to natural disasters and lack of skilled manpower.

Development Cooperation

AusAID and France
AusAID has the largest donor program in Vanuatu with a 2001-02 budget of AUD 19.5 million. France is also a major donor with funds allocated for regional scholarships, school building and the Vanuatu Teachers' College. AusAID, like France works in most sectors, although Australia has concentrated its efforts in the education sector.

The principle feature of AusAID's donor assistance is that is has moved away from an ad hoc approach and now all its projects and activities are linked in an integrated fashion, to work towards the same basic goal and all are networked. Even staffing assistance schemes and Australian funded scholarships all have to support existing projects and activities. Australia has also taken a hard line on counterparts – if the ni-Vanuatu counterpart leaves, so too does the Australian expert.

AusAID policies on scholarships and contracting favour study in Vanuatu first, study in the region second and lastly in-Australia study. Only registered ni-Vanuatu companies can tender for AusAID work, and purchases must be from local suppliers in the first instance.

AusAID has actively sought donor harmonisation and has worked with other donors to rewrite individual projects to maximise cross-donor partnerships. It has also participated in monthly informal get togethers with other donors such as France, NZ, EU and ADB. Australia is interested in exploring cooperation with Japan and it has been put to the Team that these meetings would happily include a JICA representative. However most donors in Vanuatu are not sure of JICA/JOCV's role and rarely ever see JICA/JOCV staff.

Australia supports 9 AVIs (5 of whom work in education), 25 PACTAF and 23 Australian Youth Ambassadors (AYAs) (many in legal, IT and education positions) in Vanuatu. France has 64 volunteers who, in contrast to requirements of other volunteer agencies, do not require GOV housing or salaries.

EU and ADB
The EU commitment to Vanuatu is around EUR 18 million over 5 years, spent mostly in the education, environment and governance sectors. The ADB is heavily involved in public sector reform, infrastructure and governance, mainly through loan finance.

New Zealand
New Zealand ODA (NZD 5.35 million for 1999-2000) is spread across most sectors but concentrates on human resource development through education and training in Vanuatu, New Zealand and third countries. The NZ program has limited (NZD 150,000) provision for health, through the medical treatment scheme. NZ is looking to deliver economies of scale for management of its program and has strategies for localisation of NZODA positions in the Vanuatu office. Although NZODA is relatively small it is considered flexible, consultative and responsive. There are 8 VSAs in Vanuatu, none in the health sector.

UK and UN
The UK, hitherto a major donor, including provision of technical assistance, has in recent years steadily diminished the size and scope of its program and now provides assistance via a regional program. The UN system has an active program, particularly in health, through WHO, UNICEF (vaccines, ARI, nutrition) and UNFPA (contraceptives, RH/FP/SH). UNICEF has a substantial program of IEC development for its various health programs.

Japan
Japan is a significant donor but its financial support varies from year to year, depending on the level of grant aid approved. Year 2001-02 has seen no grant aid projects from Japan, although in past years Japan has undertaken major infrastructure projects such as road building and wharf rehabilitation. Three grant aid projects are currently in the pipeline. Japan's assistance to the grass roots scheme has been roughly YEN 40 million per year and since 1996, 14 grassroots projects have been implemented.

Grant aid is managed by the Embassy of Japan, located in Fiji. The JICA/JOCV office was established in 1981 and primarily services JOCV activities in Vanuatu. The office currently employs 3 Japanese staff and 4 ni-Vanuatu staff who oversee 3 experts (planning, energy), 1 senior volunteer (civil aviation) and 21 JOCVs. Of the total number of JOCVs, 12 work in education and 6 in health. The office has a low rate of re-filling positions compared to PNG, with only about 10-20% re-filled. This may be explained in part by JICA's high level of rejection (50%) of application forms requesting JOCVs.

During their 2 year JOCV term, JICA provides volunteers with regular medical check-ups, weekly radio/telephone contact, and 8 face-to-face meetings – a high level of intervention and micro-management compared with many of the other volunteer programs such as VSA and AVI.

Each year the JICA/JOCV office sends to Japan roughly 25 ni-Vanuatu for technical training and 5 participants for the Friendship Program. Altogether Japan has sent 175 ni-Vanuatu for training overseas and most become members of the Vanuatu-Nippon Alumni Association.

2.2.2 Basic Education in Vanuatu

The CRP reflects the critical role of education in the Vanuatu reform process as "the single most important tool for building an equitable society".[6] The Ministry of Education and the World Bank developed a Master Plan for Education in 1999. The foremost goal of this Plan is to "provide basic education of eight years for all children by the year 2010. As well, goals include improvements in teacher education, infrastructure, and development of curricula, textbooks and other teaching materials. The Plan acknowledges the reliance on bilateral and multilateral donors for technical assistance needs "for the foreseeable future."[7]

Vanuatu has an adult literacy rate of 64%[8] but has achieved almost universal access to primary education (years 1 – 6). Primary education is described as 'demand driven'.[9] Contributions/fees for primary school are compulsory; payment is a maximum of VATU 2000 per term. Even so, total enrolment in primary schools has more than doubled overall in the last ten years and tripled in Port Vila. This is partly due to an increase in the annual population growth rate from 2.4% in 1989 to 3.5% in 1999, one of the highest in the world; and to a population shift to urban areas - the total population of Efate Island (on which Port Vila is located) has doubled in since 1989. In 2001 approximately 14% of primary school pupils were enrolled in Class 6. These 14% have to compete for a space in 35 secondary schools. Students do not drop out, they are pushed out. It is estimated that fewer than 20% of students completing grade 6 (primary school) proceed to grade 7 (junior high school).

In 2001, 47% of total primary enrolments were female. Overall pupil-teacher ratio in primary school was 23:1, well within internationally accepted standards. These ratios are even lower in rural schools. 79% of primary school teachers have academic qualifications to teach in local primary school.

About 75% of primary schools are government owned and 20% are government assisted, receiving grants and teachers from the MOE. While there has been an increase in the number of primary schools in each province over the last 10 years, the MOE will need to continue to increase the number of facilities (classrooms and schools) and related support facilities to cope with the demand stimulated by population growth levels. However the Study Team notes that classroom utilisation is only at 50% given that hours of schooling are generally from 7.30 – 1.30 p.m. taking up 50% of daylight hours.

Major Donor Projects in Basic Education in Vanuatu

Major donor activity in the sector is through the EU and AusAID. EU is funding the four-year EUVED project (EUR 8.3 million), which commenced in August 1999. The project aims to restore/rebuild and equip junior secondary schools. However it is understood that some of the resources allocated to this project will be redirected to the rebuilding of the MOE, which was affected by a recent earthquake. The building and equipment supply contracts for EUVED include training and maintenance schedules and the provision of spare parts. Contributions are sought from local communities

[6] Republic of Vanuatu, 'Education Master Plan' October 7 1999 p.2
[7] *ibid.* p.4
[8] UNDP Human Development Index 2001
[9] Education Master Plan Annex 2 p.4

supported by the project (labour, materials for school-related facilities etc.) EU has indicated that some components of the EUVED project are outstanding, including energy supply for schools in remote areas.

AusAID activity in the sector includes the Vanuatu Junior Secondary Teacher Education Project (VASTEP), which commenced in June 1999 (AUD 8million over 4 years). Project components, which were modified to be consistent with the EUVED project, cover the upgrade of teacher qualifications, training of lecturers and preparation of teaching materials. Some additional support will be made available for the upgrading of infrastructure at the Vanuatu Teachers College. The AusAID program also includes a major project to strengthen the Institut National de Technologie (vocational education). The second phase of the AusAID Secondary School Extension Project, to upgrade secondary schools in the provinces, (AUD 5 million over 3 years) is expected to start in July 2002.

The GONZ has recently reviewed its program of assistance to the GOV and it is expected that expanding quality and access to primary and secondary education will continue to be the focus of the program. The current allocation of GONZ to Vanuatu is NZD 5.25 million per year. Human resource development including in-New Zealand, in-country and third country training comprises 56% of the current program.

Since 1998, there have been 97 Japanese volunteers located in Vanuatu of which 49, or over half, were working in the education sector, mostly filling line positions in schools. There are currently 21 JOCVs of which 10 are working in the education sector. Some of these teach music and physical education which is regarded as 'extra curricular' by local teachers. Former teachers have prepared manuals and guides on music and physical education teaching strategies for use in schools. None of the 11 experts located in Vanuatu since the establishment of the office has worked in the education sector. Some assistance for rural primary school construction has been implemented through GGP.

Japan ODA and Basic Education, Vanuatu; Looking Ahead

There is limited donor support for adult literacy in Vanuatu. Taking into account current adult literacy rates in Vanuatu the Study Team is of the view that donor support for NGOs working in the area of adult literacy should be explored. As well, given the level of ODA investment in JOCVs in basic education in Vanuatu, it would be useful to assess the impact and sustainability of these inputs before further JICA resources are committed. To sustain these inputs beyond the preparation of materials for use in schools, the possibility of JOCV inputs to teaching of undergraduate teachers at teachers colleges particularly in the fields of physical education and music should be explored. Coordination with other donors implementing projects in the Teachers Colleges will be required.

As well donor coordination is required between MFA Japan and EU if GOJ activities in Vanuatu rural schools construction/facilities provision is to continue given the level of forward commitment by EU to schools infrastructure.

Information sharing with donors by GOJ/JICA re their strategies/lessons learned in energy supply to rural schools would be valuable.

2.2.3 Health and Health Promotion in Vanuatu

The health status of ni-Vanuatu warrants the attention paid by donors to health as a priority sector for assistance. The GOV MOH has just completed the 2002 annual business plan for health, which factors in major donor support. MOH held a donors' meeting in 2001 to share information and identify funding gaps.

MOH priorities include a human resources development plan, infrastructure and assets, hospitals and health facilities, health planning, policy, epidemiology and surveillance, drugs and lastly public health.

Current gaps requiring assistance include: provincial hospital infrastructure renovation, vehicles and boats for rural health facilities, and health promotion activities from national to rural in terms of equipment and conducting workshops for health workers and community groups.

The MOH has a Health Promotion Unit staffed by a Director and an artist. There is one person in each Provincial Health Department who, amongst other duties, takes a Health Promotion Officer role. However the HP Unit has no authority over the provincial HP staff as they belong under different health directorates, and there is no systematic, integrated HP work.

The HP Unit's budget is almost entirely absorbed by staff salaries and there is no budget for regular radio spots. Reprinting of HP resources requires external funds, which come from specific (often regional) MCH, TB, non-communicable disease and malaria programs. The HP Unit has an annual business plan, which this year focuses on smoking and health promoting schools. As with the majority of countries in the Region, Vanuatu has adopted the WHO *Healthy Islands/Healthy Settings* health promotion approach.

HP nurses in the provinces have little HP training, few skills and little time to undertake HP activities. From time to time, donors arrange training for them. For example in 2000, UNFPA trained HP nurses in computer graphics. However the course was short, basic, had no follow-up and the nurses had little subsequent access to computers, making it of questionable impact. Any future work with HP staff needs to be comprehensive, on-going and linked to a wider program of activities.

Major Donor Activity in Health/Health Promotion in Vanuatu

AusAID, France and WHO
AusAID and WHO are two significant health players in Vanuatu. WHO spends USD 1.2 million per annum, primarily on vertical public health programs (TB, leprosy, FP, communicable diseases and some management) and the funds are generally released quickly. France has just signed a 2003 MOU to support the Vanuatu Nursing School, nurse training, infrastructure and the supply of surgeons.

In contrast to WHO, AusAID's budget focuses on health management. The AUD 7.2 million Health Sector Planning and Management Development Project is the largest of the AusAID health projects directly allocated to Vanuatu. It aims to improve management of the health system through provision of management advisers and

medical specialists, essential equipment and training in its maintenance, and support for hospital maintenance programs. AusAID also funds a Village Health Worker training project, which provides limited equipment and basic health education materials.

Most other AusAID health aid to Vanuatu is delivered through regional programs such as those related to Hep B, HIV/AIDS, vaccine independence, and reproductive health. It is difficult to assess the exact financial portion that accrues to Vanuatu from regional health projects.

Australia supports one AVI computer technician in MOH and a handful of AYAs in ambulance, pharmacy and nutrition positions in the health sector. There is one AYA associated with a group doing HP drama – working as a video production trainer with the theatre education group, Wan Smol Bag.

Japan
JICA has undertaken discrete health projects over the years, as well as supplying a number of JOCVs for malaria control, microscopy and nursing. Currently in Vanuatu there are 2 nurses, 3 public health staff and 1 JOCV with the designation "clinical examination". Japan does not have any significant involvement in health promotion.

There has been no significant Japanese grant aid for health since the USD 4.2 million project to supply equipment for the national hospital maintenance program in 1994. At the time of writing, the only 3 pieces of x-ray equipment in the country were inoperable, with in-country personnel unable to repair them.

There have been a number of recent Grassroots Projects funded by Japan in the health sector including Norsup hospital laboratory expansion in 2000, water supply for medical centres 1999, and malaria control in 1997.

GOV has requested Japan to fund some Central Hospital extensions but believes that Japanese dissatisfaction with the GOV's position on an unrelated political matter will preclude funding approval for the project.

Japan ODA and Health Promotion, Vanuatu; Looking Ahead
The HP Unit and HP personnel in the provinces could be strengthened with Japanese volunteers and equipment to increase the performance of HP in provincial areas. However this strengthening should only occur as part of a long-term strategy that links HP personnel in a network across Vanuatu and is compatible with Japanese-funded HP activities in other countries of the Region.

2.3 Fiji

2.3.1 Fiji Development Context

Although Fiji scores quite well on the UNDP Human Development Index, its people suffer a poverty of opportunity and particularly (with political instability since May 2000 and the subsequent 9% drop in GDP and 6% retrenchment), a vulnerability to poverty. As a regional hub, Fiji houses many key donor agencies and regional

institutions. Many of the major donors imposed sanctions on aid to Fiji and only now are re-commencing their suspended programs. Donors see improving governance and promoting political stability as a priority.

Fiji's new Strategic Plan is currently being drafted and will contain 8 foci, including a healthy and well educated and trained population. Health, education and rural infrastructure development are priority sectors.

The Department of Finance has an Aid Coordination Unit to oversee donor aid, however its staff complement of two is under-resourced for the task. A Bilateral Aid Coordination Committee (BACC) comprises representatives from the Ministries of Finance, Foreign Affairs, National Planning Office and Office of the Prime Ministers. Line ministries including Education and Health are not represented on this Committee. Many donors deal direct with ministries, bypassing the Unit. Major donors are AusAID, EU and Japan.

Development Cooperation

AusAID
The pre-coup aid allocation to Fiji was AUD 17 million with economic reform, education and training, and health taking the bulk. Sanctions cut 30% of this aid. This year AusAID is re-building its aid program and has proposed that its ODA should have a fundamental objective: to contribute to the reduction of poverty through the promotion of stability and the more equitable distribution of resources and government services to all the people of Fiji. This will involve AusAID assisting with governance and accountability, improving human and financial resource management and delivering improved services in rural areas. AusAID has allocated AUD 1 million for education and health programs in Fiji.

There are 5 AVIs in Fiji.

EU
The EU has unblocked finance for 3 major infrastructure projects but will not commence work until the constitutional status of the current GOF is resolved in the Fijian Courts. EU undertakes little work in the health sector. Its priority for the next five year cycle is rural education. It is expected to contribute FIJ 40 million to capital works such as school building, school water supply, and accommodation for teachers. EU integrates a five-year equipment maintenance contract into its major infrastructure projects.

The only significant EU health-related work is the EUR 7.5 million Fiji School of Medicine building. Although EU and Japan are both undertaking similar school building projects in Fiji, there appears to be little dialogue or collaboration between them.

Japan
The JICA office in Fiji is responsible for FSM, Kiribati, Marshall Islands, Nauru, Palau, Tonga, Tuvalu and Vanuatu. In Fiji there are 31 JOCVs many of whom work in education and engineering, 3 experts and 19 SVs, a number of which work in audio visual and hospital equipment maintenance. In the other 8 countries, there are

approximately 130 JOCVs, 10 SVs and 15 experts. The Fiji JICA office has a staff of 14 (7 Japanese and 7 nationals).

Fiji GDP per capita is above the World Bank threshold for grant aid. Sanctions were not applied to Fiji by Japan following the coup. Japan's ODA commitment to Fiji in 2000 was significant at USD 13.9 million primarily for technical cooperation activities.

However the Team notes that GOJ has no mechanism to provide direct funding to regional organisations and a significant proportion of GOJ funding to Fiji is earmarked for regional organisations many of which are based in Fiji. This includes the USP Net Communications Project, the Fiji based Pharmaceutical Service Centre, the UNICEF EPI Program and the Filariasis project.

In fiscal year 2000 approximately 20 GGP projects were funded by Japan to the value of USD 908,000, much of this for school upgrading.

Each year Japan accepts for study, usually in Japan, about 90 trainees from Fiji and about 130 from the other 8 Pacific countries. Reports about the benefits of this training vary.

UN, WHO
UN agencies are active in Fiji. UNFPA is pursuing its ICPD goals. UNICEF focuses on nutrition, early childhood education and child and youth advocacy. WHO has a 2002-3 Fiji Country budget of USD 1.08 million for vertical programs, fellowships and health promotion work, using the *Healthy Islands/Healthy Settings* approach.

New Zealand
The 2001-2 New Zealand allocation for Fiji is NZD 3 million, subject to GOF pursuing acceptable policies towards all communities in the country. New Zealand's emphasis is law and justice, human rights, education and training, and poverty alleviation. There is a small medical treatment scheme that is under review.

2.3.2 Basic Education in Fiji

Fiji's commitment to the UNESCO initiative *Education for All 2015* [10] focuses on early childhood education; equitable access to quality education especially literacy, numeracy and essential life skills; and access to free compulsory and quality primary education by 2015. This commitment has implications with respect to revision of curricula to include life skills (e.g. cooking, woodwork, agriculture etc.) and training of teachers in life skills. A Blueprint for Affirmative Action on Fijian Education, which is designed to accelerate the education of indigenous Fijians, was drafted in 2000.

Compulsory education was introduced in Fiji in 1997 and school fee exemptions and government subsidies for tuition were extended up to Form 5 in disadvantaged urban and rural areas in 2000. The teacher /pupil ratio (primary schools) in 2000 was approximately 28:1, well within international standards, however rates are

[10] Ministry of Education, "Education for All 2015" Fiji, undated.

significantly higher in urban schools. Approximately 24% of special education teachers had inadequate teaching qualifications. Female participation at the primary level is 48%. The adult literacy rate is 92.6%.[11] Of the 700 schools registered in 2001, over 100 were managed by church or religious affiliated agencies. Non-government or religious organisations run all 16 special schools.

Donor Activity in Basic Education in Fiji

Donor activity in the sector was affected by political events in 2000. AusAID has recently conducted an education planning mission in country. Forward commitments have yet to be finalised but are likely to support reform for the Lautoka Teachers College and to review and upgrade the teacher training curriculum. The 5 year AusAID Basic Education Management and Teacher Upgrading Project (BEMTUP) which aimed to assist the effectiveness of class 7 and 8 (JSS) teachers and upgrade the Research and Development division of the MOE was completed in 2001. (AUD 6 million). AusAID has also disbursed approximately AUD 800,000 on rural schools infrastructure.

The European Commission is preparing framework paper for the next five years which could include micro projects of up to FJD 50,000 wherein schools in rural areas are refurbished/extended and the building the Lautoka Teachers College. Anticipated expenditure is FJD 40 million. GONZ's anticipated activities in the education sector are limited to NZD 440,000 and principally comprise study awards in New Zealand.

Japan grant aid to Fiji has been largely limited to regional organisations based in Fiji. Of the 33 JOCVs assigned to Fiji, 9 are in the education sector. Of these, 5 are working with as Special Education Teachers within non government schools for the disabled. GGP projects support grassroots activities proposed by NGOs or community based organisations. The ceiling for funding for GGP is normally USD 100,000. Contributions by the community to GGP are encouraged. Salary costs are not covered by GGP. 11 out of 20 GGP activities implemented in 2000 were to upgrade district schools. This responded to government policy shifts to accommodate classes 7 and 8 in existing primary schools. The approximate total value of these projects was USD 561,000. Similarly of 23 GGP activities implemented in 1999, 13 were related to the upgrading of schools/ provision of facilities to schools.

Japan ODA and Basic Education, Fiji; Looking Ahead

The GOJ/JICA will need to monitor the emerging policies and priorities of the GOF and commitment levels/sectoral activities of other donors particularly EU in determining forward priorities for Japan. However, given MOE policy direction on access (and more specifically the articulation by GOF of the need to extend education to disabled persons) and the current level of JICA inputs and experience in Special Education in Fiji, further activity including expertise/ inputs to special education policy/mainstreaming and teacher training could be explored. However this would need to take into account GOF level of real commitment to policy directions in Special Education.

[11] UNDP Human Development Report 2001

2.3.3 Health and Health Promotion in Fiji

Government of Fiji
The GOF sees the development of the health sector as an integral part of socio-economic development: good health is both a resource for, and an aim of development. GOF wants to improve access to health services by improving out-reach services and mobile communications to the communities, especially to remote, rural and squatter settlements. It also wants to improve the human resources in the health sector.

The MOH has a 2000-2001 Strategic Plan, which lists health promotion and public health as one of 8 key strategic focuses. One major objective of health promotion and public health is to strengthen the HP structure and personnel in Fiji's Divisions. The key bodies to meet this objective are the Health Promotion Council and its implementation arm, the National Centre for Health Promotion. Both bodies have action/corporate plans that spell out priorities for action and performance indicators.

In contrast to PNG and Vanuatu, Fiji's HP bodies have taken a broad HP focus and have not limited themselves to resource production and health education. The National Centre for Health Promotion is supportive of WHO and Regional Health Ministers' Healthy Islands initiatives, and actively works to improve the conditions for good health in different "settings" such as schools, primary health care facilities, villages and settlements. Unfortunately there are no full time HP officers in the Divisions so intensive work in the various "settings" is limited. Nevertheless thanks to 1996-98 AusAID-Japan funded Fiji Trilateral Health Promotion Project, the NCHP is now autonomous and has its own budget, 7 skilled professional staff and a media unit with artistic and audio-visual facilities. Japan continues to support the Centre with a SV audio-visual technician.

Other major players in health promotion in Fiji are the SPC Media Unit and the USP Media Unit. Both also have Japanese SVs working in an audio-visual capacity. The 3 Japanese SVs collaborate with each other, forging links between the three institutions.

One component of the original AusAID-Japan Trilateral Project was to provide health promotion support for other Pacific Island Countries. Although this component was eventually deleted, NCHP undertakes projects for regional organisations, (for example the production of a food safety video for SPC), distributes resources throughout the region and takes personnel from Pacific countries, on attachment.

AusAID
AusAID has had major involvement in the health sector through the AUD 5.75 million Postgraduate Medical Training Project, the AUD 7.55 million Health Management Reform Project and the AUD 11 million Taveuni Rural and Community Health Project.

Japan
In the past Japan supported major capital works such as the 1992 re-development of the Fiji School of Medicine and CWM Hospital in Suva, and the 1998 USD 11.7 million construction of the Paediatric Unit. Currently grant aid is supporting the construction and supply of equipment for Princess Margaret Hospital on Tuvalu. This

is the only grant aid project that is single-country specific. All other grant aid projects administered through Japan/JICA offices in Fiji are of regional significance. The Fiji - located Yen 900 million Pharmaceuticals Service Centre will serve six countries, the UNICEF EPI program will serve 10 and the Filariasis project 22 countries in the Region.

The Grassroots Scheme for fiscal year 2000 did not feature any health projects and in the previous 10 years only a handful of health related projects have been funded, mostly for things like (dental, insect protection, hearing and sight testing) equipment, and hospital upgrading.

Japan has 3 JOCVs working in health in Fiji at present – a physiotherapist, a nurse and an operations officer with the regional filariasis project. There are 3 SVs working as audio-visual technicians with organisations involved in health promotion.

Fiscal year 2001 Japan is sending 9 Fijian and other Pacific Island participants to Japan for short courses in the fields of community health services, rehabilitation of people with disabilities and medical rehabilitation. This small number of health personnel is in contrast with the total number of trainees sent per year.

The major HP work Japan has undertaken in Fiji is the support for equipment and audio-visual technical personnel for the National Centre for Health Promotion. Although the English language skills of the current audio visual technician are problematic, his skills are essential for the smooth running of the Centre. The Fijian a/v counterpart has been well-trained by Japan but this, coupled with low pay and Indian descent, means he is susceptible to poaching by national and international firms. There is no other counterpart (and reportedly no other Fijian), able to undertake the high-level audio visual maintenance and repair. Current audio visual equipment is "analog" and there is likely to be pressure to move to "digital", requiring new equipment and high-level training.

As well as NCHP, Japan has also assisted in a more modest way through the provision of SVs, two other Suva based organisations (namely USP Media Centre and SPC Media Centre), which have the capacity to undertake HP work in Fiji and the wider Pacific. All the SVs have a/v technician roles and there is some cross assistance between the three Centres.

Japan ODA and Health Promotion, Fiji; Looking Ahead

Currently the 3 Centres are very dependent on Japanese personnel and, given the sophisticated nature of the equipment and the rapidity of technological change, are likely to remain so for some time. There would be some benefit in networking the 3 Centres and increasing the pool of Fijian a/v trainees to cover the likely attrition rate.

In addition, Fiji would benefit from a networked group of JOCV HP specialists based in each of the Fiji Divisions, but with links to the NCHP. The JOCVs could work alongside the designated Divisional HP officers and assist them in increasing the number and impact of HP activities at the local level.

2.4 Regional Activities

The Council of Regional Organisations of the Pacific (CROP) is made up of the heads of eight regional organisations including the Pacific Islands Development Program, Pacific Islands Forum Secretariat (Forum Secretariat), Secretariat of Pacific Community (SPC) and University of the South Pacific (USP). The goal of CROP is to facilitate the cost effective use of regional resources and to this end has a mandate to reduce duplication and harmonise activities so as to optimise benefits for members.

2.4.1 Health and Health Promotion (Regional)

CROP has a working group for Health and Population, which involves regional, UN, and NGOs working in the sector. The unifying theme for health protection and health promotion in the Pacific is the Healthy Islands approach, endorsed repeatedly by Pacific Ministers of Health since 1995. The Healthy Islands approach has 3 elements: community action, environmental management, and policy and infrastructure development. There is a 2001-03 Healthy Islands Regional Plan of Action, which features a number of actions to be implemented by countries, WHO, SPC and other international partners. One of the actions is the facilitation of information exchange, such as a Regional Healthy Islands Centre.

2.4.2 Basic Education (Regional)

Major regional projects in the education sector, with multi-donor inputs, include the USD 7.8 million Basic Education and Literacy Support (BELS) project implemented through USP and the South Pacific Board of Educational Assessment (1993–2001) (UNDP, UNESCO, UNICEF, AusAID, NZODA). In addition UNESCO hosts a region-wide biennial consultation on education.

Basic education is identified as the fundamental building block for society in the Pacific Islands Forum Basic Education Action Plan 2001. The Plan indicates that the regional goals are "To achieve universal and equitable educational participation and achievement" and "To ensure access and equity and improve quality and outcomes". The Plan identifies key areas for quality improvements in basic education and measures to address them including the upgrading of classrooms, the enhancement of facilities and teaching/learning resources, and noted that the contribution of information technology to the delivery of education services and the cost of accessing IT, is a serious impediment to its broader use. Ministers recognised that government funding alone will be insufficient to provide basic education and directed the Forum Secretariat to work with ... development partners to resolve issues related to the financing of education including issues related to recurrent cost funding. Ministers noted the value of "improved coordination among donors and between donors and stakeholders."[12]

SPC
The SPC is a technical development agency responsible for the management and implementation of regional development programs. It has a large health program with

[12] Forum Secretariat *"Forum Basic Education Action Plan 2001 Auckland NZ."* 15 May 2001 p.7

activities in adolescent reproductive health, population health advocacy, regional health management and leadership, nutrition lifestyle and public health surveillance.

Forum Secretariat, USP
The Forum Secretariat facilitates, and provides advice related to, regional political and economic policy and program initiatives. The University of South Pacific accepts students to Fiji from all over the Region and has campuses in a number of Pacific countries.

AusAID
AusAID has had a significant number of regional health projects, implemented by UN agencies, regional organisations and by Australian managing contractors. They include demography, reproductive health, Hep B, tertiary health care and a number of projects on HIV/AIDS. AusAID funded a 1998-2002 AUD 3.75 million Non Communicable Disease project in 4 Pacific countries including Vanuatu. Its project activities are based on an integrated health promotion approach.

In order to maximise the impact of its regional projects, AusAID is giving greater priority to those projects that clearly complement and support bilateral interventions and work through areas of the partner government where AusAID already has strong links, such as the Ministries of Health and Education.

New Zealand
New Zealand established a South Pacific Regional Health Program in 1997. The 2001-2 budget is NZD 2.6 million and it supports the development of more efficient primary and public health care services through improved planning, delivery and management. The program is delivered through NZ consultants, NGOs and regional institutions including SPC, FSM and UNICEF. It cooperates with Pacific governments, WHO and donors such as AusAID. Key focus areas are health sector capacity building, communicable and non-communicable diseases, disability and youth health.

Japan
GOJ has no direct mechanism to provide assistance to regional organisations in Oceania and contributions are either through a bilateral cooperation program or contributions to multilateral organisations. For example the regional USP Net Communications Project, which delivers programs to USP students studying by distance, was implemented in 1998 with assistance from GOJ through the Fiji bilateral program (USD 2.5 million), AusAID and NZODA. Japan currently has a number of regional projects including equipment supply for the WHO/UNICEF EPI program, community health service training and filariasis elimination. Two JICA senior volunteers (one at the Media Centre) are currently located at USP. One JICA Expert is located at the South Pacific Applied Geoscience Commission (SOPAC).

Japan is not a member of the SPC but it is however one of eleven dialogue partners of the Forum Secretariat. GOJ contributions are the third largest received by the Forum.