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Global Climate Change Alliance: Pacific Small Island States Individual Country Evaluation Report - Kiribati

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REPORT PREPARED BY

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1. INTRODUCTION

This is one of nine individual country evaluation summary reports produced as part of the Global Climate Change Alliance: Pacific Small Island States post-project evaluation¹.

The Global Climate Change Alliance: Pacific Small Island States (GCCA: PSIS) Project is a European Union (EU) funded initiative to assist nine smaller Pacific Island states (Cook Islands, Federated States of Micronesia, Kiribati, Marshall Islands, Nauru, Niue, Palau, Tonga and Tuvalu) to adapt to climate change. The project was implemented by the Pacific Community (SPC), with an implementation period from July 2011 through to November 2016².

The overall objective of the project was to support the governments of nine small island states of the Pacific in their efforts to tackle the adverse effects of climate change.

The GCCA: PSIS project consisted of on-ground climate change adaptation activities in specific sectors – coastal protection, marine resources, health, agriculture, and freshwater; supported by mainstreaming of climate change into national and sectoral policies, plans, budgets and procedures. The project also provided technical assistance, capacity building and supported regional collaboration.

The four components and key result areas (KRA) of the project were:

1. Climate change mainstreamed into national and/or sector response strategies.
2. Well-articulated sectoral adaptation strategies that address budget support criteria.
3. National climate change adaptation projects implemented.
4. Streamlined technical assistance that supports national adaptation responses delivered by regional organisations in a collaborative manner.

The individual country evaluation report presented below is guided by responses to the key evaluation criteria provided in the original terms of reference:

- Relevance & EU Coherence
- Effectiveness
- Impact
- Efficiency
- Sustainability
- Cross-Cutting themes of gender and the environment
- Visibility

The report also provide a summary of best practices and any specific recommendations for future action or improvement.

¹ The evaluation report is presented as a full report containing all sections, as well as separate executive summary, individual country evaluation summaries and case studies.

² The project was granted a one-year extension.

2. KIRIBATI EVALUATION REPORT

Sector for Climate Change Adaptation project

Public Health

Project - Improving Implementation of Environmental Health Surveillance and Response to Climate Sensitive Health Risks in Kiribati

The project has built capacity within the Environmental Health Unit (EHU) in Kiribati's Ministry of Health & Medical Services (MHMS) to undertake surveillance of climate sensitive diseases. Key areas where capacity was built include vector, food and water borne disease surveillance.

The project supported the refurbishment of laboratories, purchase of new laboratory equipment and vehicle to facilitate more water-borne, food borne and vector-borne disease testing. Attachments and in-country training has built the capacity of MHMS staff in the use of enhanced surveillance and response work and in the use of the new laboratory equipment. A new Health Information System database with GIS functionality has sped up the entry of accurate data related to incidences of climate sensitive diseases and water quality. Data can now be analysed to identify disease outbreaks and target potential sources of the outbreaks.

A National Environmental Health Action Plan (NEHAP) 2015-2019 was created and endorsed that provides guidance on priority objectives and actions to progress environmental health in Kiribati. The GCCA project supported the implementation of several actions included within the NEHAP.

A behaviour change programme was designed and implemented to introduce the use of hands-free tippy-tap hand washing stations and Solar Water Disinfection System (SODIS).

The project funded the revision of the Kiribati Public Health Ordinance regulations to provide legal backing to the EHU to remove hazardous items that may help spread diseases.

Implementing Entity

The implementing entity for the climate change adaptation project was the Ministry of Health & Medical Services, while the Office of the President (OB) was responsible for overall project implementation especially cross-ministry coordination.

The Kiribati National Expert Group (KNEG) provided oversight for the entire project whilst the Communicable Disease Surveillance Committee (CDSC) was appointed as the technical oversight committee for the health adaptation project. While oversight meetings were only held as required, these appear to have been sufficient given the general lack of issues requiring high level attention and intervention.

The implementation arrangement was effective and can be recommended in the future. The project attracted cross-ministry support (e.g. from the OB, Public Works, Education and Foreign Affairs), and from multiple departments within MHMS (health information, health promotion, medical lab).

Relevance & EU Coherence

The project is highly relevant to national priorities as documented in the Kiribati Joint Implementation Plan (KJIP) for Climate Change Adaptation and Disaster Risk Management 2013-2018, specifically strategy 4 (water and food security) and strategy 5 (strengthening health-service

delivery to address climate change impacts). The project assisted the implementation of the three strategic focus areas identified in the National Climate Change and Health Action Plan (NCCHAP) for the Republic of Kiribati (1. water safety and water-borne diseases; 2. Food safety and food-borne diseases; 3. Vector-borne diseases). The project also follows the NCCHAP recommendation that disease surveillance is treated as a priority topic. The overall objective is also linked to key priority area 3 (health) of the Kiribati Development Plan (KDP) 2012-2015.

The project is highly relevant to the general population and target communities in Kiribati. Rates of childhood mortality from diarrhoea in Kiribati are among the highest in the Pacific with contaminated water being one of the leading causes of diarrhoea. Communities also suffer from illnesses from vector-borne disease and food-borne diseases. The health impacts of climate change which are targeted by this project are specifically noted in the Kiribati National Adaptation Programme of Action (NAPA, 2007).

The target community (Kawan Bairiki) for piloting SODIS is one of the poorest and most densely populated areas of Tarawa.

Many other related projects were being implemented or planned in Kiribati during the planning and implementation stages of the GCCA project. Some relevant projects include:

- South Tarawa Sanitation Sector Improvement Project Loan and Grant commencing 2013.
- University of the South Pacific-European Union Global Climate Change Alliance project (USP-EU GCCA). Focused on water sector.
- Climate Change and Health Adaptation Project 2010-2013 (WHO). Focused on environmental health surveillance and response to climate sensitive health risks. The NCCHAP was a major outcome of this project.
- Integrated water quality monitoring programme for water and sanitation-related planning and operational decision-making in Tarawa 2012-2014 (NZ AID through NIWA).

The project formed very close links with the NZ AID NIWA project as both had shared objectives. This collaboration avoided any duplication of work. Additionally, NIWA assisted to implement activities that complemented the GCCA project. For example, NIWA provided procurement advice and training in the use of laboratory equipment purchased by the GCCA project.

Effectiveness

Overall the project was found to be highly effective with the project purpose being achieved and nearly all components of the key results areas delivered as documented in the revised logframe (April 2015). The results for four indicators exceeded the target.

Expected result	Indicator	Indicator achieved
Overall Objective: To increase resilience of i-Kiribati to the adverse health impacts of climate change	More than 50% of the population of Kiribati covered by environmental health surveillance and appropriate response mechanisms by 09/2015	Achieved: More than half of the population of Kiribati live in South Tarawa where project activities and surveillance work are focused. The majority of the population will benefit from the strengthened Public Health Ordinance Regulations (drafted, awaiting endorsement) and from the

Expected result	Indicator	Indicator achieved
		actions prioritized in the NEHAP.
Purpose: To contribute to the prevention and control of climate sensitive diseases through improving environmental health surveillance and response	One laboratory equipped and functioning for environmental health monitoring by 06/2014	Exceeded: EHU laboratory and medical laboratory renovated with new laboratory equipment purchased, installed and operational (April 2014). Field water quality testing also purchased and operational. Capacity to undertake climate sensitive disease surveillance greatly increased.
	Minimum 2 technical trainings by 09/2015. Attachments for 6 environmental health staff for surveillance and response to climate sensitive diseases by 09/2015	Exceeded: – Approximately 20 technical trainings conducted (water quality testing, vector-borne disease surveillance, food-borne disease surveillance, media training). See Table 1 for details. Partial: Five staff attended attachments with SPC-GIS, Pasteur Institute and Fiji Ministry of Health. A sixth attachment was planned in Guam for food safety, however, due to a last minute family illness the participant was unable to attend. Capability to undertake climate sensitive disease surveillance and identify disease outbreaks greatly increased from trainings and attachments.
Key Result Area 1: Information provided to communities to address health risks of climate change	Environmental health education resources prepared collaboratively and incorporated into new curriculum for at least one grade level by 12/2015	Achieved: SODIS education resources created (poster, fact sheet, FAQ booklet, video). Year 5 curriculum includes new environment health content (including SODIS).
	At least 1 awareness campaign on climate change resilience building activities and environmental health conducted by 12/2015	Exceeded: Community behaviour change campaign promoting the use of SODIS and tippy-taps was implemented in Kawan Bairiki. In December 2014, 51% of households in Kawan Bairiki

Expected result	Indicator	Indicator achieved
		<p>were using SODIS. By March 2015, this number had risen to 76%, and by June 2015, 85% (as per KAP survey). At a more localised level, the water champions supervisor reported that 135 out of 150 (90%) of the local houses engaged by the water champions who were surveyed in Bairiki were using SODIS. This is an exceptionally high take up rate for the desired behaviours. This campaign was then launched nationally by the Minister of Health in March 2015. Ongoing awareness raising on SODIS has been held since across Kiribati by multiple partners. See Table 2 for a list of events in South Tarawa aimed at spreading SODIS nationally.</p>
<p>Key Result Area 2: Routine systems for surveillance of environmental hazards and climate sensitive diseases strengthened</p>	<p>Health database for environmental health parameter and disease outbreaks operational by 12/2015</p>	<p>Achieved: Health database designed and built with GIS capability. Spreadsheet (disease incidence) data uploaded to database and analysed to identify outbreaks. Enhancements (database server to link EHU and Health Information Unit) installed by SPC-GIS.</p>
	<p>20 persons trained in monitoring, data analysis and data application procedures for environmental health risk and disease surveillance by 03/2015</p>	<p>Exceeded: 41 people trained (26 women, 15 men) through two Data for Decision Making workshops: Basic Epidemiology and Data Analysis Workshop (2013) and Outbreak Surveillance and Response Workshop (2014)</p>
<p>Key Results Area 3: Preparedness for response to outbreaks of climate sensitive diseases strengthened</p>	<p>National Environmental Health Action Plan (NEHAP) in place by 12/2015</p>	<p>Achieved: NEHAP approved by MHMS (2015) to guide future EHU work. NEHAP was used to design EHU's 2016 work plan.</p>
	<p>Contribute to minimum 3 national events for awareness on climate sensitive diseases by 09/2015</p>	<p>Exceeded: Project contributed to at least six events (World Water Day 2014 and 2015; World Hand Washing Day 2014; National Health Day</p>

Expected result	Indicator	Indicator achieved
		2015; Independence Day 2014; and EBOLA outbreak response workshop led by WHO).
Key Result Area 4: Coordinating, planning and budgeting mechanism improved	Maintenance and financing plan for EHU prepared by 12/2015	Achieved: 'Kiribati Climate Change and Health Adaptation Project: Recurrent costs for beyond project life' created to inform 2016 budget request.

Capacity building through technical and non-technical workshops was a strong component of the project. Tables below summarise the key documented training and workshop activities.

Table 1. Technical training summary

Capacity building focus area	Number of events	Men participating	Women participating	Total participants
Water quality surveillance	4	2	5	7
Food safety surveillance	3	5	7	12
Vector-borne disease surveillance	5	4	6	10
Health database and GIS	3	9	13	22
Epidemiology Data for Decision Making	2	13	20	33
Public health surveillance	1	8	18	26
National Public Health Emergency Plan (rapid response – Christmas Island)	1	12	11	23
Media training	1	10	11	21
Total	20	63	91	154

Additionally, five behaviour change workshops were delivered to assist the design of the community behaviour change campaign with more women than men attending each workshop (average of 29 participants).

Once the success of the SODIS community campaign was evident and the method was endorsed by MHMS, the project supported expanding the campaign across South Tarawa. SODIS training and awareness events were held with community groups, schools, kava bars and hospital clinics (for people being treated from outer islands) reaching at least 1,407 people (21 men, 72 women, 268 children and 1,046 unspecified attendees). The known demographics of event attendees reflects the project's key target groups (women and children).

Table 2. SODIS training and awareness events summary

Target group	Number of events	Men participating	Women participating	Children	Not specified	Total participants
Community	10		40	29	249	318
Kava bar	5	12	17		370	399
Clinics	4				300	300
Schools	4	9	15	239	127	390
Total	23	21	72	268	1046	1,407

The original project logframe was modified during the course of implementation to reflect revisions to the project design. Notable changes were the reduction of 'awareness campaigns on climate change resilience building activities and environmental health' from two to one. This reflects the decision made during the community behaviour change workshops (after the PDD was signed off) to focus on water and sanitation as a combined approach using SODIS and tippy taps.

The target of '4 persons trained in monitoring, data analysis and data application procedures for environmental change' was revised upward to 20 persons. This revision reflects a modification in the project design to conduct broader in-country training of MHMS staff as opposed to a narrow scope focusing only on the EHU.

A four-wheel drive truck and two motorcycles were purchased to support surveillance work and assist staff to commute to work. Vehicles were in good condition and were observed being used for their intended purposes. A dedicated driver is responsible for the maintenance of the truck.

As part of Kiribati's 'whole of island' approach, the GCCA project participated in an integrated vulnerability assessment in Abaiang. The project purchased and installed eight rainwater tanks for health clinics on the island in response to the assessment recommendations for the water sector. The EHU also made three visits to outer islands (Aranuka, Arorae and Nikunau) to conduct food, water and vector surveillance work.

Additional Activities beyond the Focus of the Public Health Sector

A Climate Change and Climate Risk Communications Strategy 2014-2018 was created and published to guide national level climate change communications. A communications officer, based in the Office of the President (OB), was hired for one year to begin implementation of this plan.

There were two project activities that helped advance access to climate change finance via new modalities in Kiribati. The first was the creation of a report documenting the extent of mainstreaming of climate change into national plans and policies. Mainstreaming of climate change is one of the key criteria set by the EU that must be met before countries might be able to access climate finance through direct budget support. The review for Kiribati looked thorough and a set of recommendations were provided to progress mainstreaming. The second activity to progress climate change finance access was a review of readiness for Kiribati to qualify for accessing climate change funding through budget support modalities. Kiribati's likelihood was rated medium to low.

Training in 'Proposal preparation using the Logical Framework Approach (LFA)' was delivered to 46 people (26 women, 20 men) over two training sessions in September 2013 and June 2015. The post-training evaluation indicated that the training was successful in building capacity and motivation of Kiribati government staff and community based groups to use the LFA to design projects and inform

the preparation of proposals. Weaknesses identified during the first workshop (budgeting and project monitoring) were addressed in the second workshop. Overall, the training was highly valued as demonstrated by the following comments from two Kiribati participants.

"I now understand how to do a LFA and it will help me a lot in carrying out my activities at work."

"Very intensive for us to cram things into our heads. Participatory approach to teaching and learning is very good. Facilitators are very efficient and effective in teaching new concepts. Contextualised to our Kiribati setting. AWESOME and thank you."

Impact

Whilst some project impacts will not be known or proven until one or more years into the future, some noted short term impacts have been observed.

Improved health and environmental benefits through using SODIS

Bairiki health clinic data indicates a reduction in reported cases of diarrhoea (235 cases per month baseline, 163 cases per month with intervention³) around the time of the project's SODIS communications campaign. Interview data backs up the general finding of reduced water-borne illness (especially diarrhoea and skin rashes) in the Bairiki community. Whilst these positive results are promising, it is not possible to attribute this decrease solely to the GCCA project activities of promoting SODIS and tippy taps as there are other health and water improvement projects being implemented in Kiribati and several of these include Kawan Bairiki in their target areas.

Interview data indicates that the use of SODIS has reduced the need to boil water using kerosene or wood fuel. This has resulted in less air pollution and it has been reported that this has reduced respiratory diseases (coughing) in children and increased eye health for the elderly women who are often tasked with boiling water.

Reduced household expenditure

Switching from boiling water using kerosene to using SODIS to disinfect water can save a household up to AUD \$1 per day in fuel costs. Small savings are valued by Bairiki's community which can be categorised as a low socioeconomic group with high rates of unemployment. As SODIS has been launched nationally, these benefits are also expected in other communities.

Improved decision making

The new Health Information System with GIS functionality has allowed the EHU to quickly identify disease outbreaks and locate the potential sources of these outbreaks for faster targeting and response. For example, in March 2016, an outbreak of diarrhoea and Acute Respiratory Infection (ARI) was identified and traced to a location which allowed for specific disease response targeting.

Public Utility Board (PUB) and communities better informed about water quality

Community rain and well water quality is being tested on a request basis to determine if it is safe to drink or boil/ use with SODIS. PUB receives more frequent water quality test results that enable it to

³ Figures represent number of cases per month averaged out over the periods January- September 2014 and January- September 2015

respond faster to poor water quality test results. This monitoring over the past three years is likely to have caused the improvement in regular chlorination of PUB water.

Efficiency

Time

All planned project activities were completed within the allotted project timeframe and all key activities were completed as planned according to the timeline in the PDD with the number of training activities significantly exceeded. On review of the number of activities completed and the project time allocated, the evaluation finds that the project made efficient use of the time available for implementation. Regular visits⁴ by the SPC climate change advisor helped to keep project activities progressing at an acceptable pace. Without these visits it was noted by both SPC and the EHU that project activities would have taken much longer to complete putting at risk the delivery of some later project tasks.

Cost

Kiribati had acquitted 99% of its €520,000 allocation for the on-ground project by March 2016 and all remaining funds are allocated which will result in 100% expenditure by the end of the project. €54,000 was allocated for national coordination and 100% of these funds were acquitted.

As at February 2016, Kiribati had spent all of its core budget allocation (€500,000) and still had some additional funding (€5,000) available from its Cyclone Pam response fund allocation. The largest project expenditure items were for the purchase of laboratory refurbishment, equipment, capacity building training and workshops, wages for project staff and new vehicles. Whilst there is generally a high degree of scrutiny when projects funds are allocated to purchase vehicles, the project had a justified need (as per baseline information) for transport to conduct surveillance activities.

Multiple in-kind contributions from different partners have increased the overall cost efficiency of the project. Cost savings achieved by having the NZ Navy transport laboratory equipment to Kiribati contributed to increased project cost efficiency. In-kind support from the Pasteur Institute and the Fiji Ministry of Health to host attachment staff also added to the total value of the project. NIWA, supported by NZAID funding, and Fiji National University, helped to implement essential and complementary training activities. A Cost-Benefit Analysis (CBA) was not conducted to justify the chosen project interventions; however, a CBA is less relevant considering the project closely implemented priority actions already listed in the KJIP and NCCHAP.

Staffing

The project team had sufficient capacity and capability to implement the project. Project funds were used to hire a national coordinator, communications officer, project officer, finance officer and vehicle driver. Six water champions (including a supervisor) were employed between November 2014 and March 2015. Other staff were recruited for shorter periods as required to carry out EHU activities. Both the project officer and finance officer brought to the project a high degree of knowledge and experience in their respective fields. The national coordinator was a recent university graduate and has matured and grown extensively to take on many additional non-project climate change responsibilities, including representing Kiribati at the Conferences of the Parties (COP) annual meetings. The workload allocated to the national coordinator by OB sometimes detracted from their

⁴ 14 trips between 2012 and 2015

involvement in the climate change and health aspects of the project. However, sufficient contribution to national mainstreaming activities and coordination of all climate change projects, such as the 'whole of island approach', was given.

The water champions' supervisor had experience working at Australian AID. Her skills, competency and ability to innovate helped to ensure the other water champions were effective and not limited by small challenges.

Overall the evaluation finds the project was delivered with a high degree of efficiency in terms of financial investment and staffing.

Sustainability

It is highly likely that the benefits obtained from the SODIS communications campaign will continue in the short to medium term future. Firstly, the local Kawan Bairiki community has ownership of the initiative and continue to use SODIS when a reliable water source is available (PUB or rainwater) and there are appropriate weather conditions. This visible use of SODIS helps to create a new social normative behaviour that reinforces the behaviour and encourages continuation. Secondly, the water champions continue to answer questions from community about SODIS and tippy taps.

Outside of the community, a SODIS awareness campaign was carried out reaching approximately 1,400 residents of South Tarawa. Finally, other partners and projects (WHO, NZAID, UNICEF, STSISP, KAP III), are including SODIS as part of their programs, although none to date are replicating the behaviour change model using the water champions. SODIS and tippy tap communication materials have been shared with partners for continued distribution. SODIS tables have been installed in most health clinics and schools in South Tarawa. SODIS has been included into the Year 5 school curriculum which will help with the longer term sustainability of the behaviour.

Cloudy weather, irregular supply of PUB water, bottles going missing and access to PET bottles are all barriers to performing SODIS. However, the last barrier has been reduced through the supply of bottles from external contractors, hotels, and the New Zealand recycling centre.

The new water, food and vector-borne disease testing equipment in the refurbished laboratories should continue to run with minimal maintenance. Consumable supplies (reagents, vehicle fuel) are now costed into the MHMS core budget. The WHO allocates AUD 33,000 to EHU each year, so these funds could cover costs for consumable lab supplies if needed.

New projects have funded the continued employment of the national coordinator, project officer and finance officer. Staff retainment will help ensure that capability built is not lost and can be used to assist in continuing project activities (e.g. surveillance work).

Under existing arrangements with NZAID, NIWA continue to engage with the MHMS through regular missions to run refresher training in water quality testing and to ensure staff are following the new Standard Operating Procedures. These visits and trainings help address staff turnover in the MHMS Medical Laboratory.

Other PSIS (Tuvalu, Marshall Islands, Solomon Islands, FSM, Nauru) have also expressed an interest in learning more about SODIS and potentially piloting the technique in their countries which may lead to possible replication.

Overall, the benefits of the project are highly likely to continue in the short to medium term (1 to 5 years). Longer term sustainability is likely, based on the fact that EHU was recently allocated nine

new support staff by the ministry, recognizing the staffing need by EHU for their extensive surveillance programme.

A south-south exchange involving Nauru Government staff visiting Kiribati was held in December 2015 and February 2016. The exchange allowed Nauru Government staff to see firsthand how Kiribati undertook water quality testing, and may allow for the benefits of the project to spread to another PSIS.

Cross-Cutting

Gender

Women and children were the main target beneficiaries of the SODIS and tippy taps behaviour change campaign. However, the entire family, including elderly members also directly benefited. For example, all family members benefit from bacteria-free drinking water and increased family savings from reduced expenditure on fuel for boiling water. Elderly women indirectly benefited from not needing to sit by the fire (exposed to smoke) as often to boil water.

Women were highly representative at the Project Planning Meeting (14 women, 11 men). The majority (4) of the water champions contracted were women and women were majority beneficiaries from health training workshops⁵. Women were also highly representative (18 women, 9 men) in the community behaviour change workshops used to design the SODIS and tippy taps campaigns.

Environment

The PDD risk management matrix did not identify any specific environmental risks outside of the impacts of natural disasters (drought). Due to the low impact nature of the work, no Environmental Impact Assessment (EIA) or Environmental Management Plan was required to assess and manage environmental risks. The project, through the SODIS initiative, collected and reused PET bottles from various sources, thus reducing the need to buy new bottles and potentially reducing litter and waste to the landfill. A monetary incentive to recycle PET bottles (already in place before this project) encourages people to recycle their PET bottles once they are past their best (scratched) for SODIS. Additionally, the project supported sanitation awareness and community clean-ups to prevent food, water, and vector-borne diseases, which had an unintended positive benefit on the environment.

Visibility

The EU, SPC and GCCA logos were represented in all key project collateral and relevant deliverables (project fact sheet, SODIS poster, research report, fact sheet, FAQ booklet and research poster for UNISDR conference). The project banner was also featured at all local capacity building workshops.

Stickers promoting the EU and SPC GCCA were placed on all major equipment procured (medical equipment, truck). The EU's funding contribution was also acknowledged on all press regional press releases for the project and a plaque was also unveiled by the EU Ambassador for Development at the 2014 official opening of the renovated laboratories. A song and videos promoting SODIS and tippy taps in i-Kiribati language were produced for local communities. Videos (local and international) demonstrating SODIS were effective tools to persuade local community members that SODIS worked and was safe to use. A lessons learnt video and video summarising project activities was also

⁵ 59% of technical training participants were women. No accurate percentage of women and children attendance at non-technical workshops can be made, however, it is known that over 340 women and children attended.

produced to promote the project. These videos are available on YouTube and have been screened regionally on Pacific Way. SPC's involvement and the EU's funding contribution were highlighted in these products.

SODIS was also promoted on local radio and attracted regional radio coverage on ABC and Radio NZ. Newsletters (Climate Change Matters) and media releases have also been used to create awareness about the project. Visibility was also given to the project, SPC and the EU through attendance or presentations at regional events (SPC CRGA meeting in Niue, GCCA Lessons Learnt Workshops and roadshows).

Overall, there was sufficient visibility about the project and both SPC and the EU were acknowledged for their roles in implementation and funding.

Best Practices & Recommendations

Best practices from the project in Kiribati

1. Include a properly resourced and designed behaviour change campaign when trying to change behaviours.
2. Work with multiple partners during implementation to enhance sustainability of the project.

Recommendations

1. Get support from all health departments before rolling out behaviour change campaigns.