



INTRODUCTION

VSO supports AusAID in placing the Millennium Development Goals (MDGs) at the heart of its approach to tackling poverty. In looking to achieve the MDGs, VSO promotes **people centred and participatory approaches**, and programmes that:

- 1) strengthen government capacity to respond to its citizens; and
- 2) Strengthen the capacity of civil society to hold their governments to account.

VSO is mindful that the outcomes of such work are often intangible and less easily measured than others. However, VSO encourages AusAID to ensure that work such as civil society capacity building is not lost and that these types of activity, which often contribute to tackling the underlying causes of poverty, are strengthened over the years to come.

VSO welcomes the opportunity to input into the AusAID Aid Effectiveness review. VSO is the largest international development organisation in the world specialising in long-term volunteering. Its overall goal is to fight poverty and disadvantage and its programmes contribute to Millennium Development Goals 1–7. Based on over 50 years of experience, VSO has developed a unique way of working that brings about positive and sustainable change for poor and disadvantaged individuals, organisations and communities that extends well beyond outcomes possible with money alone. VSO puts people at the centre of development, bringing together those in VSO's partner organisations and in the communities they represent with skilled and experienced international and/or national volunteers. Locally owned and sustainable solutions to development challenges are achieved by working in partnership, sharing learning and transferring technical expertise, brokering knowledge and building networks.

VSO's contribution to the AusAID Aid Effectiveness Review draws heavily on more than fifty years experience working in over forty countries in Africa, Asia, and the Pacific. It also benefits from a recent organisational review of its own operations which has led to its new strategy, *People First*.

KEY RECOMMENDATIONS

This paper contributes to elements (a) and (d) of the AusAID Aid Effectiveness Review Terms of Reference. Its main recommendations to AusAID are:

a) Geographic Focus of the Programme

- To continue to focus programming within the framework of the MDGs, and on those least developed countries at most risk of failing to reach their targets. In addition to South East Asia and the Pacific, AusAID should continue to consider developing programmes in Africa and South Asia.

b) Sectoral Focus on the Programme

- To invest in strong public services in the countries in which it works. In particular, high levels of investment in recruitment, training and retention of health workers and teachers are essential to provide quality healthcare and education in developing countries.
- To continue in its focus on gender, supporting programmes that work with both men and women, that disaggregate between men and women in programme monitoring and on gender advocacy.
- To support climate programmes that take a holistic approach, supporting both mitigation and adaptation, and the promotion of joined-up regional, national and local responses.

c) Relative Focus of the programme on low and middle-income countries

- To focus most of its resources on LDCs, but be flexible enough to support programmes in middle-income countries where economic development has not necessarily equated with social development continuing to leave certain groups marginalised and living in poverty. As a result, these countries remain at significant risk of not achieving the MDGs.

d) Role of NGOs and the appropriate balance between multi-lateral and bilateral aid funding arrangements.

- To balance its support between macro level interventions through multi-lateral and bi-lateral funding arrangements with support for civil society capacity building through the work of (I)NGOs at grass roots level. This is important to ensure that particularly vulnerable groups are not left so whilst macro level processes take effect, that they are able to access social protection mechanisms and income generating activities, and that they are empowered to hold governments to account.

e) Coordination of Australia's ODA with other donors and institutions

- To continue to collaborate with other donors in line with the Paris Declaration and Accra Aid Effectiveness framework, and ensure that programmes fit with locally-designed country development plans. AusAID should include in this

the engagement with donors such as China who will play a lead in setting the development agenda in the coming years.

- To ensure a participatory approach to selecting programmes and priorities so that the needs of, and impact on, marginalised groups are included and positive.

a) Geographic Focus of the Programme

VSO believes that the MDGs should provide the framework for identifying priority countries and for measuring the impact and results of development programmes. VSO recognises and supports AusAID's emphasis on this. VSO believes that progress towards the MDGs – particularly in the years leading up to the MDG deadline in 2015 – should be the key measurable for donors.

VSO recommends that AusAID should continue to allocate significant resources to least developed countries (LDCs) and fragile states. In general, these countries require most effort to reach the MDGs, and this approach is recognised this in VSO's latest strategy, *People First*. In addition to fragile states in Asia and the Pacific, VSO supports any moves by AusAID to develop its cooperation in Africa and South Asia, where there is a high proportion of LDCs. VSO recommends that AusAID remains flexible in its response, and considers responses other than technical assistance, such as volunteer interventions that bring about sustainable changes at grass roots level.

b) Sectoral Focus of the Programme

Within the MDG framework, VSO makes recommendations in the areas of Education, Gender Equality, Health and Climate Change. VSO particularly welcomes AusAID's priorities in education and health and makes some detailed recommendations in these thematic areas which represent some considerable experience in VSO.

Education

VSO's experience – particularly in Health and Education – provides us with a unique perspective to comment on how AusAID can best utilise its resources in this thematic area. The global numbers of out-of-school children are dropping too slowly: 69 million children are currently denied a primary education, and UNESCO predicts that as many as 56 million children could remain out of school in 2015. A majority of the 69 million children are girls, - yet to deliver education for these girls would be a major way to address inequality between women and men.

VSO has consistently argued that for MDG2 to be achieved governments need to increase investment in education to enable them to train and retain sufficient numbers of professional trained teachers. These recommendations are consistent with VSO research over the last ten years which calls for increased investment and technical support to:

- Improve teacher incentives and support;
- Strengthen education management systems and
- Ensure parents and civil society are able to hold their governments to account

VSO believes that education in the majority of situations in developing countries is best delivered by public sector education systems. These systems are best placed to provide education on the scale required. However, in order to manage public education governments in developing countries need long-term predictable financing. This can usually be best delivered through sector-wide approaches. Governments need both finances and technical support to design and improve systems to scale up the recruitment and retention of the public sector workforce. VSO is wary of the trend in some countries in the South to recruit under-skilled contract or para-teachers, and institutions such as ILO and UNESCO also share these concerns. We would urge AusAID to be very cautious about supporting any teacher-schemes that weaken the technical skills and terms and conditions of the teaching workforce.

The need to recruit and train over 10 million new teachers for primary education alone also presents an unprecedented opportunity to redress long-standing imbalances in numbers of male and female teachers in both primary and secondary schools. AusAID should use this opportunity to pursue its commitment to gender equality. Women teachers and other education workers act as powerful role models for girls, and education for girls about reproductive health plays a powerful role in reducing maternal and infant mortality rates. To achieve this, AusAID should support governments to:

- Improve incentives, living and working conditions for female teachers, including making adequate arrangements for maternity and paternity leave;
- Prohibit discrimination against women, people with disabilities and teachers from excluded minorities in teacher recruitment, posting and promotion systems;
- Set and monitor national goals or quotas for hiring women and be flexible with age and education requirements for women (while providing compensatory in-service training);
- Invest in recruitment campaigns that encourage women to break with powerful social norms and adopt a teaching career;
- Allow head teachers to control teacher recruitment for their schools, to enable them to balance the number of male and female teachers;
- Implement measures such as ensuring accommodation for female teachers is safe – particularly in rural areas where active recruitment and training of women from the local area may be necessary;
- Improve the quality of Education management information systems (EMIS) that encourage the active participation of teachers, head teachers, parents and civil society organizations in decision making.

Gender Equality

VSO welcomes AusAID's commitment to gender and the role of women in development. VSO would recommend the following interventions:

- AusAID should take a gender equality approach as described for 'education' above, to alleviating the poverty suffered by women, men and vulnerable groups such as sexual minorities. This means working with women but not in isolation. It means investing in interventions that address power relationships between women and men, looking for constructive roles that men can play (e.g. as HIV carers, nurses, fathers) in development, and tackling the poverty caused by gender norms and

stereotypes for sexual minorities (e.g. loss of livelihood, lack of HIV information).

- AusAID should prioritise *within* the gender agenda, thus making best use of resources. VSO would recommend the two areas enumerated below. These largely reflect its most effective gender equality interventions and are based on consultation with partner organisations (private sector, government, non government) and with men and women in groups excluded by caste, ethnicity, disability, rural location, HIV status and age. They represent value for money in development.

Firstly, promote **Gender disaggregated monitoring and evaluation**. This can generate evidence about results based on fact. Data collection over a number of years that records the results of development interventions for men and women would be the single most effective factor in making gender programmes more effective. As stated above women, and organisations that represent them, should have a voice in grass roots monitoring processes as a practical way to increase impact.

Secondly, **Gender advocacy at all levels**. The voice of women as well as men in programme level monitoring makes all the difference between an effective intervention with clear results for its intended beneficiaries, and wasted aid. AusAID's influence at national and international levels can make gender inequality a primary consideration in key national poverty policy e.g. public sector workers, social protection, access of girls to school, and investment in maternal health.

Health, including HIV and AIDS

VSO has already implemented health programmes in Vanuatu and Papua New Guinea with AusAID funding and would welcomes further collaboration in these countries and others where priorities overlap. In Vanuatu where VSO was involved in the 2008 AusAID evaluation of health service delivery, VSO and AusAID work on health systems strengthening, particularly around health and health information management. VSO, therefore, particularly shares AusAID's focus on health, on its commitment to support partner countries to deliver essential services and on gender.

The three Millennium Development Goals concerning health outcomes are closely related and require a joint and comprehensive approach. A fundamental constraint that affects all the MDGs is weak health systems and specifically the shortage of trained health workers (including nurses, midwives, doctors and other health workers such as community health workers and home-based caregivers). There is a strong correlation between those countries with a low ratio of health workers to population and those countries that are struggling to meet the MDGs. Without a strong and effective health system in place, development challenges cannot be overcome.

The health MDGs can only be achieved if health system strengthening and disease-specific responses are addressed equally. AusAID should adopt and implement a strong approach to support countries that achieve universal access to a basic health care package.

VSO believes that AusAID should use its influence to ensure that the donor community provides the necessary support to allow the abolition of user fees so that services are provided free at the point of use. Where this happens countries

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must also be supported to simultaneously increase health worker numbers to meet the demand stimulated by the abolishment of user fees. The recent health worker strike in Sierra Leone following user fee abolishment should be noted in this context.

AusAID should give attention to the following in any health programmes:

- **Human resources for Health**

A key indicator of an effective health system is a sufficient number of well skilled, supported and motivated health workers to meet the needs of the population. However, WHO statistics report that in at least 57 countries there are chronic shortages of health workers with the necessary skills. Every VSO health programme includes in-service and pre-service training of health professionals in order to improve standards of health care delivery.

Discussions about health workers also seldom take into account the critical role of community and family home based caregivers in providing or facilitating access to healthcare for many of the most poor and marginalised. They help bridge the geographical or psychological gaps that often separate poor people in their communities from more formal health and social services. The innovative frontline contributions of community and home-based caregivers and community-based organisations providing health services need to be recognized, strengthened and fully integrated into broader health systems. Over 80% of community caregivers are poor women, and many are living with HIV themselves, yet most receive little or no training, equipment or compensation for their work. Strengthening and properly supporting caregivers contributes to poor women's increased voice in decision-making and economic empowerment while also improving the quality of the healthcare services they provide for their clients. VSO recommends that the AUSAID should continue to support government and INGO's efforts to scale-up health worker recruitment and training and also to recognise the role of community caregivers within formal health systems.

- **Strengthening of health management systems**

Strengthening health management is essential for any health system to be able to operate effectively. Weak health service management and the absence of robust management information systems contributes to poor health service delivery, increases the incidence of corruption and explains why health systems in many developing countries are in crisis or facing near collapse. For example, in Cambodia, quality improvement assessments conducted by the Ministry of Health, have shown that 3 hospitals supported by VSO health management advisers have improved significantly in terms of their overall management and service delivery.

At the grassroots level, many women are anchoring a community-based response to wider health issues such as HIV and AIDS. It is often home-based caregivers who link women to sexual and reproductive health services, ensure access to testing, treatment, counselling, and directly provide care and support (e.g. improving treatment adherence, and creating support systems in response to issues such as domestic violence and land grabbing). It is essential that formal health management systems are linked to informal community initiatives to ensure strong referral systems and increased access to health services for vulnerable groups.

VSO recommends that AUSAID should continue to support all stakeholders' contributions towards the strengthening of health management at all levels of the formal and informal health system.

- **Communities are part of every health system**

A strong and effective health system is one that is truly responsive to the needs of the communities it serves. Ensuring that the voice of communities is properly represented within the health system at local, district and national level is one way of increasing trust between health providers and the recipients of health services. In order to ensure services are responsive, relevant and accountable people should be given opportunities to participate in health and community systems strengthening initiative. This should include in the design, implementation, monitoring and decision making of health programmes and services. This will ensure systems build on what is already in place and are responsive to household and community needs and priorities as well as increasing access by facilitating the identification of barriers that prevent people from accessing health services.

For example, in Uganda, VSO volunteers working in Miriia sub-district have helped to build the capacity of village health volunteer teams. There is evidence of a reduction in malaria rates as a result of health education work that increased the distribution and use of bed-nets. Village volunteers are now focusing their efforts on promoting the importance of childhood immunisation, clean drinking water and improved hygiene and sanitation. Further, a VSO volunteer in Malawi has facilitated the formation of consultative committees both at district and community level where the needs of specific groups are discussed. This has led to the development of a disability-friendly programme whereby hospitals in the district have introduced specific times to meet people with disabilities and have also employed people with disabilities as village health workers to mobilise fellow disabled people to use the health facilities.

VSO recommends that AusAID should ensure community engagement when planning health services. Community health services need to be included in health budgets, and countries should have a clear policy on the 'voluntary' provision of labour (e.g. in Home based care efforts). AusAID should provide technical support to assist countries to reduce their dependence on women's unpaid labour. It is not sustainable and prevents women from playing their due role in the economy.

Climate Change

VSO welcomes AusAID's focus on climate change, particularly in the Asia Pacific region where VSO has a number of its programmes. It is widely recognised that climate change is perhaps the greatest threat to development gains. In the Asia Pacific, VSO is prioritising two climate change projects in 2011: the first in the Coral Triangle, working with WWF, and the second in the Pacific, where VSO is exploring how it can support policy work on climate change and/or other long-term climate change mitigation. VSO is also considering how it can support a more regional approach, firstly in the Mekong and secondly in the Himalayas. VSO recognises that responding to the challenges of climate change requires a holistic approach and government commitment as it cross-cuts all aspects of development. It should not be seen as a discrete piece of work or one-part of the bigger picture. Responses should take a mixed approach to mitigation and adaptation, recognising that the latter requires locally tailored solutions and a commitment to a substantial number of locally-specific projects which should be mutually supported by a national, and if relevant, regional programme.

c) Relative focus of the Aid Programme on low and middle income countries

Whilst VSO recommends that AusAID places the lion's share of its aid in LDCs, VSO also believes that AusAID's approach should be flexible enough to respond to areas where the need is greatest and where the MDGs are most at risk of not being achieved. VSO's experience shows that, among Middle Income Countries, governments often lack the will to support the poorest. In these countries, where effective government systems exist, AusAID should support civil society to increase their capacity to hold their government to account. In Asia Pacific, then, VSO sees opportunities to work in MICs and BRICs, particularly supporting projects that influence policies that respond to the needs of the most marginalised in society. AusAID could complement its bilateral partnerships and influence by working with organisations skilled in promoting pro-poor and inclusive development policies. Locally credible organisations can be particularly effective in this.

d) Role of NGOs and the appropriate balance between multi-lateral and bilateral aid funding arrangements

VSO is an international NGO. The track record of many INGOs demonstrates clearly that there is a role for the non-governmental sector in international development. For example, in 2009/10, VSO's work reached 26 million poor and excluded people in 44 countries through 1,700 partner organisations in government, civil society and the private sector and VSO is able to demonstrate where its work has contributed directly to tackling poverty.

VSO welcomes AusAID's commitment to building the capacity of partner governments to deliver basic services, particularly in health and education. However, VSO urges AusAID to support other mechanisms to address the challenges in their chosen sectoral areas including working directly with the non-governmental sector on civil society capacity building. VSO welcome AusAID's theme of Investing in People, which lies very much at the heart of what VSO does. VSO builds the capacity of its national partners to bring about positive change. Locally owned solutions to development challenges are achieved by working in partnership, sharing learning and transferring technical expertise, brokering knowledge and building networks. Ultimately, disadvantaged people and the organisations that represent them are empowered to have a voice, to take action, and – crucially – to hold those responsible for **providing basic services** to account, particularly in education, health and HIV & AIDS. This ultimately triggers sustainable change, which is people-centred and inclusive. This approach has been articulated in **VSO's Theory of Change**, which guides programming. More specifically, two key elements of change drive VSO's work:

AusAID Effectiveness Review – VSO Submission – Feb 2011

- 1) supporting NGOs and governments to provide relevant and inclusive services
- 2) strengthening civil society through capacity-building and network/coalition-building so communities can hold governments to account, ensuring they develop and implement pro-poor policies. VSO's national and international policy work is crucial to its impact.

VSO, as an INGO, has a strong track record in delivering no.2 above. VSO currently works on governance issues in Africa, Asia, the Pacific, Latin America and the Caribbean. In these programmes, we aim to support the development of governance systems, structures, policies and practice that empower disadvantaged people to participate in the decisions that affect their lives. VSO believes that AusAID should support democratic governance reforms that enhance voice and accountability. AusAID should support matters of equity and equality in political processes by investing in programmes that build the capacity of civil society organisations that represent the interests of poor people. VSO's programmes have demonstrated the benefits of working with local governments to support greater transparency, accountability and engagement with a view to greater responsiveness to the voice of local people. AusAID should support budget monitoring and accountability projects and promote mutual accountability of aid. It will be important to support this not only at the national level but also supporting people to hold their elected representatives and council managers to account.

AusAID should support greater citizen participation in planning and budgeting to support specific reform programmes run by governments. This builds accountability and also rewards success and incentivises successful councils through further allocation of funds. Promotion of efficient decentralised services increases efficiency and equity in service delivery.

VSO therefore recommends that AusAID balances its support between macro level interventions such with support at grass roots level - with programmes that promote capacity building of civil society and those which support to social protection initiatives – to ensure that particularly vulnerable groups are not left vulnerable whilst macro level processes take effect. AusAID should therefore work with both governments and civil society organizations to deliver shared objectives.

e) Coordination of Australia's ODA with other donors and institutions

VSO believes that any development programme should be led by locally-designed country development plans and approach support within the Paris and Accra Aid Effectiveness framework. VSO therefore believes that AusAID must work closely in partnership with the governments of the countries where it works, whilst ensuring that the voice of the poor and disadvantaged feeds into these debates. Only then will the programmes that are designed, truly respond to the needs of the countries concerned.

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AusAID Effectiveness Review – VSO Submission – Feb 2011

In line with the Paris Declaration, VSO welcomes the collaboration between large government donors and the streamlining of aid towards priorities that are shared, increasing the effectiveness of aid and minimising on duplication. VSO therefore supports the close collaboration between AusAID and, for example, DFID. Also in line with the Paris Declaration, VSO encourages collaboration between donors and NGOs ensuring that organisations work together to their collective best advantage. VSO already works closely with DFID who has been VSO's main government funder for over fifty years, and has worked in a number of countries to deliver DFID's development strategy. For example, in Malawi, VSO has collaborated with DFID for a number of years to respond to Malawi's health crisis, by delivering front-line health workers to health institutions and centres.

Similarly, VSO has worked closely with AusAID in Papua New Guinea and Vanuatu, on governance (Vanuatu), health provision (Vanuatu) and HIV and AIDS (Papua New Guinea and Vanuatu). In Vanuatu, VSO was involved in the 2008 AusAID evaluation of Health Service Delivery, and VSO continues to work with AusAID through the Health Partners Group implementing a HIV/Health Project with the Ministry of Health, most recently signing a Joint Partnership Arrangement as a non-funding development partner in the health sector. VSO would welcome further partnerships with AusAID in those and other countries going forward. VSO therefore urges AusAID to continue to partner with governments and institutions such as DFID, whilst considering how INGOs can deliver on shared development objectives.

End.

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