



# Technical Assistance Report

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Project Number: 49458-001  
Regional—Capacity Development Technical Assistance (R-CDTA)  
October 2016

## Promoting Evidence-Based Policy Making for Gender Equity in the Pacific (Phase 2)

This document is being disclosed to the public in accordance with ADB's Public Communications Policy 2011.

**Asian Development Bank**

## ABBREVIATIONS

ADB	–	Asian Development Bank
DMC	–	developing member country
NCD	–	noncommunicable disease
SDG	–	Sustainable Development Goal
SPC	–	Pacific Community
TA	–	technical assistance
UN	–	United Nations

## NOTE

In this report, “\$” refers to US dollars.

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## CAPACITY DEVELOPMENT TECHNICAL ASSISTANCE AT A GLANCE

<b>1. Basic Data</b>		<b>Project Number: 49458-001</b>	
<b>Project Name</b>	Promoting Evidence-Based Policy Making for Gender Equity in the Pacific (Phase 2)	<b>Department /Division</b>	PARD/PAUS
<b>Country</b>	REG	<b>Executing Agency</b>	Asian Development Bank
<b>2. Sector</b>	<b>Subsector(s)</b>	<b>ADB Financing (\$ million)</b>	
✓ Public sector management	Social protection initiatives		0.50
		<b>Total</b>	<b>0.50</b>
<b>3. Strategic Agenda</b>	<b>Subcomponents</b>	<b>Climate Change Information</b>	
Inclusive economic growth (IEG)	Pillar 3: Extreme deprivation prevented and effects of shocks reduced (Social Protection)	Climate Change impact on the Project	Low
<b>4. Drivers of Change</b>	<b>Components</b>	<b>Gender Equity and Mainstreaming</b>	
Governance and capacity development (GCD)	Institutional development	Gender equity (GEN)	✓
Knowledge solutions (KNS)	Knowledge sharing activities		
Partnerships (PAR)	Civil society organizations Implementation		
<b>5. Poverty and SDG Targeting</b>		<b>Location Impact</b>	
Project directly targets poverty and SDGs	No	Regional	High
<b>6. TA Category:</b>	B		
<b>7. Safeguard Categorization</b>	Not Applicable		
<b>8. Financing</b>			
<b>Modality and Sources</b>		<b>Amount (\$ million)</b>	
<b>ADB</b>		<b>0.50</b>	
Capacity development technical assistance: Technical Assistance Special Fund		0.50	
<b>Cofinancing</b>		<b>0.00</b>	
None		0.00	
<b>Counterpart</b>		<b>0.00</b>	
None		0.00	
<b>Total</b>		<b>0.50</b>	
<b>9. Effective Development Cooperation</b>			
Use of country procurement systems		No	
Use of country public financial management systems		No	



## I. INTRODUCTION

1. The Asian Development Bank (ADB) recognizes gender equity as an essential driver of change for promoting and achieving inclusive and sustainable growth and improving well-being.<sup>1</sup> In the Pacific region, ADB's Pacific Approach emphasizes capacity building and the incorporation of gender mainstreaming into the core function of governments in Pacific developing member countries (DMCs).<sup>2</sup> ADB's support to gender equity in the Pacific was developed through 2010 regional technical assistance (TA) that supported strengthening of the technical capacity of selected Pacific countries. The TA provided training on the use of gender statistics, produced a regional booklet on key gender indicators, and performed in-depth gender assessments in several Pacific DMCs (Fiji, Papua New Guinea, Solomon Islands, and Timor-Leste).<sup>3</sup> This contribution to gender mainstreaming was recognized and valued by other development partners and governments as part of country programming.

2. The TA for Promoting Evidence-Based Policy Making for Gender Equity in the Pacific (Phase 2) seeks to strengthen the capacity of governments in selected Pacific DMCs to monitor gender situations systematically, including reporting against the Sustainable Development Goals (SDGs) and within ADB projects.<sup>4</sup> The TA will also analyze gender equity in the health sector, given the importance of health to the overall well-being of women. The objective, scope, implementation arrangements, cost and financing arrangements, and terms of reference for the TA are based on the previous TA demonstrating a continuity of ADB's approach to gender equity in the Pacific. The TA is included in the regional operations business plan, 2016–2018.<sup>5</sup> The design and monitoring framework for the TA is in Appendix 1.

## II. ISSUES

3. Pacific DMCs experience common concerns and challenges in achieving the SDGs, including Goal 5 on gender equity. Papua New Guinea and the Federated States of Micronesia did not achieve the Millennium Development Goal 5 of improving maternal health. Papua New Guinea, Samoa, Solomon Islands, and Vanuatu did not achieve the targets for universal access to reproductive health.<sup>6</sup> Furthermore, rising obesity and noncommunicable diseases (NCDs) are having consequences on premature adult mortality and life expectancy in Fiji, Samoa and Tonga.<sup>7</sup> Low participation of women in the formal economy and decision-making process, along with widespread gender-based violence (Pacific countries have some of the highest documented rates in the world), are critical concerns for improving women's overall well-being and status.<sup>8</sup>

4. Across the Pacific, gender equity is being supported through different strategies. Pacific Women Shaping Pacific Development (Pacific Women), funded by the Government of Australia, supports 14 Pacific countries to meet the commitments made in the 2012 Pacific Island Forum

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<sup>1</sup> ADB. 2014. *Midterm Review of Strategy 2020: Meeting the Challenges of a Transforming Asia and Pacific*. Manila.

<sup>2</sup> ADB. 2016. *Pacific Approach, 2016–2020*. Manila.

<sup>3</sup> ADB. 2010. *Technical Assistance for Promoting Evidence-Based Policy Making for Gender Equity in the Pacific*. Manila.

<sup>4</sup> The TA first appeared in the business opportunities section of ADB's website on 28 July 2016.

<sup>5</sup> ADB. 2015. *Pacific: Regional Operations Business Plan (2016–2018)*. Manila.

<sup>6</sup> Pacific Islands Forum Secretariat. 2015. *2015 Pacific Regional MDGs Tracking Report*. Suva.

<sup>7</sup> S. Lin, I. Tukana, C. Linhart, et al. 2016. Diabetes and obesity trends in Fiji over 30 years. *Diabetes*. 8: 533–543; S. Lin, I. Tukana, C. Linhart, et al. 2016. Trends in diabetes and obesity in Samoa over 35 years 1978–2013. *Diabetic Medicine*. 1464–5491; S. Lin, I. Tukana, C. Linhart, et al. 2016. Diabetes and obesity trends in Tonga over 40 years. *Asia Pacific Journal of Public Health*.

<sup>8</sup> UN Women. 2014. *Pacific Regional Ending Violence against Women*. Suva.

Leaders' Gender Equality Declaration by providing grants for economic empowerment of women, ending violence against women, and increasing women's role in decision making and leadership.<sup>9</sup> Projects through Pacific Women have provided services to nearly 13,000 women, supported 5,000 women in market decision making, and trained over 1,700 women in financial literacy.<sup>10</sup> The United Nations (UN) Women 5-year program, *From Policy to Action: Ending Violence against Women and Girls in the Pacific, 2013–2017*, supports capacity building to strengthen the implementation of legislation and policies, encourages community leadership for prevention, and provides grant funding for service providers to both civil society and governments.<sup>11</sup> About 20,000 survivors have received services through 38 UN Women grants across Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, and Vanuatu.

5. Gender awareness is also an issue at national and regional levels. At the 2015 46th Pacific Islands Forum, Pacific leaders reaffirmed their commitment to implementation of the 2012 Pacific Leaders Gender Equality Declaration (footnote 11). While progress on gender equality has been notable in three of the six key areas—gender responsive policies and programs, gender parity in education, and ending violence against women—less progress has been made on women's economic empowerment, and sexual, reproductive, and health services.<sup>12</sup> In 2015 Pacific leaders included for discussion during the regional forum the growing cervical cancer burden, and agreed on regional prioritization of NCDs to respond to cervical cancer. The focus on NCDs as a health priority is growing, but little is known about the gender elements of both risk factors (apart from STEPS surveys)<sup>13</sup> and the NCD burden distribution. Traditional gender data focus on sexual and reproductive health and maternal health outcomes. Therefore, a gap exists in identifying the dominant health challenges experienced by women across the Pacific and designing policies to target health interventions to suit their needs.

### III. THE CAPACITY DEVELOPMENT TECHNICAL ASSISTANCE

#### A. Impact and Outcome

6. The impact will be the development of gender-responsive government programs and policies. The outcome will be strengthened institutional and technical capacity for gender mainstreaming in participating DMCs.

#### B. Methodology and Key Activities

7. The proposed TA seeks to assist additional countries to those supported under the previous TA, using similar strategies of capacity building in government ministries to collect and analyze gender situations across key social and economic areas. The activities will be anchored in the SDG framework and be carried out in close cooperation with the Social Development, Governance, and Gender Division to ensure an aligned ADB strategy for gender mainstreaming and supporting DMCs report on progress towards the SDGs targets. By focusing on the health sector, this TA will increase evidence of the awareness of gender as a direct or indirect factor of

<sup>9</sup> Pacific Islands Forum Secretariat. 2012. *Pacific Leaders Gender Equality Declaration* (Annex 1; 43rd Pacific Islands Forum). Rarotonga.

<sup>10</sup> Government of Australia, Department of Foreign Affairs and Trade. 2016. *Pacific Women Shaping Pacific Development, First Progress Report 2012–2015*. Canberra.

<sup>11</sup> UN Women. 2015. *Ending Violence Against Women and Girls* (September Brief). Suva.

<sup>12</sup> Pacific Islands Forum Secretariat. 2015. *Forty-sixth Pacific Islands Forum*. Port Moresby.

<sup>13</sup> The World Health Organization STEPwise approach to surveillance (STEPS) is a standardized but flexible framework for countries to monitor the main NCD risk factors through questionnaire assessment and physical and biochemical measurements. It is coordinated by national authorities of the implementing country. STEPS surveys have been conducted across Pacific DMCs, but most are over 10 years old.



women's survival. If the approach of this TA is successful, additional financing may be considered to expand activities to other DMCs.

8. **Output 1: Summary gender profiles of select Pacific developing member countries based on the Sustainable Development Goal framework.** The profiles will be more succinct than the gender assessments developed under the previous TA, but still highlight country gender priorities and data. Initially, four profiles will be prepared; Kiribati, Marshall Islands, Samoa, and Tonga have been tentatively identified as target DMCs. The activities (workshops, data analysis, reports) will be carried out in close collaboration with the Pacific Community (SPC), which will provide TA and training support to countries to collect and analyze statistics.

9. **Output 2: Support for gender mainstreaming in ADB operations to report on Sustainable Development Goals.** Following on from the previous TA, this output will support gender mainstreaming in ADB projects by building the technical capacity of executing and implementing agencies to identify gender issues, and monitor and report on performance against project gender action plans. This TA will cooperate and collaborate with other development partners working on gender issues (e.g., UN Women and the Government of Australia) to consolidate and strengthen ongoing efforts for capacity building and gender-inclusive development. The selection of DMCs will be based on country demand and location of ADB operations with gender equity and effective gender mainstreaming categorization.

10. **Output 3: Gender assessment in the health sector.** Given that women's health outcomes are critical for promoting their productive capacities and achieving gender equality, this TA will undertake a more in-depth analysis of emerging health issues for women beyond classic gender health indicators (antenatal service and supervised delivery). More specifically, it will assess the effectiveness of the health information systems and other data sources to capture gender indicators (e.g., demographic household surveys, population-based national health surveys, health facility surveys, national health information systems, and vital statistics). The assessment will cover critical health issues, including gender-based violence and NCDs, which constrain progress toward gender equality. This TA will collaborate with SPC and the World Health Organization, which support Pacific countries through technical support. Gender assessments in the health sector will also help ADB explore potential health sector investments.

11. The main risks to achieving the outputs are a reduction in the budget allocation for health and women ministries, and a high turnover rate or a change of government, leading to lack of continuity in capacity-building training.

## C. Cost and Financing

12. The TA is estimated to cost \$525,000, of which \$500,000 will be financed on a grant basis by ADB's Technical Assistance Special Fund (TASF-V). The detailed cost estimates and financing plan are in Appendix 2.

## D. Implementation Arrangements

13. The TA will be implemented from October 2016 to January 2019. ADB will be the executing agency, responsible for the overall management and monitoring of the TA activities. The Pacific Department will be the focal department within ADB. Implementing agencies will be the ministries or departments responsible for women's affairs and/or ministries or departments of health in participating DMCs. The DMCs will designate a TA focal point and assistant to review reports and coordinate activities and in-kind contributions.

14. The TA will require a total of 24 person-months of individual consulting services from four national and two international consultants: (i) national coordinators to coordinate TA activities (10 person-months); (ii) international health and gender specialist (9 person-months, intermittent); and (iii) international gender statistics and capacity building specialist (5 person-months, intermittent). All consultants will be recruited and hired individually according to ADB's Guidelines on the Use of Consultants (2013, as amended from time to time). The specific terms of reference for each consultant may vary from country to country, depending on the needs and priorities of each participating DMC. ADB will finalize the terms of reference for consultants, including the duration and expected results. The outline terms of reference for consultants are in Appendix 3. Proceeds of the TA will be disbursed in accordance with ADB's *Technical Assistance Disbursement Handbook* (2010, as amended from time to time).<sup>14</sup>

15. A no-objection letter from participating DMCs will be obtained before TA activities begin in each country. A TA collaboration agreement outlining roles and responsibilities will be signed by ADB and other agencies (e.g., UN Women or the SPC) working on gender in the Pacific. All gender indicators compiled under the TA will be harmonized with the SPC regional framework, and they will be provided to the SPC regional database. The SPC will serve as an additional implementing agency in supporting regional activities related to gender indicators, including capacity building, the compilation of gender indicators, and regional publications.

16. Progress will be monitored using the intended outcomes and outputs described in the design and monitoring framework (Appendix 1). The consultants will provide quarterly progress reports and completion reports, detailing the work programs and achievements of their respective TA activities. ADB will conduct periodic review missions to monitor TA activities. The TA results will be disseminated to participating DMCs as knowledge products and through regional events. Four summary gender profiles will be produced, and a report on key health issues for women and how health systems can be strengthened to respond to them will be produced for knowledge sharing.

#### **IV. THE PRESIDENT'S DECISION**

17. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance not exceeding the equivalent of \$500,000 on a grant basis for Promoting Evidence-Based Policy Making for Gender Equity in the Pacific (Phase 2), and hereby reports this action to the Board.

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<sup>14</sup> Output-based and/or lump-sum contracts will be considered in the engagement of consulting services to reduce the administrative burden and improve economy, efficiency, and value for money.

## DESIGN AND MONITORING FRAMEWORK

Impacts the TA is Aligned with Gender-responsive government programs and policies <sup>a</sup>			
Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting	Risks
<b>Outcome</b> institutional and technical capacity for gender mainstreaming in participating DMCs strengthened	a. At least two gender-inclusive health programs submitted for action	a. National statistical reports, census report, and other periodic reports; UN agency and/or WHO reports, including SDG reports	Budget allocation for health and women ministries is reduced.
<b>Outputs</b> 1. Summary gender profiles of select Pacific DMCs based on the SDG framework compiled  2. Support for gender mainstreaming in ADB operations to report on SDGs enhanced  3. Gender assessment in the health sector prepared	1a. Key gender indicators compiled and summary gender profiles prepared  2a. Gender training for at least 10 staff from ministries or departments in each participating DMC  3a. Report on gender barriers and opportunities in health service coverage, effective utilization, and health outcomes	1a. National statistics office reports  2a. TA progress reports  3a. Periodic reports from national women's ministries and health ministries or departments	High turnover rates or a change of government lead to lack of continuity in capacity-building training.
<b>Key Activities with Milestones</b>			
<b>1. Summary gender profiles of select Pacific DMCs based on the SDG framework (Q4 2016–Q1 2019)</b> 1.1 Recruit consultants and complete contracts for implementation (Q4 2016) 1.2 Convene a working group to compile gender statistics from existing sources (Q1 2017) 1.3 Implement compilation of gender indicators with in-country TA (Q2–Q4 2018)			
<b>2. Support for gender mainstreaming in ADB operations to report on SDGs (Q1 2017–Q1 2019)</b> 2.1 Conduct in-country training for government staff, executing and implementing agencies, and gender focal points on data quality, completeness, and uses of gender statistics (Q2–Q4 2017)			
<b>3. Gender assessment in the health sector (Q1 2017–Q1 2019)</b> 3.1 Convene a working group to assess data availability and the quality of health indicators for gender mainstreaming (Q1 2017–Q4 2017) 3.2 Build the capacity of selected staff in health ministries or departments to collate and analyze existing data systematically to monitor the well-being of women (Q2 2017–Q3 2018) 3.3 Compile newly collected gender indicators from each participating DMC into a regional product on health access, utilization, and outcomes for women 3.4 Disseminate the publication through regional events or other knowledge-sharing mechanisms 3.5 Identify focus areas for policy and program development (Q2 2017–Q3 2018) 3.6 Health ministries or departments draft specific gender strategies with TA from consultants and other development partners (Q2–Q4 2018)			

<p><b>Inputs</b></p> <p>ADB: \$500,000</p> <p>Note: The governments will provide counterpart support in the form of counterpart staff, meeting arrangements, field visits, and other in-kind contributions.</p>
<p><b>Assumptions for Partner Financing</b></p> <p>Not applicable.</p>

ADB = Asian Development Bank, DMC = developing member country, Q = quarter, SDG = Sustainable Development Goal, TA = technical assistance, UN = United Nations, WHO = World Health Organization.

<sup>a</sup> Pacific Community. 2004. Revised Pacific Platform for Action on the Advancement of Women and Gender Equality 2005–2015. Regional charter presented at the Second Pacific Ministerial Meeting on Women. Nadi. 19–20 August. Source: Asian Development Bank.

**COST ESTIMATES AND FINANCING PLAN**  
(\$'000)

<b>Item</b>	<b>Amount</b>
<b>Asian Development Bank<sup>a</sup></b>	
1. Consultants	
a. Remuneration and per diem	
i. International consultants	392.0
ii. National consultants	40.0
b. International and local travel	30.0
c. Reports and communications	3.0
2. Equipment	
3. Training, seminars, and conferences	
a. Facilitators	5.0
b. Training program	9.0
c. Representation <sup>b</sup>	2.0
4. Miscellaneous administration and support costs	4.0
5. Contingencies	15.0
<b>Total</b>	<b>500.0</b>

Note: The technical assistance (TA) is estimated to cost \$525,000, of which contributions from the Asian Development Bank are presented in the table above. The governments will provide counterpart support in the form of counterpart staff, meeting arrangements, field visits, and other in-kind contributions. The value of the governments' contribution is estimated to account for 5% of the total TA cost.

<sup>a</sup> Financed by the Asian Development Bank's Technical Assistance Special Fund (TASF-V).

<sup>b</sup> Representation costs include food and beverages for meetings.

Source: Asian Development Bank estimates.

## **OUTLINE TERMS OF REFERENCE FOR CONSULTANTS**

1. A team of international and national consultants will be hired to assist the executing agency, the Asian Development Bank (ADB), in implementing the technical assistance (TA). All consultants will be recruited and hired individually according to ADB's Guidelines on the Use of Consultants (2013, as amended from time to time). Specific terms of reference for each consultant may vary from country to country, depending on the needs and priorities of each participating country and the collaborative frameworks agreed with development partners in each country.

### **A. International Consultants**

#### **1. Team Leader and Health and Gender Specialist (9 person-months, intermittent)**

2. The consultant will have experience in working across both gender and health issues; at least 7 years' experience working on health sector development issues, including knowledge and experience of the Pacific; expertise in qualitative and quantitative research skills; good consultation and leadership skills to lead the discussion with governments, collaborating partners, and civil society groups; and excellent writing and communication skills. A related advanced degree is required.

3. Under the supervision of the ADB TA project team, the consultant's tasks will include the following:

- (i) prepare detailed work plans for summary gender profiles in consultation with women's ministries, development partners, and gender focal points;
- (ii) collate and review data quality for gender indicators;
- (iii) support training for government officials and project managers for gender mainstreaming;
- (iv) prepare detailed work plans for gender assessments in the health sector, with a focus on noncommunicable disease diagnosis, treatment, and associated risk factors, in consultation with the ministries or departments of health, and development partners;
- (v) review the data quality and completeness of health indicators for gender mainstreaming;
- (vi) review policy frameworks, development strategies, and government and development partners activities; and assess their relevance and impacts on health outcomes for women and men, particularly on the leading burden of disease;
- (vii) lead discussion with the government and development partners on the challenges and opportunities for improving health outcomes for women, and prepare recommended strategies for each country;
- (viii) prepare final drafts of summary gender profiles;
- (ix) prepare a report on gender in the health sector; and
- (x) submit quarterly reports on the progress of TA activities.

## **2. Gender Statistics and Capacity Building Specialist (5 person-months, intermittent)**

4. The consultant will have at least 7 years' experience working on gender and health statistics in developing countries, preferably with governments in Pacific countries. A related advanced degree is required. Working under the supervision of the ADB TA project team, the consultant will provide support to ministries or departments of health. Specific tasks include the following:

- (i) prepare detailed work plans for in-country training of government staff and project managers on data quality and the uses of gender statistics;
- (ii) review the data quality and completeness of gender and health statistics;
- (iii) support the compilation of gender and health indicators;
- (iv) deliver in-country training of government staff and project managers on gender statistics;
- (v) ensure all capacity-building activities take place in coordination with the activities of government agencies and other development partners; and
- (vi) prepare and submit quarterly progress reports.

## **B. National Consultants**

### **1. National Coordinators (10 person-months for all countries, intermittent)**

5. The national coordinators from selected participating countries will have at least a university degree, with good analytic knowledge and skills in gender and development issues; at least 3 years' experience working on gender-related development projects; and excellent English writing, oral, and communication skills to help the international consultants and coordinate all TA activities.

6. Working under the supervision of the ADB project team leader, health and gender specialist, and gender statistics and capacity building specialist, the coordinators' tasks will include the following:

- (i) provide required inputs to country reports, such as the compilation of data and summary analyses of gender research and gender assessments of ADB projects;
- (ii) support all activities related to capacity building support and in-country training;
- (iii) coordinate dissemination and consultation workshops, and all activities related to capacity building support;
- (iv) attend all gender meetings organized by the government and development partners as a coordinator for ADB, along with international consultants;
- (v) assist the international consultants and other TA team members in arranging meetings and activities with government officials and development partners;
- (vi) organize and coordinate national meetings and in-country consultations, including logistic arrangements and administrative preparations;
- (vii) prepare materials for national meetings and assist the international consultants with publication materials on gender indicators;
- (viii) assist and coordinate all other TA activities in the country, including administrative, technical, and logistic support; and
- (ix) prepare inputs to quarterly progress reports of TA activities.