



FINAL EVALUATION

INTEGRATED EARLY CHILDHOOD DEVELOPMENT PROJECT



July 2025
Vanuatu



Save the Children

Final Evaluation

July 2025 – Vanuatu



Save the Children

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Cover photo: Lavinia Mahit, Save the Children, 2022

Acknowledgements:

Save the Children Australia acknowledges the support of the Australian Government through the Australian NGO Cooperation Program (ANCP).

Published by

Save the Children Australia

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July 2025

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This publication has been funded by the Australian Government through the Australian NGO Cooperation Program (ANCP). The views expressed in this publication are the author's alone and are not necessarily the views of the Australian Government.

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Acronyms

ANCP	Australian NGO Cooperation Program
BBBP	Bildimap Bren blong Pikinini
CBO	Community-Based Organisation
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
IDELA	International Development & Early Learning Assessment
IECD	Integrated Early Childhood Development
MCH	Maternal and Child Health
MGAD	Monitoring Growth and Development
MoET	Ministry of Education and Training
MoH	Ministry of Health
MJYCS	Ministry of Justice, Youth and Community Services
NGO	Non-Governmental Organisation
OECD DAC	Organisation for Economic Cooperation and Development, Development Assistance Committee
PSP	Parenting Support Program
VAESP	Vanuatu Australia Education Support Program
VANGO	Vanuatu Association of Non-Governmental Organisations
VCC	Vanuatu Christian Council
VSPD	Vanuatu Society for People with Disabilities
WSB	Wan Smol Bag



Executive Summary

Project Background

The Bildimap Bren blong Pikinini (BBBP) project, implemented from August 2021 to July 2025, is an Integrated Early Childhood Development (IECD) initiative supported by the Australian NGO Cooperation Program (ANCP). The project was implemented at scale in Shefa and Sanma Provinces of Vanuatu, with a projected reach of over 40,000 caregivers and children. The overall goal of BBBP is to support children aged 0–5 years across Vanuatu to reach their optimal developmental potential.

BBBP was designed in response to significant needs identified in Vanuatu, including high rates of chronic malnutrition and stunting among young children, widespread exposure to violence, and vulnerability to natural disasters and climate change. In Vanuatu, 29% of children under five experience stunting, and 87% of children are subjected to violent discipline¹. These challenges are compounded by limited social protection systems and the country's extreme vulnerability to climate-related disasters.

To address these needs, the project focused on three primary objectives:

1. Families and communities have greater skills, attitudes, and support to ensure the health and wellbeing of all children aged 0–5, including those with disabilities
2. Children are better protected from violence through shifts in social norms around the acceptability of violence in homes and communities; and
3. Families have increased financial resources to ensure a safe, nurturing environment for their children, including those with disabilities.

Key activities included the Parenting Support Program (PSP) delivered through the Ministry of Education and Training's (MoET's) Early Childhood Care and Education (ECCE) system, the Monitoring Growth and Development (MGAD) pilot in health facilities, advocacy and evidence generation on violence prevention, partnerships for child protection, and the scale-up of child-centred cash transfer and social protection programming. The project also established the NextGEN Youth Ambassadors and SHIFT youth groups to amplify children's voices for climate action and engaged a wide range of partners, including government ministries, Non-Governmental Organisations (NGOs), and Community-Based Organisations (CBOs).

Study Purpose and Key Questions

The purposes of this final evaluation are for learning, improvement and accountability. The findings inform future programming, policy, and advocacy efforts in early childhood development, violence prevention, and social protection in Vanuatu, and guide the adaptation, scaling, and sustainability of integrated approaches. They will also strengthen ongoing capacity-building efforts and enhance collaboration with government and community-based organisations.

The evaluation objectives were to determine whether the BBBP project achieved its intended outcomes, to identify the factors that promoted or hindered achievement, and to understand how and why these results occurred.

Project Details

Project name: Bildimap Bren Blong Pikinini (Integrated Childhood Development) Project

Project locations: Shefa and Sanma Provinces, Vanuatu

Start date: 1st August 2021

End date: 31st July 2025

Donor: Australian NGO Cooperation Program (ANCP)

Total budget: \$6,000,000 AUD

Thematic areas: Child Development, Youth Advocacy, Gender Based Violence, Social Protection

¹ Vanuatu Bureau of Statistics. 2024. Vanuatu Multiple Indicator Cluster Survey 2023, Key Indicators, 2024. Port Vila, Vanuatu: Vanuatu Bureau of Statistics.

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The primary audiences are Save the Children staff, project partners, government ministries, donors, and community stakeholders. Guided by the Organisation for Economic Cooperation and Development, Development Assistance Committee (OECD DAC) criteria, the evaluation is designed to inform future programming for Save the Children, government partners, and other stakeholders working in early childhood development, violence prevention, and social protection in Vanuatu. The key study questions are:

1. To what extent did the project achieve its intended outcomes?
2. What elements contributed to achieving or impeding project outcomes, and why?
3. Were the activities fit for the purpose, or could the same outputs have been achieved with fewer resources?
4. What are the intended or unintended effects of the program, either positive or negative, direct or indirect?
5. Does the intervention address the clearly identified needs and priorities of the project participants and stakeholders?
6. How well did the project objectives and approach align with existing priorities and interventions of the government and partner CBOs, and have these supported successful project implementation at scale?
7. How has the project collaborated with local partners to enhance their capacity sustainably?
8. How well were children supported to participate in project design and implementation meaningfully?

The scope of the evaluation centred on project implementation in Shefa and Sanma provinces, including Efate, Espiritu Santo, and offshore islands, and national level coordination and collaboration with key project partners. The evaluation also gave attention to how gender and disability inclusion have been addressed across all aspects of the project's design, implementation, and outcomes.

Methodology and Limitations

The final evaluation of the BBBP project utilised a mixed-methods and participatory approach, combining a desk review of project documentation, research reports and outcome-specific endline data with primary qualitative data collection to address the key evaluation questions. Data was collected in Shefa and Sanma Provinces, focusing on the primary sites of implementation, and involved a wide range of stakeholders including ECCE teachers, community health professionals, representatives from the Ministry of Health (MoH) and MoET, caregivers/parents, youth participants, and staff from project and partner organisations. A total of 65 respondents participated in the qualitative data collection, providing a diverse range of perspectives on the project's implementation and outcomes. While this sample offers valuable insights, findings should be interpreted in light of the sample size and its potential limitations regarding representativeness.

While the evaluation was carefully designed to address the project's effectiveness, relevance, sustainability, and inclusion, several limitations may affect the interpretation of findings. Only a subset of communities was visited due to logistical constraints, and participant selection was not always fully representative. Engagement levels varied among staff, stakeholders, and beneficiaries, influenced by competing priorities and respondent fatigue. Data gaps existed, particularly for disability and gender, and some measurement changes reduced comparability over time. Most qualitative data was collected in Bislama and translated into English, raising the possibility of lost nuance. The evaluation also relied largely on self-reported data, with inherent risks of bias. To mitigate these issues, the team triangulated data sources, broadened respondent inclusion, and validated findings through stakeholder workshops. These limitations are common in similar program evaluations and were carefully managed throughout the evaluation process. While they do not undermine the overall validity of the findings, results should be interpreted with these constraints in mind.



Conclusions

Effectiveness



KEQ 1: To what extent did the project achieve its intended outcomes?

The BBBP project made meaningful progress toward its intended outcomes and was assessed overall as moderately effective. The project successfully promoted positive parenting practices, strengthened early childhood development service delivery, contributed to a growing evidence base for violence prevention, and supported inclusive shock-responsive social protection mechanisms (cash-based programming). It also helped catalyse youth engagement in climate-related action. These achievements were supported by qualitative evidence from focus groups and interviews, which validated endline survey findings. However, the project faced limitations in fully achieving inclusive and systemic outcomes. Key barriers included limited engagement and attendance of fathers, insufficient support for facilitators and health professionals, challenges in reaching and addressing the needs of children and families with disabilities, and multiple external factors that hindered cross-sectoral collaboration.

KEQ 2: What elements contributed to or impeded outcomes, and why?

Key enablers of success included culturally appropriate and community-trusted delivery approaches, especially through the PSP, which engaged ECCE teachers and CBO staff as facilitators. The Disability Cash Grant Pilot was also a notable success, aligning well with government systems and demonstrating potential for scale. However, achieving consistent outcomes across the program was challenged by several factors. Efforts to reach large numbers of beneficiaries sometimes limited the ability to maintain close connections with PSP groups due to the geographic isolation of many ECCE centres, large numbers of PSP facilitators, and limited digital connectivity. Additionally, uneven partner coordination, attrition of the PSP facilitators, logistical delays, and measurement challenges affected program delivery. Participant-related issues such as low male participation and incomplete session attendance further constrained outcomes. These findings highlight that embedded, context-responsive approaches supported effectiveness, while constraints related to resourcing, coordination, partner staffing, and participant engagement were key impediments to more consistent achievement.

Efficiency



KEQ 3: Were the activities fit for purpose or could the same outputs have been achieved with fewer resources?

The project demonstrated moderate efficiency. Strengths included utilising existing local structures such as education and health systems, and civil society and church networks, leveraging of existing partner capacity, flexible adaptation during COVID-19, and creative youth-led initiatives such as SHIFT. However, inefficiencies were also evident - coordination breakdowns, weak partnership management, and data collection issues led to dissipated monitoring resources. These challenges reflected implementation weaknesses rather than inherent flaws in the project design, indicating room to improve efficiency through better planning and management.

Impact



KEQ 4: What are the intended or unintended effects of the program?

The evaluation took a theory-based approach to assessing impact and relied on existing datasets and primary qualitative evidence. It found evidence for meaningful impact being achieved through BBBP project interventions. At the household-level, changes were evident through self-reported improved parenting practices, reduced violent discipline, and better developmental outcomes for children. At a systems level, the *Pikinini Stap Sef, Filem Sef* study helped elevate children's voices in national policy discourse and contributed to momentum for the Child Protection Bill, which is yet to be tabled in Parliament. The Disability Cash Grant Pilot was an empowering approach for families with children with disabilities and evidence demonstrates that it supported household financial security, enabling access to critical services and contributed to participant digital and financial literacy. The project overall also strengthened the capacity of civil society actors. While these are promising signs of higher-level effects and change, the evaluation judged the overall impact as low to moderate due to project coordination weaknesses - related to ambiguous roles and expectations, and inconsistent engagement of partners -



and insufficient culturally situated targeting of underlying gender norms to effect sustained, long-term change. Further, the strength of evidence was mixed given project data measurement limitations.

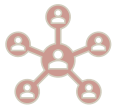
Relevance



KEQ 5: Does the intervention address the needs and priorities of participants and stakeholders?

The project demonstrated strong relevance, effectively addressing the needs of target populations and adapting to contextual shifts. The PSP aligned with MoET priorities, and the Disability Cash Grant Pilot was responsive to social protection gaps. Adaptive decisions, such as adjusting transfer values and eligibility criteria, showed flexibility and responsiveness. However, implementation gaps remained. Discussions with partner CBOs revealed a mismatch between their expectations of the technical support and guidance Save the Children could provide and actual delivery and collaboration opportunities. Further, evidence from the PSP and MGAD component delivery demonstrated missed opportunities to engage male caregivers more strategically.

Coherence



KEQ 6: How well did the project align with existing government and partner priorities?

Moderate coherence was evident between the project and national and sectoral strategies, including the National Sustainable Development Plan and Adaptive Social Protection Policy. Government and partner feedback confirmed alignment, and organisations such as Vanuatu Society for People with Disabilities (VSPD) and Vanuatu Association of Non-Government Organisations (VANGO) reported strengthened capacities. However, operational coherence was hindered by competing partner priorities, with not all stakeholders being equally able and/or available to fully engage with the project as initially planned and their institutional responsibilities and mandate sometimes conflicting with the time, resources and effort required for activity collaboration. Other factors included inconsistent provincial engagement led by government ministries and missed cross-learning opportunities. These issues suggest the need for improved inter-agency coordination to support cohesive and scalable implementation.

Sustainability



KEQ 7: How has the project enhanced local partner capacity for sustainability?

The evaluation found moderate sustainability, underpinned by meaningful capacity building with local partners and increased ownership of activities. Partner personnel were trained in PSP and engaged in advocacy on violence prevention and social protection, strengthening their long-term capability. Nonetheless, sustainability is threatened by high turnover of trained personnel due to seasonal labour migration, and uncertainty around long-term financing and transitioning. Future programming should address these risks and invest in deeper, more strategic collaboration with local institutions.

Child Participation



KEQ 8: How well were children supported to meaningfully participate in design and implementation?

Children and youth were engaged primarily in research and advocacy initiatives, notably through the *Pikinini Stap Sef* study and youth-focused climate activities such as SHIFT and NextGEN. While participation quality was high in some cases, particularly for individual youth leaders, it was more limited in broader project design and delivery – this is also likely due to the evaluation limitation of a small sample, triangulated with project documentation. For future projects, child and youth perspectives should be more systematically incorporated into monitoring and evaluation processes to support truly participatory and informed programming.



Recommendations

The evaluation of the BBBP project has identified critical areas for improvement across systems strengthening and program delivery. The recommendations focus on strengthening systems and partnerships and enhancing program quality and adaptive delivery. The high priority recommendations are listed here – full recommendations are detailed in the evaluation report.

1. Strengthen strategic alignment to scale and embed effective models

Ensuring that partnerships with government and civil society actors are strategically aligned will be critical to successfully scaling and embedding high-impact interventions such as the PSP and inclusive social protection mechanisms into government systems, ensuring long-term sustainability and policy alignment.

2. Strengthen partnership coordination and management

Engage with partners to agree on strategies to strengthen planning, expectation setting, clarify roles and responsibilities (in MOUs/agreements) and conduct regular multi-stakeholder coordination meetings.

3. Enhance strategies to target male caregivers

Engage an increased number of male facilitators, develop male-focused content, and involve community male champions to influence participation and support shifts in caregiving dynamics and program inclusivity.

4. Strengthen MEAL systems for adaptive management

Invest in Monitoring, Evaluation, Accountability and Learning (MEAL) capacity, ensure youth/child participation in feedback loops, and integrate real-time data use to adaptively manage program quality.

Stakeholders are encouraged to use the findings to advocate for policy and practice changes that prioritise the wellbeing and developmental potential of children aged 0–5 years. By applying the lessons learned, partners can help ensure that the gains achieved through the BBBP project are sustained and expanded, and that future interventions are even more effective, inclusive, and responsive to the needs of Vanuatu's children and communities.



[Photo: Lavinia Mahit / Save the Children, 2022]

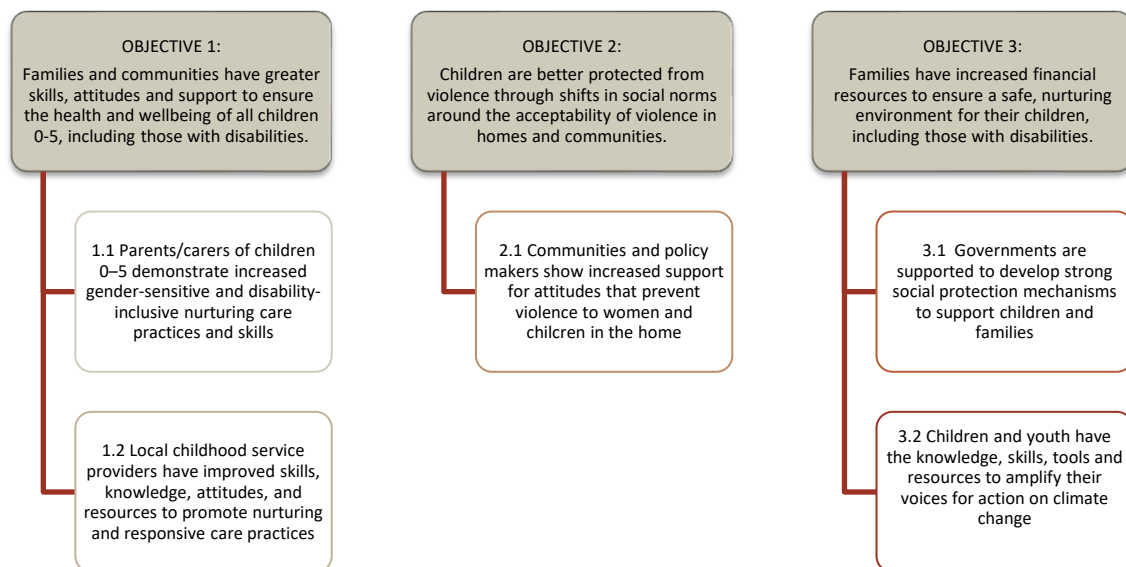


Introduction & Project Background

Vanuatu faces persistent and interlinked challenges affecting the development and wellbeing of its youngest children. Some 29% of children under five in Vanuatu experience chronic malnutrition (stunting), and violence against children is widespread, with 87% of children subjected to violent discipline and one in three adolescent girls experiencing physical violence. These challenges are exacerbated by the country's extreme vulnerability to natural and climate-induced disasters, which disrupt family livelihoods and children's development. Social protection systems remain limited, leaving families with few resources to provide safe and nurturing environments for their children, especially in times of crisis.

The BBBP project was designed as an IECD initiative to address these critical needs. Implemented from August 2021 to July 2025 in Shefa and Sanma Provinces, the project was supported by the Australian Government through the Australian NGO Cooperation Program, with a total funding amount of \$6,000, 000 AUD. With an overall goal of supporting children 0-5 years old across Vanuatu to reach their optimal development potential, the project aimed to reach an estimated 41,127 direct beneficiaries, including caregivers, children, and service providers, with additional indirect beneficiaries reached through community engagement, advocacy, and communications campaigns.

Figure 2: The BBBP project's results framework is structured around three main objectives and five outcomes.



The project's major sectors and activities include:



Early childhood health and nutrition, delivered through the PSP via the MoET's ECCE system.



Capacity building for local service providers, with the MGAD tool piloted in health facilities.



Violence prevention and child protection, focusing on social norms change, strengthening referral pathways, and advocacy.



Social protection and climate change adaptation, including cash transfer programming and youth-led climate action initiatives.



Evaluation Purpose & Scope

Evaluation Purpose

This evaluation focuses specifically on assessing whether the BBBP project achieved its intended outcomes. It examines the factors that promoted or hindered the achievement of these results and explores how and why these factors influenced program performance. The evaluation also investigates how gender, disability and social inclusion (including youth participation) were operationalised within the program, and considers the contextual challenges related to Vanuatu's vulnerability to violence and climate-induced disasters that impacted program delivery and effectiveness.

The findings from this final evaluation are expected to inform future program design, adaptation, and scaling for Save the Children and its partners, MoET, MoH, and Ministry of Justice, Youth and Community Services (MJYCS). The results will guide decisions on resource allocation, capacity building, and partnership strategies, and will provide evidence to support advocacy for policy changes and increased investment in integrated early childhood development and social protection systems in Vanuatu. The main audiences for this study report are Save the Children staff, project partners, government ministries, donors, and other stakeholders working in child development, protection, and resilience in Vanuatu.

Previous Studies / Literature Review

Previous studies and national data highlight persistent challenges facing Early Childhood Development (ECD) in Vanuatu. Chronic malnutrition affects approximately 29% of children under five, with even higher rates among the poorest households. Research and feedback from child consultations conducted by Save the Children in 2021, as well as the 2019 Unseen Unsafe Report, have consistently documented high rates of violence against children and adolescent girls, indicating that harmful social norms and limited child protection systems remain significant barriers to children's wellbeing and development. These studies evidence the importance of integrated approaches that address both health and protection needs, as well as the need to shift community attitudes around violence and caregiving.

Policy and programmatic lessons have also emerged from previous interventions. The Government of Vanuatu, with support from UNICEF, revised the PSP curriculum in 2019 to align with the Nurturing Care Framework, demonstrating the value of evidence-based, multisectoral strategies for ECD. However, gaps remain in the integration of ECD within health sector strategies and in the ability of social protection systems to respond to shocks such as natural disasters. Lessons from disaster response and social protection pilots highlight the need for timely, inclusive, and gender-sensitive support to families, especially in the face of climate-related risks. The BBBP project was designed to build on these lessons, advancing integrated, community-driven solutions to improve health, protection, and resilience outcomes for young children and their families in Vanuatu.

Key Evaluation Questions



EFFECTIVENESS

To what extent did the project achieve its intended outcomes?

and

What elements were factors in achieving or impeding project outcomes and why?

Were there particular components or interventions of the project most responsible for changes?



EFFICIENCY

Were the activities fit for purpose, or could the same outputs have been achieved with fewer resources?



IMPACT

What are the intended or unintended effects of the programme, either positive or negative, direct or indirect?



RELEVANCE

Does the intervention respond to clearly identified needs and priorities of the project participants and stakeholders?



COHERENCE

How well did the project objectives and approach fit with existing priorities and interventions of government and partner CBOs, and have these supported successful project implementation at scale?



SUSTAINABILITY

How has the project worked with local partners to increase their capacity in a sustainable way?



CHILD PARTICIPATION:

How well were children supported to meaningfully participate in project design and implementation?

The evaluation encompasses all project activities and outcomes implemented in Shefa and Sanma Provinces, and addresses eight key questions, each considered through the lens of gender, disability and social inclusion.



Methodology & Limitations

Evaluation design

The final evaluation employed a mixed-methods approach, combining qualitative and quantitative data sources to comprehensively address the evaluation questions and capture the complexity of the BBBP project's implementation and outcomes. This design was selected to ensure that the evaluation would be robust, contextually relevant, and sensitive to the diverse characteristics of the project's target populations - including gender, disability, literacy levels, socio-economic status, and geographic location.

Desk review of project documentation, monitoring data, and previous evaluation reports provided a foundation for understanding project context and progress. Primary qualitative data were collected through semi-structured interviews and focus group discussions with a broad range of stakeholders, including ECCE teachers, community health professionals, representatives from MoH and MoET caregivers, youth participants, and staff from Save the Children and partner organisations. Data collection was conducted in both Shefa and Sanma Provinces, including Efate, Espiritu Santo, and offshore islands, to ensure representation of both urban and rural perspectives.

All data collection tools and processes were tailored to the local context and population groups, with particular attention to gender and disability inclusion. The mixed-methods design enabled triangulation of findings, strengthened the credibility of results, and ensured that the evaluation addressed the full scope of the study questions in a manner that was ethical, participatory, and aligned with international standards for evaluation quality.

Sampling Methods & Sample Size

The final evaluation of the BBBP project covered individuals and groups directly or indirectly engaged in project activities in Shefa and Sanma Provinces. This included ECCE teachers, community based health professionals, caregivers and parents of children aged 0–5, youth participants, representatives from MoH and MoET, Save the Children staff, implementing CBO partners, and community leaders. Sampling frames were developed using project records and stakeholder mapping from the inception phase.

A mixed-methods approach combined desk review and existing analyses of outcome-specific endline data with primary qualitative data collection. The qualitative component was central to the evaluation and addressed key questions about program implementation over the past four years.

Qualitative Sampling (primary data sources for the final evaluation)

- Purposive sampling was used to ensure inclusion of diverse stakeholder groups, especially those most affected by the project.
- Respondents were identified in collaboration with project staff, partners, and community leaders, ensuring representation from ECCE teachers, health professionals, MoH and MoET representatives, caregivers, youth, and CBO partner staff.
- Data collection took place in Shefa and Sanma Provinces, including Efate, Espiritu Santo and Malo, to capture both urban and rural perspectives.
- Efforts were made to include women, people with disabilities, and other marginalised groups.
- Information about the evaluation was provided in Bislama, and participation was voluntary.
- The evaluation engaged a total of 64 participants.



Data Sources

Primary Data Collection

Primary data for the final evaluation was collected in Shefa and Sanma Provinces, with a focus on communities in Efate, Espiritu Santo, and Malo. This geographic scope was selected to ensure representation of both urban and rural perspectives and to cover the main areas of BBBP project implementation. Data collection took place from 2–26 May 2025.

Qualitative data were gathered through workshops, focus group discussions and key informant interviews with ECCE teachers, health professionals, MoH and MoET representatives, caregivers, youth participants, and staff from Save the Children and partner organisations. Focus group discussions were inclusive of parents and caregivers with young children attending, and child friendly materials provided.

The evaluation also analysed a qualitative dataset collected by Save the Children in 2024 with 145 parents and caregivers following the conclusion of the PSP component. This data was collected as part of the Endline Study by Save the Children.

The PSP was designed in alignment with the UNICEF Nurturing Care Framework, while the MGAD pilot adhered to Ministry of Health and UNICEF standards for child growth and development monitoring. For this evaluation, globally recognised methodologies such as SMART nutrition surveys, International Development & Early Learning & Assessment (IDELA), or Health Equity Assessment were not utilised. IDELA was intentionally excluded, as both the PSP curriculum and the MGAD pilot were primarily targeted at children under three years of age, due to the rapid pace of change and vulnerability (WHO, 2020). Instead, during the project cycle, the program team employed the Caregiver Reported Early Development Instruments (CREDI), a globally recognised tool for assessing developmental outcomes in children aged 0–3. The quantitative findings presented below are based on the CREDI questionnaire, noting there were challenges in tracking participants at both baseline and endline - resulting in incomplete data.

Data Collection Tools

Data collection was conducted using a combination of paper-based forms and tablets for notetaking. Structured and semi-structured interview guides, as well as focus group discussion protocols, were developed to capture qualitative information. In all settings, responses were primarily recorded on paper forms, with tablets occasionally used to supplement notetaking and enhance data accuracy and organisation.

All data collection instruments were developed in English and translated into Bislama, the primary local language in Shefa and Sanma Provinces. This ensured accessibility and cultural appropriateness for the study population. Where necessary, data collectors provided clarification or interpretation in English, French, Bislama and local dialects to ensure full understanding and participation, particularly among respondents with lower literacy levels or from remote communities. This approach ensured that data collection was inclusive, contextually relevant, and sensitive to the linguistic diversity of the population.

Secondary Data Sources

Secondary data played an important role in the evaluation. The team conducted a comprehensive desk review of existing project documentation and outcome-specific studies to inform the analysis and interpretation of findings. Key sources of secondary data included:

- Project monitoring and reporting documents: Routine monitoring data, progress reports, and internal project documentation provided by Save the Children Vanuatu.
- Baseline, endline and pilot study reports: Existing baseline and outcome-specific endline evaluation reports for the PSP and the MGAD Pilot, and the Disability Cash Grant Pilot. The PSP and the MGAD Pilot Endline results were used cautiously in this evaluation due to limited data validity and reliability; baseline respondents were not included in the endline limiting comparability, and a smaller sample was surveyed.

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- Published research and policy documents: Reports from UNICEF, the World Health Organization, Vanuatu Bureau of Statistics, MJYCS, and other stakeholders, including the 2019 Unseen Unsafe Report, the Multiple Indicator Cluster Survey and recent government policy documents on early childhood development, child protection, and social protection.

These secondary data sources were accessed and reviewed between April and July 2025. They provided essential context for triangulating primary data and assessing progress against the project's results framework.

Data Analysis, and Drawing Conclusions and Recommendations

Data analysis for the final evaluation of the BBBP project followed a systematic, mixed-methods approach as outlined in the Inception Report (refer to Appendix II). Both qualitative and quantitative data were integrated to address the evaluation's key questions and results framework. Quantitative data were drawn from project indicator tracking tools and endline studies, with analyses previously conducted and reported by Save the Children. Where possible and appropriate, endline results were compared to baseline values; however, measurement limitations reduced comparability between baseline and endline data. For PSP, Save the Children collected endline data in May 2024, coinciding with the conclusion of that program component. Under this evaluation, further qualitative data - including key informant interviews, focus group discussions, and workshops - were collected approximately one year later, after project completion. While this time gap between the conclusion of the PSP and evaluation data collection may have introduced some recall bias, it also provides additional weight to the positive findings, demonstrating that reported benefits were sustained over time.

The evaluation team conducted manual thematic analysis, identifying recurring themes, patterns, and insights relevant to the evaluation objectives. Coding and analysis were guided by the study matrix developed in the Inception Report and synthesised using an evaluative reasoning and rating framework (Appendix II). To support robust evaluative judgments, the evaluation applied a tailored framework based on the evaluation criteria identified in the Evaluation Terms of Reference (Appendix II). Rubric standards (N/A, Low, Moderate, High) were developed post-analysis and consultation, providing clear indicators of success for the project. Mixed ratings and qualifiers were used where appropriate. The framework considered program theory causal pathways and assessed the strength of evidence as Weak, Moderate, or Strong, based on credibility, breadth (triangulation), clarity, and consistency of sources. Participatory evaluation data were prioritised in the context of BBBP to strengthen evidence for conclusions. The validity of findings was supported by triangulating data sources, methods, and enumerators. Given the time gap between endline quantitative data collection and project completion, qualitative stakeholder insights and storytelling were essential for interrogating and contextualising findings.

Draft findings and recommendations were further validated through a participatory sense-making session with Save the Children staff prior to finalisation, ensuring that conclusions and recommendations were robust, contextually grounded, and responsive to the evaluation's objectives. The final conclusions include a reflection on factors that may have influenced evaluative judgments, such as conflicting evidence, relational or political sensitivities, and data collection limitations. This transparent approach aims to provide a balanced and credible assessment of the BBBP project's implementation and outcomes.

Ethics & Accountability

Evaluation and Research Ethics

The final evaluation of the BBBP project was conducted in line with Save the Children's Child Safeguarding Policy and ethical standards for research involving children, families, and vulnerable groups in Vanuatu. The process prioritised child rights, gender equality, and inclusion, with culturally appropriate and accessible data collection - tools were translated into Bislama and clarified in local dialects as needed. Informed consent (and assent for minors) was obtained in participants' preferred language, with confidentiality and voluntary participation clearly explained. Data collectors were trained in ethical interviewing and safeguarding, and robust referral pathways were in place for protection concerns. The evaluation protocol was approved by Save the Children's Ethics & Evidence Generation team (SC-EEG-FY2025-85) on 23 April 2025, and data collection proceeded in accordance with Save the Children's ethical standards and safeguarding requirements.



Community Perspectives & Accountability

The evaluation actively sought and incorporated the perspectives of a broad range of stakeholders, including caregivers, youth, ECCE teachers, health professionals, and representatives from partner organisations. Data collection took place in Shefa and Sanma Provinces, seeking to ensure the inclusion of women, people with disabilities, and other marginalised groups. Youth were specifically engaged through participatory workshops and focus group discussions to ensure their experiences and views were represented.

All interviews and discussions were conducted in Bislama or other preferred languages, including English, French, and local dialects, to ensure accessibility and cultural appropriateness. Prior to data collection, community members were informed about the purpose and process of the evaluation, and their informed consent was obtained. Participation was voluntary, and efforts were made to create safe, inclusive, and respectful environments for sharing perspectives.

While the evaluation did not directly engage younger children, participatory approaches with youth were guided by the Nine Basic Requirements for Ethical Child Participation. Youth involvement was voluntary, with informed consent and the option to withdraw at any time. The evaluation team prioritised inclusion, safety, and respect, ensuring diverse representation and providing accessible, child-friendly environments for sharing views. Facilitators were trained to create supportive spaces, mitigate power imbalances, and uphold safeguarding protocols, enabling youth to participate meaningfully and safely.

Preliminary findings were shared and discussed with Save the Children staff during a sensemaking workshop, providing an opportunity for initial validation and feedback. This two-step process - internal validation followed by planned dissemination - reinforces transparency, accountability, and ongoing learning, ensuring that the perspectives of those most affected by the project are reflected throughout the evaluation process and its outcomes. The Evaluation Brief is a supplementary resource alongside this final evaluation report, designed to support Save the Children in effectively communicating key findings to a wider audience, including communities, CBO partners, government representatives, and other stakeholders.

Limitations

While the evaluation design was closely aligned with the study's purpose and questions - focusing on the effectiveness, relevance, and sustainability of project activities, as well as the integration of gender, disability and social inclusion - several limitations should be acknowledged, as they may affect the interpretation and generalisability of the findings.

- *Limited Quantitative Sample of Secondary Data Sources:* Quantitative data was available for key project indicators regarding child development and caregiver practices, however the sample size was small for several indicators and respondents were not the same at Endline as at Baseline. This limited the ability to measure change in participants over time, infer impact or generalise findings. As a result, greater emphasis has been placed on qualitative data to explore progress towards outcomes and describe changes.
- *Sample and Geographic Coverage:* Due to logistical and resource constraints, only a subset of project communities was visited. Not all intended beneficiaries or geographic areas could be reached, which may limit the generalisability of findings across the broader project context.
- *Participant Selection and Representation:* Participant selection for focus groups and interviews was not always systematic or fully representative. In some cases, individuals who had not directly participated in project activities were included, while some key beneficiaries may have been missed. This may have introduced selection bias and affected the relevance and depth of qualitative insights.
- *Variable Engagement and Respondent Fatigue:* Levels of participation varied among staff, stakeholders, and youth during key evaluation activities, with these factors potentially influencing both the quantity and quality of data collected. Primary caregivers often faced multiple responsibilities and competing obligations, which may have limited their availability or engagement. Project staff participated toward the end of program cycles, when their focus was on other deliverables. Stakeholders from government and partner organisations also had their own departmental or organisational priorities, which may have impacted their availability and level of engagement.



- *Data Gaps and Measurement Issues:* There were gaps in data collection, particularly regarding disability and gender-differentiated care. Additionally, changes in measurement tools or indicators (e.g., for nutrition) between baseline and endline reduced the comparability of data over time and may have affected the accuracy of trend analysis.
- *Language and Translation:* The majority of qualitative data collection was conducted in Bislama and subsequently translated into English for analysis and reporting. While care was taken to ensure accuracy, there is a risk that some nuance or meaning may have been lost or altered in translation.
- *Reliance on Self-Reported Data:* Much of the evaluation data was self-reported by participants, which may be subject to recall bias, social desirability bias, or inaccuracies in reporting. While triangulation with other data sources was used to mitigate this, some bias may remain.
- *Logistical and Resource Constraints:* Competing priorities, staff workloads, and limited resources affected the scheduling and coverage of evaluation activities, which may have led to missed opportunities for data collection and reduced the comprehensiveness of the evaluation.

To address these limitations, the evaluation team implemented several mitigation strategies to enhance the validity and reliability of findings. Data sources were triangulated wherever possible, and a diverse group of respondents was engaged to capture a range of perspectives. Findings were validated through stakeholder workshops and cross-checked with available quantitative data. Recognising the constraints on coverage and representation, the evaluation team conducted qualitative data collection activities beyond the original scope to maximise inclusion of voices from across the project. Despite these efforts, readers are encouraged to interpret the findings with an understanding of the above constraints.



[Photo: Conor Ashleigh / Save the Children, 2024]

Findings

Demographic Data & Respondent Characteristics

This section describes the characteristics of the respondents and participants represented in primary data used in the evaluation.

Project Target Reach

The project targeted 41,127 beneficiaries over 4 years, with estimated disaggregation as in Table 1.

Table 1. Type of project beneficiary and estimate number targeted through the project.

Type of Beneficiary	Estimated Number
Children 0-5 years	27,245 ²
Caregivers of children 0-5 years (adults)	13,622
Mobile ECCE Officers (adults)	37
ECCE teachers (adults)	72
Community leaders (adults)	126
Health facility staff (adults)	25
Total	41,127



[Photo: Vanessa David / Save the Children, 2022]

Evaluation Participant Sample

The actual sample of participants for the evaluation includes the following:

- Qualitative data from interviews, focus groups and workshops with youth (children and adults), caregivers (adults), partner organisations (adults), and ECCE teachers and health professionals (adults). Total of 64 people: 11 male adults, 49 female adults, 2 female adults with disability and 2 female children.
- PSP / MGAD Endline survey qualitative data with adult respondents (caregivers, total of 145)

²PSP / MGAD Endline survey

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Table 2. Evaluation participants: type of project stakeholder and number reached during the evaluation by data source.

Community	Male	Female	Total	Source of data
Seaside Futuna/Port Vila, Efate, Shefa	1	4	5	FGD
Poanangisu, Efate, Shefa	0	5	5	FGD
Canal Fanafo, Santo, Sanma	0	8	8	FGD
Avunatari, Malo, Sanma	2	5	7	FGD
Luganville, Santo, Sanma	0	6	6	FGD
Luganville, Santo, Sanma	5	68	73	PSP Endline
South Santo, Sanma	1	7	8	PSP Endline
Canal Fanafo, Santo, Sanma	0	10	10	PSP Endline
East Santo, Sanma	0	10	10	PSP Endline
South Efate, Sanma	0	4	4	PSP Endline
Ifira Island, Shefa	2	9	11	PSP Endline
North Efate, Shefa	1	4	5	PSP Endline
Eratap, Efate, Shefa	0	9	9	PSP Endline
Port Vila, Efate, Shefa	2	13	15	PSP Endline
TOTAL	14	162	176	

TYPE: YOUTH PROJECT PARTICIPANTS (SHIFT)

Location	Adult Male	Adult Female	Adult Male with disability	Adult Female with disability	Total	Source of data
Cultural centre		2			2	FGD

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TYPE: CHILD PROJECT PARTICIPANTS (NextGEN)

Location	Male Child	Female Child	Male Child with disability	Female Child with disability	Total	Source of data
Cultural centre		2			2	FGD

TYPE: PROJECT PARTNERS (ADULTS)

Participant Cohort	Male	Female	Male with disability	Female with disability	Total	Source of data
ECCE teachers/ PSP Facilitators		6		1	7	FGD/KII/ workshop
Health Professionals (incl. nurses)	2	3			5	FGD/workshop
Government Partner	2	2			4	FGD/KII/ workshop
Implementing Partner (CBOs)		4		1	5	FGD/KII/ workshop
Project Implementation Staff (Save the Children)	4	4			8	Workshop
TOTAL	8	19		2	29	

Key Evaluation Question #1



Effectiveness: To what extent did the project achieve its intended outcomes?

There are two questions under the Effectiveness criterion. This criterion seeks to examine the extent to which the project achieved its intended outcomes and results, with reference to its program theory and logframe targets, including any differential results across groups.

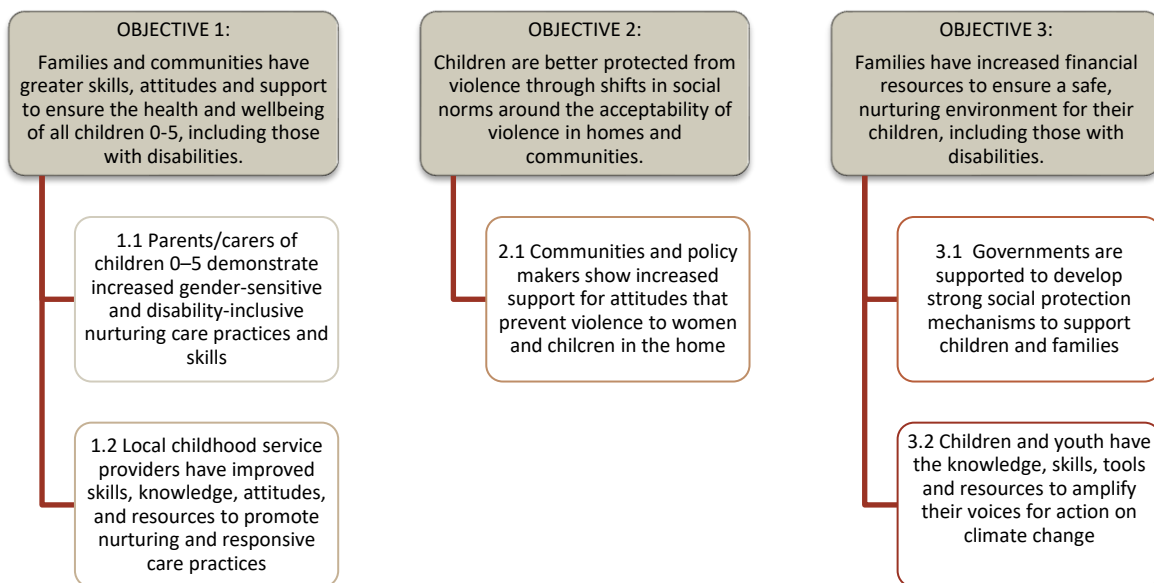
Program Theory

The program theory for BBBP was articulated under the initial design document and the Evaluation Terms of Reference (Appendix II) and was updated throughout the multi-year cycle. The intended outcomes aim to contribute to the long-term goal of: Children aged 0–5 years across Vanuatu are supported to reach their optimal development potential.



The intervention rationale is based on the recognition that a significant proportion of young children in Vanuatu are not reaching their development potential due to poor health, inadequate nutrition, lack of cognitive stimulation, exposure to violence and socioeconomic and climate vulnerabilities

The initial design guiding Year 1 of the project was based on core assumptions of the chosen strategies to demonstrate a clear logic from outputs to outcomes to objective. A simple representation of the program theory is presented in Figure 2 as the basis of the evaluation's interrogation and to provide clarity for the sections to come.



Objective 1: Families and communities have greater skills, attitudes, and support to ensure the health and wellbeing of all children 0-5, including those with disabilities

Key strategies:

- Implement the Parenting Support Program in partnership with the Ministry of Education and Training
- Implement an Early Childhood Development social and behaviour change strategy with Community-Based Organisations
- Implement the Monitoring Growth and Development tool and support early intervention - in partnership with the Ministry of Health and Community-Based Organisations

Assumptions:

- The early years of a child's life (ages 0-5) are crucial for brain development and laying the foundation for long-term outcomes.
- Nurturing care practices by caregivers play a vital role in supporting positive developmental outcomes for children.
- Parents and caregivers (including mothers and fathers) are willing and able to attend and engage meaningfully.
- Implementing staff under the Ministry of Education and Training and Ministry of Health have the capacity and motivation to rollout the Parenting Support Program and Monitoring Growth and Development tool at consistent quality.
- There is adequate system level support to sustain and scale up the Parenting Support Program and Monitoring Growth and Development tool through government ownership and collaboration with other development and implementing partners (e.g. UNICEF and Vanuatu Australia Education Support Program, VAESP).



Objective 2: Children are better protected from violence through shifts in social norms around the acceptability of violence in homes and communities.

Key Strategies:

- Conduct and disseminate a research study on children's exposure to violence.
- Partner with Community-Based Organisations to implement advocacy campaigns and support bill for the Child Protection Act.

Assumptions:

- Build local evidence on the prevalence and impact of violence on children and families, that elevates the perspectives of children, will catalyse change (to shift social acceptance and norms around violence) among community and government stakeholders.
- A shift in social norms is possible in the timeframe and context of the project.
- A well-designed and multi-channel campaign can reach and influence diverse actors.



Objective 3: Families have increased financial resources to ensure a safe, nurturing environment for their children, including those with disabilities.^[1]

Key Strategies:

- Partner with government to design a shock responsive social protection system
- Implement the Disability Cash Grant Pilot
- Engage children and youth in knowledge and skill building activities, to amplify their voices for action on climate change
 - Organise community-based initiatives to engage youth in local action
 - Develop advocacy skills and confidence of youth through training opportunities, co-designed campaigns, and forums on climate justice

Assumptions:

- A social protection system needs to be designed in collaboration with the government to enable ownership, sustainability and scale.
 - Government willingness to engage with Save the Children and technical experts to strengthen government capacity.
 - Targeting criteria to identify vulnerable households is accepted by government and other actors, including communities.
 - Pilot lessons will support scale up.
- Youth and children are interested and willing to engage in climate issues.
- Engagement in community-level actions translates into increased climate knowledge and action.
- Caregivers, schools and community structures support youth participation
- Government, decision makers and community leaders are willing to listen to and engage with youth voices

This evaluation will assist to examine these underlying assumptions to facilitate project learning and adaptation in future.

Level of Achievement - Summary

A high-level 'snapshot' assessment of the performance of project objectives and outcomes is presented in Table 3, based on synthesis of evaluation and available program monitoring data (at the time of the evaluation). The 'level of achievement' (high, moderate or low) was determined using a project specific evaluative reasoning and rating framework developed by the evaluation team to guide evaluative conclusions.



Table 3: Snapshot level of achievement of project objectives and outcomes, at final evaluation.

Objective or Outcome	Description (expected achievement)	Level of achievement at evaluation
Objective 1	Families and communities have greater skills, attitudes, and support to ensure the health and wellbeing of all children 0-5, including those with disabilities	Moderate
Outcome 1.1	Parents/carers of children 0-5 demonstrate increased gender sensitive and disability-inclusive nurturing care practices and skills.	Moderate-High
Outcome 1.2	Local childhood service providers have improved skills/knowledge, attitudes and resources to promote nurturing and responsive care practices.	Moderate
Objective 2:	Children are better protected from violence through shifts in social norms around the acceptability of violence in homes and communities.	Low
Outcome 2.1:	Communities and policy makers show increased support for attitudes that prevent violence to women and children in the home.	Low to Moderate
Objective 3:	Families have increased financial resources to ensure a safe, nurturing environment for their children, including those with disabilities.	High
Outcome 3.1:	Governments are supported to develop strong and robust social protection mechanisms to support children and families.	High
Outcome 3.2:	Children and youth have the knowledge, skills and tools to amplify their voices for action on climate change.	Moderate

The detailed findings on project achievements by outcome is presented below, and further details on output level achievement is presented in Appendix I (project indicators).

Outcome 1.1 Parents/carers of children 0-5 demonstrate increased gender sensitive and disability-inclusive nurturing care practices and skills

The key findings explored under outcome 1.1 are:

- The PSP contributed to improved nurturing care practices among parents and caregivers of children aged 0–5.
- While quantitative data showed high levels of shared caregiving tasks, qualitative evidence revealed ongoing gender imbalances, with mothers carrying most of the caregiving burden.
- There was limited attendance and engagement of male caregivers in the PSP.
- There was limited evidence regarding disability-inclusive practices, which may reflect the small number of caregivers of children with disabilities reached and the scope of questions asked.
- There was no indication from the data that caregivers adapted their practices based on the child's gender; this aligns with the program's emphasis on gender-neutral parenting.
- Data on the proportion of male and female caregivers with increased knowledge about nurturing care practices, as well as on whether caregivers of young children with disabilities received information tailored to their specific needs, were not collected during the project cycle or the endline evaluation.

To understand the extent to which the project achieved this outcome, several sources of data were analysed and triangulated: PSP Endline results related to quantitative data collected from participating parents and caregivers (22 respondents with a child between 6-23 months, and 123 respondents with a child older than 23 months); an accompanying

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qualitative dataset (the same 145 parents/caregivers); and, qualitative data gathered through final evaluation focus group discussions (31 parents/caregivers, 4 PSP Facilitators and several project partners).

MoET's PSP was the main intervention that Save the Children invested in supporting. Activities involved establishing a PSP Steering Committee, developing a PSP Caregivers Guide, delivering PSP training of trainers to master trainers and then cascading to provincial level trainers (this included provincial coordinators, mobile education officers and ECCE teachers across Shefa and Sanma Provinces), and using the established PSP curriculum (comprising 11 modules covering early childhood development, positive parenting practices, positive gender roles, child rights, and healthy diets in childhood).

Vanuatu Christian Council (VCC) supported the implementation of BBBP by incorporating PSP modules into their Pikinini Playgroup Sessions and conducting awareness sessions with 74 church and community leaders across their network of churches.

The PSP Endline study reported that 286 PSP groups were established between 2021 and mid-2024, with 53 groups completing all 11 sessions/modules. 3185 female caregivers and 700 male caregivers attended PSP groups during this time.

The key indicators and corresponding results related to Outcome 1.1 are shown in Table 4 below. Data for all indicators, where it exists, was derived from the PSP Endline (2024). Discussion on these results is provided below.

Ministry of Education and Training Parenting Support Program Curriculum Topics

1. Good start to life – nurturing care
2. Strong foundation – care and health of mothers and pregnant women
3. Healthy brain development
4. Parents and children spend quality time together
5. Language, telling stories, and reading to small children
6. Play to learn
7. Healthy food for children
8. WASH
9. Protecting children to be safe at home
10. Values – raising our children well (positive discipline)



[Photo: Conor Ashleigh / Save the Children, 2024]

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Table 4: Indicators under Outcome 1.1, with reported baseline and endline values.

Indicator		Baseline value 2021	Endline value 2024
1.1a	% of children 6-23 months who receive minimum acceptable diet (PAC FW 1.1)	Total: 19% Girls: 24% Boys: 13% (N=134)	Total: 64% Girls: 33% Boys: 100% (N=22)
1.1b	% of male and female caregivers who demonstrate responsive parenting and stimulation practices with their young child	Total: 98% Mothers: 96% Fathers: 70% (N=136)	Total: 100% ³ Mothers: 95% Fathers: 62% (N=145)
1.1c	% of partnered male and female caregivers who report sharing of responsibility for childrearing tasks and child related housework that supports nurturing care	Total: 93% Women: 91% Men: 100% (N=112)	Total: 99% Women: 99% Men: 100% ⁴ (N=105)
1.1d	% of male and female caregivers with increased knowledge about nurturing care practices	Not applicable	No data ⁵
1.1e	% of boys and girls under 5 years old with learning/play materials and books at home	Total: 81% Girls: 76% Boys: 85% (N=136)	Total: 92% Girls: 92% Boys: 100% (N=22)
1.1f	Caregivers with a child (0-5) with a disability report being provided with information on nurturing care that meets their specific needs.	Not applicable	No data



[Photo: Lavinia Mahit / Save the Children, 2022]

³ Note: The 'Total' figure also includes "someone in the household" who is not the mother or father. The survey asked the respondent who in the household (mother, father, or other) demonstrates which practices. The "total" value includes mothers, fathers, and "other" caregivers. "Other" caregiver could not be disaggregated by gender. The values do not accommodate for whether or not there is a mother and a father present in the household, so the true values are likely slightly higher than reported.

⁴ Number of men interviewed was low and selection bias likely present.

⁵ The original MEAL plan design included collecting data for indicators 1.1d and 1.1f during the final evaluation, but timing and resource constraints precluded this.

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"IT IS FOR ALL OF US"

HOW THE PARENTING SUPPORT PROGRAM IS TRANSFORMING FAMILIES AND COMMUNITIES

In Seaside Futuna, Port Vila, a couple's journey with Save the Children's Parenting Support Program has transformed their family and sparked change across their community. Like many parents, their approach to raising children was shaped by how they themselves were raised - relying on shouting, physical punishment, and strict gender roles in the home.

That changed when they joined a Parenting Support Program group. During her pregnancy, they learned about early brain development and began singing, talking, and playing music to their baby - a practice that continued after birth and helped their child settle and thrive.

"We made a playlist and played it while I was pregnant. Now, when we use it, our baby settles easily. It really helped."

A key to their learning was the program's use of role plays and group discussions, which made the lessons practical and memorable.

"We took part in small dramas that helped us understand things from the perspective of our children. When we dramatised it, it really helped us understand their feelings and how our actions affect them."

The mother shifted from shouting to listening and gentle conversations:

"Now, I talk to my children and explain things. They come to me, and we are closer."

The father, who has limited reading and writing skills, found new confidence in supporting his children's learning and sharing household responsibilities. The wife explained:

"Sometimes he will sit down and do homework with our children, even though he only has a small amount of education. But he finds a way to do it because he knows it helps me a lot and it helps our children too."

This new approach to caregiving became a true partnership:

"Now he comes home, and we share the responsibilities. He has things to do. I have things to do. Now that we are sharing these things, life feels lighter because the work is more equal."

The couple and other PSP participants saw it as their responsibility to share what they'd learned. Gathering at the nakamal [community gathering place], they modelled positive caregiving, inclusive play, and new routines for all children - such as playing until 5pm, then washing and gathering for devotion.

"Some parents didn't have the chance to go to the training, so those of us who attended wanted to help the children. We have all been working together to help them learn and the children learn too."



[Photo: Kristy McIntosh / Equinox Vanuatu Ltd. 2025]

Outcome 1.1 indicators:

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Diet

Findings regarding percentage of children 6-23 months old receiving minimum acceptable diet (indicator 1.1a) are restricted to the PSP Endline report. There was a marked increase from 19% at baseline to 64% at endline, however, the Endline report states that “while the Parenting Support Program group curriculum did include modules on nutrition and healthy diets for children, this change is not attributable to the project and is more likely due to changes in measurement approaches from baseline to endline”. This evaluation did not uncover any substantial insights into changes in nutrition and diet among children as a result of the project – there is only anecdotal evidence from some parents and caregivers of increased awareness of nutritious foods for children, and for pregnant mothers.

*“Something that I learnt was about the **right kind of food to eat**. For example, pregnant women must eat red meat and fruit and vegetables because they help the baby’s brain develop and work.” (Parent / Caregiver, F, Shefa)*

Save the Children implementing staff agreed during the Evaluation’s Sensemaking workshop that the focus on nutrition was not as extensive as the focus on caring practices and non-violent discipline within the PSP.

Responsive parenting and stimulation practices

The PSP Endline Report stated that almost all caregivers are using a range of responsive and stimulating care practices with their children. This finding was supported by responses from parents and caregivers in the PSP Endline qualitative data and final evaluation focus group discussions – both mothers and fathers commonly reported spending more time with their children, providing better care, and having a stronger understanding of child development as a result of participation in the PSP. Examples included being more attentive, treating children more kindly, and applying what they had learned in the home.

*“I learned to **set aside time** for my children and not to neglect them.” (Parent / Caregiver, F, Sanma)*

The prevalence of negative care practices was not explored in focus group discussions, however, some parents/caregivers reported that the PSP has helped them to be aware of negative care practices such as verbal or physical punishment and they have since adopted more reflective and positive parenting practices such as non-violent communication, expressing gratitude and giving affection.

*“Before the training, I would **shout, and yell** and I would even swear because my anger was coming out. If my child was naughty, I would hit him.... the training helped me change. I don’t hit him, shout at him or anything, I now talk to him and explain things to him, and I **have seen the change**. He is closer to me, and I am closer to him. I am glad. I am happy.” (Parent / Caregiver, F, Shefa)*

*“During our follow up we can see that parents in local churches are **spending more time** with their children”. (Community Based Organisation Representative, F, Shefa)*

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Sharing of responsibility for childrearing

The PSP Endline reported that almost all partnered caregivers at baseline and endline report task-sharing with their partners for child-rearing tasks (such as feeding, tidying up after, bathing the child), at least to an extent. However, final evaluation focus group discussions revealed a persistent barrier in unequal caregiving responsibility – mothers carried most of the responsibility for caring for children, however, fathers' participation in caregiving, when present, was highly valued and correlated with more equitable parenting roles, but still rare.

*"My biggest challenge is, **no support from my partner!** I have to spend more time than I need to in the bathroom so that he has to stay with our child. I would even do the laundry when I am tired just so he has to watch our baby. I do these things involuntarily because I want him to spend time with our child." (Parent / Caregiver, F, Sanma)*



[Photo: Lavinia Mahi / Save the Children, 2022]

*"Now that we are sharing these things, **life feels light** because the work is **more equal**." (Parent / Caregiver, F, Shefa)*



Increased knowledge of nurturing care practices

All parents/caregivers of the PSP Endline confirmed that PSP groups were helpful for them, and all respondents reported responsive care practices they now use. Qualitative feedback from caregivers indicated that PSP groups were effective in raising awareness about parenting practices that encourage child development. Caregivers interviewed stated that they were not receiving enough information in their daily lives about child development and the impact of positive parenting practices on children's brain development, and PSP introduced them to new ideas in parenting. Caregivers expressed great interest in the topics covered in PSP groups and would like to learn more. The MoH confirmed that they had observed change in attitudes of mothers and their caregiving practices towards their children.

Learning/play materials and books at home

The PSP Endline confirmed an increase in the number of children with age-appropriate books and/or play materials at home (from 81% at baseline to 92% at endline). At baseline, caregivers were much more likely to have play materials (78%) than books (37%), while at endline, the same proportion of caregivers had books as those that had play materials (85%). There was no supplementary data from PSP participants regarding increased use of toys, books or other materials in parenting.

Nurturing care for children with disabilities

Data on whether parents and caregivers had a child with a disability was not recorded during the evaluation focus group discussions, and the PSP Endline dataset did not include this information for further analysis of disability inclusion in care practice. The PSP Endline reported that out of 22 parents/caregivers with children between the ages of 6-23 months, just 3 (14%) had a child with a possible disability¹, however, in qualitative data there was no mention of children having developmental delays, special needs, or inclusive strategies used. Caregivers participating in focus group discussions shared examples of supporting children at different developmental stages (for example, babies crawling earlier, or slower learning in older children), but these were framed as developmental variation, not disability.

Other relevant indicators:

- *Gender sensitive care practices and skills:* Despite the absence of a specific measurement regarding gender sensitive nurturing care practices, this is a core element of the outcome wording. Evaluation findings related to this were mostly about who provides care (that is, maternal and paternal roles) rather than differentiated care based on child's gender. There is no evidence that caregivers adjusted practices based on the gender of the child and Save the Children staff clarified in Evaluation Sensemaking that the PSP curriculum does not encourage gender differentiated care among young children; that 'gender sensitive care' emphasises "equal treatment of both boys and girls... and gender-neutral interactions". This is supported in how participants described changes in gender neutral terms – "my child" or "my baby".
- *Gender identity of caregivers:* The evaluation notes that data from the PSP Endline and evaluation focus group discussions with caregivers is overrepresented by female caregivers (163 women to 13 men). This reflects the actual participants of PSP activities under the project, with significantly more women than men reportedly engaging. Project monitoring data from Year 2 indicator tracking reports that while the target for female caregivers attending PSP groups was exceeded (106% achieved), the target for male caregivers was not met (23% achieved, or 420 reached from a target of 1820 in Year 2).

The most probable reason for limited male attendance, as reported by evaluation participants, relates to cultural gender norms and caregiving roles. The majority of PSP Facilitators are women; Save the Children staff reported that there are just 3 male PSP Facilitators out of a total of 300 in Sanma Province. This is likely to be a hindrance for influencing and motivating male attendance. Suggestions from fathers and mothers on ways to engage more effectively with other fathers in the community in PSP groups include:

- Condense the delivery of the PSP - for example, four modules in one session, or modules delivered over a shorter period
- Integrate the PSP into community or church activities that fathers attend
- Target nakamal heads (community leaders) to influence male participation in the PSP



- Engage community leaders or existing community structures and provide resources for these actors to organise and support the PSP delivery.

Outcome 1.2 Local childhood service providers have improved skills/knowledge, attitudes, and resources to promote nurturing and responsive care practices.

The key findings explored under outcome 1.2 are:

- Data on provider knowledge of infant and young child feeding, as well as screening practices for violence in the home, were not systematically collected during the project cycle.
- The PSP improved the skills, knowledge, and attitudes of local childhood service providers – particularly ECCE teachers and CBO staff.
- PSP facilitators reported enhanced confidence and motivation.
- Implementation challenges for both the PSP and MGAD components were noted, including those related to systemic and resourcing gaps. Access to resources and support was inconsistent, with delayed materials and limited logistical support hindering effective delivery.

The key sources of data for assessing the achievement of this outcome are drawn from qualitative interviews and discussions with the relevant service providers: MoET including PSP Facilitators, MoH including MCH (Maternal and Child Health) nurses, and VSPD. Additionally, feedback from program participants on the quality of those services assists understanding of the extent to which service provider skills, knowledge, attitudes and resources were effective in promoting nurturing and responsive care practices in parents, families and communities (Outcome 1.1). However, measurement of key intended outcomes, including provider knowledge of infant and young child feeding and practices related to screening for violence in the home, was not incorporated into the project's monitoring and evaluation processes, and thus these domains were not specifically addressed by the available evaluation data.

Increased skills and knowledge

Indicator		Baseline value 2021	Endline value 2024	Data Source / Limitation
1.2a	% of service providers with increased knowledge, attitudes and practices in infant and young child feeding.	N/A	No data	Not measured in PSP or MGAD pre/post tests; area not assessed as part of evaluation
1.2b	% of service providers that have increased capacity to prevent and respond to cases of violence in the home (GEDSI)	45%	80%	Data from 20 health workers (MGAD, May–June 2024); small, non-representative sample
1.2c	% of service providers who screen for violence in the home as part of early childhood services (GEDSI)	N/A	No data	No quantitative data; service provider survey and nurse monitoring not conducted as planned
1.2d	Number of service providers - ECCE teachers - who have received targeted training, coaching, and resources needed to deliver responsive parenting and stimulation sessions with caregivers	N/A	214 (212 female w/o disability, 1 female with disability, 1	Data from Year 2 ANCP Tracker; additional 156 community members trained to support ECCE (disaggregated data unavailable)

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			male with disability	
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*“Programs like PSP are **so very important**. We shouldn’t be thinking in a small way about these.”
(Government Partner Representative, M, Sanma)*

There are a number of data points indicating improved knowledge of ECD and teaching skills among PSP facilitators, ECCE teachers, and staff from partner organisations in relation to the PSP and MGAD:

- ECCE teachers engaged as PSP facilitators reported that they applied new knowledge in classroom teaching, community outreach and their homes.
- CBO staff also reported gaining foundational ECD knowledge, which was successfully integrated into their work.
- Parents and community members subsequently benefitted from improved provider knowledge and skills where facilitators and health professionals passed on this knowledge and engaged them in practical activities.

*“The information **really helped us** because we are not health professionals, and we were able to learn about brain development in children at an early age.” (Community Based Organisation Representative, F, Shefa)*

Table 5. Type of knowledge or skill gained and reported application, by stakeholder group engaging in PSP and MGAD.

Stakeholder Group	Type of Knowledge/Skill Gained	Reported Application
ECCE Teachers	Child development, responsive care, nutrition	Integrated into teaching, parent engagement
	Communication with parents, Early Childhood Development milestones	Personal home application
VCC	Child development, responsive care, nutrition	Integrated into teaching, church and community life
	Communication with parents, Early Childhood Development milestones	Personal home application
VSPD	Early brain development, nutrition messaging	Integration into daily client work
		Awareness sessions with MoH in communities on breastfeeding and nutrition

Attitudinal Shifts and Motivation

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Facilitators and service providers reported notable positive shifts in attitudes following the training. Many trainees reflected personally on their past parenting practices - sometimes with regret - and described how they now strive to model and promote positive, nurturing behaviours both at work and within their communities. As one ECCE teacher from Shefa shared,

"I regret that I did not learn these things when my children were young." (Early Childhood Care and Education Teacher, F, Shefa)

Attitudinal change was particularly evident among teachers, who not only began applying what they had learned within their own families but also became advocates for broader community adoption of these positive practices.

Implementation Strategies

The evaluation team spoke with a limited number of MCH nurses (6), working in Shefa Province, who had engaged with the MGAD component of the project. Findings reported here therefore cannot be assumed to represent the entire MGAD roll out. Based on program monitoring data and reports, it is evident that significant delays in developing the materials led to a postponed rollout. One of the trained health professionals reported a positive engagement in which she was able to use the MGAD tool with mothers and support them to use healthy and nurturing care practices. Many mothers participating in focus groups confirmed that an individual, one-to-one approach between the health professional and parent was positive and supported them to address specific needs during clinic visits.

Common challenges reported by health professionals were:

- Initial training delivery did not support transfer of technical knowledge and resulted in lack of understanding of the project and expectations. There was no follow up support, so health professionals were not motivated. The recent 4-day refresher training in Port Vila helped enormously to increase skills and knowledge, helping to strengthen project implementation, yet is perceived to have been delivered late. Further, health professionals expressed that they did not receive an adequate allowance, and this was a key barrier for other health professionals who didn't attend.
- Some health professionals used the MGAD tool informally as they had no structured implementation plan and support. Health professionals said that it became an added burden on their already high workload and faced lack of authority to engage.

*"We need **better support** from MoH. There need to be **incentives** for nurses who are already overwhelmed by their workload. MoH needs to visit health centres to see where services can be improved. It's hard work. We need support" (Health Professional, F, Shefa)*

Caregiver practices and community engagement

Without full scale implementation there is limited evidence of changes in caregiving practices observed by the health professionals. Health professionals noted the persistent challenge of mothers not adopting advice nor making changes for better health, where lack of partner support (fathers rarely attended) and low literacy levels are cited as key barriers to uptake; poor nutrition and dietary habits persist in the community.



Access to Resources and Support

Access to resources and ongoing support varied across project stakeholders. While some service providers reported receiving useful tools and materials, others experienced gaps in follow-up support and faced systemic and logistical barriers.

- PSP facilitators noted delays in the delivery of training materials and a lack of transport support, which hindered effective program delivery.
- VSPD and VCC were required to design and implement the PSP with minimal guidance following the initial training, highlighting a need for more structured ongoing support.
- MGAD materials were considered inaccessible for mothers with low literacy, and participants suggested adapting these materials into video format to improve accessibility and engagement.

During the evaluation's stakeholder workshop, government partners identified limited staffing - particularly among ECCE teachers and health professionals - as a significant challenge affecting the program's reach and uptake. These findings speak to the importance of timely resource provision, tailored materials, and sustained support to maximise the effectiveness and inclusivity of program implementation.

Suggestions from Local Service Providers

Several suggestions were offered by local service providers to improve implementation related to this outcome:

- Develop simplified, low-literacy tools such as visual aids and videos to be accessible for parents of varying levels of education.
- Involve local government authorities in training events to ensure project support and sustainability.
- For any trainings for health professionals with Save the Children, use an organisation which has expertise in facilitation to ensure training delivery is effective.
- Engage VSPD to provide specific disability training
- Strengthen the project monitoring mechanism to support health professionals/facilitators.
- Ensure there are adequate resources, sufficient support and clear guidance for health professionals to successfully embed MGAD activities as part of their regular work
- Build on existing efforts to engage fathers by using culturally appropriate strategies, such as involving respected male community members as champions or utilising alternative communication channels, to enhance their participation

"The project does not work well because fathers are just not present. They are the decision-makers in the home, they buy the food, they decide how the money is spent, they plant the food...if they are not included in the project, it will be difficult to achieve objectives. If the project is for the babies benefit, fathers must be targeted." (Health Professional, F, Shefa)



Outcome 2.1 Communities and governments show increased support for attitudes that prevent violence to women and children in the home.

The key findings explored under outcome 2.1 are:

- Save the Children-led research amplifying the voices of children supported child protection advocacy efforts.
- Quantitative evidence of shifts in public attitudes is mixed or limited, however there are anecdotal reports of behavioural change from qualitative evidence.
- Strong institutional alignment and policy advocacy efforts that support progress toward this outcome.

Key data sources synthesized here include a review of project documentation, study report, and data from the PSP Endline and evaluation qualitative engagements.

Activities under this outcome that were achieved included:

- Study Report produced: *Pikinini Stap Sef, Filem Sef: Feeling safe, children's exposure to violence in Vanuatu*, underpinning the support for the Child Protection Act.
- National advocacy campaign – launched and implemented by VANGO, in collaboration with the MJYCS and VCC, across the six provinces to share findings from the study and support advocacy for the Child Protection Act.
- Engagement in high level meetings – VANGO and Save the Children focused efforts to amplify civil society voices to address child violence.

Table 6. Attitudes towards wife beating and physical punishment of children

Indicator		Baseline value	Endline value
2.1A	% of adults who think that physical punishment is necessary to raise/educate children	Total: 76% Women: 78% Men: 58% (N=135)	Total: 81% Women: 81% Men: 82% (N=144)
2.1B	% of women and men aged 15 to 49 years who think a husband is justified in hitting or beating his wife	Total: 81% Women: 83% Men: 57% (N=95)	Total: 65% Women: 67% Men: 57% (N=130)

Children’s perspectives on violence

The *Pikinini Stap Sef, Filem Sef* Study Report was commissioned by Save the Children in 2022-2023 as a qualitative study using participatory methods with 44 children aged 12-17 from Shefa and Sanma provinces. It was a first of its kind study in Vanuatu examining children’s exposure to violence. Findings from the study revealed the pervasive nature of violence for ni-Vanuatu children with all children participants able to describe multiple forms of violence they regularly witness across homes, schools and communities. Over two-thirds experienced violence in the three months prior to the study, with girls disproportionately facing sexual violence and harassment while boys are more exposed to physical fighting, and children with disabilities experiencing particularly high levels of abuse and exclusion.

The positioning of this study from a child-centred perspective generated a powerful narrative to incite stakeholders to take action, and several recommendations were presented with an emphasis on engaging with young people on the findings and to inform future programming, make links between violence and the health sector, education sector and climate change action, expand support for children with disabilities, and support the passage of the Child Protection Bill.



Stakeholder engagement

Save the Children partnered with VANGO and MJYCS to work with children and youth in schools to advocate for issues that were identified in the study report. However, VANGO reported that there were challenges faced with the consent and assent arrangements and safeguarding for engaging with children and the implementation plan was only partially achieved before a pivot to awareness and advocacy campaigns at the national level. These efforts were reportedly more effective, reaching the community level to demystify the Child Protection Bill and helping children and families understand their rights and responsibilities. The multi-pronged approach to VANGO's advocacy strategies, including flyers for Members of Parliament, billboards, child ambassadors, and videos promoting the Child Protection Bill served to increase the likelihood of reaching diverse audiences. At the time of the evaluation, there was no feedback available from the community level on the effectiveness of these approaches. However, there is ongoing momentum for the Bill to be tabled in Parliament in 2025.

Feedback from MJYCS during the evaluation suggested that project activities were less effective due to limited reach (Efate only) and there were coordination gaps in the partnership with Save the Children.

"There is a big reemphasis on Child Protection Officers. [They] need to be part of this implementation. Maybe we did not understand the implementation approach of this activity." (Government Partner Representative, F, Shefa)

Change in attitudes towards violence against women and children is not substantiated by survey data

There are two quantitative indicators included in the logframe to assist in measuring this outcome (refer to Table 6 above). These cover attitudes towards wife beating and physical punishment of children. The endline data shows that 65% of caregivers responded affirmatively to whether they agree that a husband is justified in hitting his wife in 5 different situations^[2]. However, 81% of the sample respondents at endline believe that physical punishment is necessary to raise/educate children. The PSP Endline Report notes that these findings are only representative of the surveyed population, number of men interviewed was low and selection bias likely present.

Anecdotal evidence of attitudinal and behavioural change at individual level

While quantitative survey findings had limitations, qualitative data from interviews and focus group discussions provided valuable insights into how the BBBP project has influenced caregiver attitudes and behaviours regarding violence. Although few participants explicitly linked exposure to violence with child developmental outcomes, many caregivers and parents reported changes in their attitudes toward violence, often motivated by a belief that non-violent approaches are simply the right thing to do or are more effective in encouraging positive behaviour in children.

For example, several parents from Malo Island recounted a story of a local mother whose husband, after attending a PSP module session, transformed his behaviour at home - ensuring the children were well fed and ceasing violence toward his wife. Another mother confirmed that her husband no longer hits her. In a focus group discussion with mothers in Shefa Province, participants observed a shift in caregiving practices within the community, noting a reduced reliance on violence as a means of controlling children.

PSP facilitators also reported observing positive changes in children's behaviour, attributing these shifts to caregivers' adoption of new practices. As one ECCE teacher in Shefa explained,



"We see a shift in the behaviour and attitude of the children; they are more disciplined, and they achieve development milestones more effectively." (Early Childhood Care and Education Teacher, F, Shefa)

Additionally, VCC noted increased awareness and reflection on violence prevention as local churches became more actively engaged through the project, helping to integrate key messages within existing community structures. However, it should be noted that data collection at the broader community level was beyond the scope of this evaluation.

These anecdotal accounts, while not generalisable, provide meaningful examples of individual and household-level change resulting from the BBBP project's interventions.

Outcome 3.1 Governments are supported to develop strong and robust social protection mechanisms

The key findings explored under outcome 3.1 are:

- Save the Children engaged in critical research to identify opportunities and barriers for social protection mechanisms and inclusive cash and voucher programming in Vanuatu toward influencing systemic change: inclusive, culturally sensitive and community-informed approaches are essential.
- The Disability Cash Grant Pilot improved outcomes for families of children with disabilities, had positive impact on child wellbeing, and demonstrated stakeholder endorsement and alignment and recommendations for scaling.

to support children and families.

Save the Children defines social protection as "a set of public policies, programs and systems that help women, men and all girls and boys to: reach and sustain an adequate standard of living, improve their ability to cope with risks and shocks throughout the lifecycle, and claim their rights and enhance their social status."^[3]

Save the Children's approach under this outcome involved working collaboratively with the Government to design a government-owned, shock-responsive social protection initiative in Vanuatu that aligned with government priorities and Save the Children's internal strengths. Initial research and analysis were commissioned by Save the Children to identify strategic entry points for engagement in Vanuatu. Findings from these studies helped to inform the development of a Disability Cash Grant Pilot in 2024 following a situational analysis and methodological design process.

Data sources drawn on to evaluate effectiveness under this outcome include findings and recommendations from research studies, triangulated with project reports and partner feedback, as well as findings and learning from the Disability Cash Grant Pilot initiative.

Key insights from social protection research

- There is broad based political support for formal social protection mechanisms to complement traditional social protection, however, there remain concerns about the risk of undermining traditional cultural values.
- The NSDP (National Sustainable Development Plan for Vanuatu) sets out commitments to formal social protection.
- Key opportunities identified to address domestic violence and family stability, increased cost of living, disability, food insecurity.



- There are positive impacts of cash-based programming such as enabling women to meet household needs, educational expenses and health care.
- The risks identified include that people with disability are often excluded from decision making at household level, eligibility criteria could cause conflict in the community, and gender-based violence.

“A few years ago, the government realised that there was work to be done in social protection. They wanted to work with NGOs (Non-Governmental Organisations) in this space and be guided. Our country is very vulnerable to natural disasters, cyclones mainly. So, instead of making a comprehensive social protection policy, we went with an Adaptive Social Protection Policy that targets disasters – cyclones, you name it.” (Government Partner Representative, F, Shefa)

Indicator		Disability Cash Grant Pilot Baseline 2024	Disability Cash Grant Pilot Endline 2024
3.1a	% of (targeted) households who report being able to meet their basic needs according to their priorities, due to CASH programming received (disaggregated by households with a person with a disability and female-headed households)	38%	91% HHs with a child with disability

Disability Cash Grant Pilot outcomes

The purpose of the Disability Cash Grant Pilot was to provide targeted cash assistance to caregivers of children with disabilities or developmental delays in Vanuatu, enabling them to better meet the unique and additional needs of their children. The pilot served as a foundational initiative to test the feasibility, effectiveness, and scalability of child-sensitive, shock-responsive cash transfers, aligned with Save the Children Vanuatu’s strategic goals in child protection, inclusion, and disaster preparedness. The pilot report, based on a robust mixed-methods approach, confirmed that the pilot met its goal to support families of children with disabilities to meet the additional costs of care. It supported 215 children under 18 by disbursing VUV 12.9 million through four monthly transfers of CVA assistance between April and August 2024 (VUV 15,000 per month), enabling caregivers to meet essential needs of their children with disabilities (56 children were aged 0-5 and 159 children aged 6-18).

Key positive outcomes from the Disability Cash Grant Pilot Report:

- The proportion of caregivers able to meet all basic needs for their children increased from 38% to 91%.
- Reported household stress decreased substantially (from 52% to 12% of households).
- Caregivers enhanced financial inclusion knowledge – understanding of mobile money systems increased from 14% to 55% of caregivers.

Impact stories collected by Save the Children with cash grant recipients highlight the positive impacts they reported



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Meet Clatien

Beneficiary of the Disability Grant Pilot Project

“tankiu tumas long Save the Children blong save helpem mifala blong lukluk long ol nid blong Clatien long jurni blong hem,”

Evelyn, Clatien’s Mom



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including enhanced education access, improved social inclusion and independence and reduced financial stress. Stakeholders participating in the evaluation confirmed that the pilot reduced economic stress and improved access to education and health services, indirectly contributing to violence prevention. Government and CBO partners viewed the pilot as a critical mechanism for empowering caregivers and children, especially those with disabilities. All stakeholders acknowledge the alignment of the initiative with their policies and strategies.

"The cash transfer initiative fits within VSPD's (Vanuatu Society for People with Disabilities') focus on supporting people with disabilities and their ongoing social protection efforts, particularly climate disaster response." (Community Based Organisation Representative, F, Shefa)

To ensure the effectiveness of this modality going forward, some of the key recommendations made in the pilot study report for general application include:

- improve the modality with Digicel,
- strengthen Cash Working Group Coordination and develop a minimum expenditure basket,
- strengthen feedback and complaints mechanisms, and monitoring and learning systems, and
- continuously refine the standard operating procedures to ensure a clear and consistent framework for all stakeholders.



Lyanniza & Leyra

Beneficiary of the Disability Grant Pilot Project

'Ol pikinini wetem disabiliti oli gat Semak raet olsem ol nara pikinini. Raet blong kakai, stap long shelta, dring klin wota mo raet blong ko long skul.'

Vika, Lyanniza & Leyra's mom



Outcome 3.2 Children and youth have the knowledge, skills and tools to amplify their voices for action on climate change

Key Finding:

1. Through SHIFT and NextGEN, youth have the knowledge, skills and tools to amplify their voices and have started to engage young people for action on climate change.

This outcome was developed in 2023 with the introduction of NextGEN and SHIFT into the project, to engage youth and amplify their voices in relation to climate change action. Further, Save the Children collaborated with Wan Smol Bag Theatre to deliver a climate change play and workshops, reaching 1,628 community members in Santo, however there was no further data or feedback regarding this activity.

The evaluation draws on program monitoring data and discussions with youth and stakeholders to evaluate the effectiveness of the project to achieve this outcome.



[Photo Conor Ashleigh / Save the Children, 2024]

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Indicator		Baseline value	Endline value
			Final Evaluation – June 2025
3.2a	Children and youth actively engage with climate change advocacy campaigns	N/A Indicator introduced post-baseline	Participatory data with a limited sample confirmed active engagement of youth on climate change campaigns in Shefa.

Both SHIFT and NextGEN provide two different pathways for youth engagement in action on climate change. SHIFT engaged local community-level youth associations in events and activities aimed at empowering, informing and mobilising youth on issues related to climate change. Youth engaged in the final evaluation workshop expressed that they had built their confidence in public speaking and developed leadership skills. They were also proud to have led events in the community that promoted gender equality and empowered youth.

“At the gatherings we say that this is not just an occasion for us to get together but also for our voices to be heard. Each of us have rights.” (SHIFT Youth Participant, F, Shefa)

The youth spoke from a place of deep commitment and passion to their involvement in SHIFT, and recognised the important role Save the Children had in nurturing that space for them to continue to grow.

“Save the Children should come into our community so that the community can familiarise itself with them and vice-versa, so that each party knows and understands who they’re working with” (SHIFT Youth Participant, F, Shefa)



Photo: Conor Ashleigh / Save the Children, 2024

The NextGEN programming had a different approach to SHIFT in that participants were active school students and selected to participate in the program which comprised a suite of activities: weekly training modules, engagement with regional climate advocates and politicians and attendance at high level global climate change platforms including the International Court of Justice and COP29 (UN Climate Change Conference of Parties) as youth delegates. The program built their capacity in climate change action, advocacy, media training, network building and GEDSI. Most notably, participants deepened their understanding of climate change, especially its effects on the Pacific and children, and learned about climate justice, youth advocacy, and child rights.

Participants noted the key challenges being difficulty balancing study commitments with the program, especially when activities were planned ad hoc or cancelled at the last minute. Ideas offered by participants to improve youth programs like this one include consistent scheduling and consideration of youth workload and wellbeing (alignment with school calendars), allowing for downtime, bringing in guest speakers with lived experience, continue to offer capacity building modules as they were highly valued, and provided support for major events.



NEXTGEN YOUTH AMPLIFY THEIR VOICES FOR CLIMATE ACTION

Before NextGEN, Vepaiamele and Gabrielle were passionate about climate change and human rights, but their advocacy was mostly limited to their school and immediate circles. Vepaiamele recalled,

“Before NextGEN, I was passionate about climate change and equal rights, but my opportunities to advocate in wider spaces - not just at school - were limited.”

Through Save the Children’s NextGEN Youth Ambassador Initiative, both participants gained practical skills and confidence through weekly modules covering climate change, gender equality, disability and social inclusion, climate justice, media training, and networking.

Gabrielle explained,

“The project gave us the skills and knowledge we needed to be effective climate advocates. We went into events feeling prepared and confident.”

NextGEN enabled them to represent Vanuatu at major international events. Vepaiamele attended the International Court of Justice in the Netherlands:

“I met so many other activists and was able to share how climate change affects Pacific Islanders. Many people didn’t know our story.”

Gabrielle travelled to COP29 in Azerbaijan, describing it as *“a surreal experience.”* The program also provided inspiring role models and strong support from Save the Children staff at events.



“Having support at the event was a huge help. The staff were reassuring and flexible, which really boosted my confidence,” said Gabrielle.

Today, both are recognised as youth leaders in their schools and communities, inspiring peers and building networks with politicians, organisations and communities. Vepaiamele reflected,

“We’ve built our own reputation in our communities. There have been so many opportunities for both of us outside the project.”

Gabrielle added, *“It’s a privilege to be in this position, to speak about these issues because people’s rights and lives are being lost to climate change. That’s what drives me.”*





Key Evaluation Question #2



Effectiveness: What elements were factors in achieving or impeding project outcomes and why? Were there particular components or interventions of the project most responsible for changes?

Based on the strength of evidence gathered through the evaluation, Table 7 below summarises the key elements that enabled or contributed to the achievement of project outcomes.

Table 7: The key elements that enabled the Bildimap Bren blong Pikinini (BBBP) project to achieve its outcomes.

Key Element – Enabler	Why	Evidence	Related Outcome
Locally embedded delivery model	Use of community-based facilitators- e.g., ECCE teachers, faith leaders - ensured contextual relevance and high levels of trust. Practical and group-based approaches for PSP were effective.	PSP facilitators in Shefa noted improved caregiver-child interaction and community-wide shifts in caregiving norms. Parents and caregivers surveyed in 2024 and participating in evaluation focus groups in 2025 highlighted the usefulness of role play exercises, group discussions, and learning practical content they could try at home. Also, the MGAD tool being a Maternal Child Health (MCH) clinic-based information sharing model was viewed as limiting to the program's reach and impact – parents and caregivers participating in the evaluation expressed a preference for further MGAD support to be provided at the community level.	Outcome 1.1
Participatory, child-centred research	First of its kind study to capture children's voices on exposure to violence – amplified voices and provided legitimacy for advocacy work.	The <i>Pikinini Stap Sef, Filem Sef</i> study used participatory methods with children to amplify their voices on experiences of violence. This child voice-driven evidence was instrumental in supporting national advocacy for the Child Protection Bill.	Outcome 2.1
Strong alignment with national policies and partner priorities, and multi-stakeholder engagement	All outcome areas included activities that align with government policy and or strategies, and CBO (Community-Based Organisation) strategies.	1. The PSP is a MoET initiative. 2. MGAD is embedded within MoH MCH work. 3. The Child Protection Bill has strong political support. 4. The cash pilot aligned with national social protection policies and	All

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	Collaboration and alignment were a strong enabler of success.	Vanuatu Society for People with Disabilities' (VSPD's) strategies. 5. Youth climate justice action aligns with the policies and strategies of the Ministry of Climate Change.	
Effective piloting of scalable models	The Disability Cash Grant Pilot demonstrated a functional, inclusive, and community-supported model of social protection. The success of this pilot provided government and civil society organisations with tangible evidence of how shock-responsive and disability-inclusive social protection could work in Vanuatu's context.	The pilot delivered VUV 12.9 million to 215 children with disabilities, improving households' ability to meet children's basic needs from 38% to 91%.	Outcome 3.1
Interlinkages across outcomes	There are clear interlinkages occurring between some outcomes that support achievement and coherence of the program theory.	Government partners make the link between the positive outcomes of the Cash Pilot and prevention of violence. Communities engaged in PSP and MGAD rollout are also exposed to child protection advocacy activities.	Outcome 1.1, 2.1 and 3.1

The project components most responsible for changes were:

1. Parenting Support Program (Outcome 1.1)

The PSP was a core driver of change in nurturing care practices among parents and caregivers. It was particularly successful given its structured delivery and leadership from the Ministry of Education to engage ECCE teachers in its rollout. Most important, caregivers learned practical skills to support their child's (0-5 years) development

2. Pikinini Stap Sef, Filem Sef Study (Outcome 2.1)

This research study acted as a catalyst for national child protection advocacy campaigns to support consultation of the Child Protection Bill. The study is unique given it is centred on the experiences of children and builds the evidence base for violence prevention work across a range of local stakeholders. Used participatory methods to document children's experiences of violence in homes, schools, and communities.

3. Social Protection Analyses and Disability Cash Grant Pilot (Outcome 3.1)

The practical application of a cash grant pilot for families of children with disabilities successfully achieved vital positive outcomes to meet basic needs, and it provided a foundation for the government and partners to scale up social protection initiatives.

The key elements that hindered achievement of outcomes under the BBBP project included:

- External and contextual challenges impacting program implementation: Program implementation was influenced by a range of external and contextual factors, including several severe tropical cyclones, a nationwide teachers' strike, a cyber incident affecting government systems, and notable changes in leadership, with five Ministers of Education and Training and a change of government during the period. These factors created an environment of heightened complexity and required ongoing adaptation to maintain program continuity and responsiveness to local needs.
- Measurement issues leading to limited quantitative evidence of attitudinal change: the project's ability to demonstrate normative shifts was impeded by small sample sizes, and mixed or regressive survey results. For instance, agreement with the use of physical punishment was high at endline (81% of parents/caregivers), despite



qualitative reports suggesting reduced use of violence. As noted previously, the small sample size of male respondents and potential selection bias in the PSP endline survey limited the robustness of quantitative findings.

- Coordination gaps: some partners reported weaknesses in implementation related to unclear roles and expectations in the partnership with Save the Children. Further, ongoing support was not provided consistently. For example, limited coordination with MJYCS officers meant missed opportunities for broad reach of the child protection advocacy efforts, and late training of health professionals meant limited progress to rollout the MGAD tool.
- Participant selection and low male participation in the PSP: findings from the evaluation of the PSP indicate possible weaknesses in participant selection processes and engagement of males (in combination with a major delivery constraint: facilitators are mostly female), which resulted in overrepresentation of mothers attending PSP. In some cases, mothers suggested that 'house girls' should attend sessions since they look after the children most of the time, whereas PSP Facilitators suggested that without direct parent involvement in the program, the messages are diluted. Further, a reported finding, in the PSP Endline, was that only 53 of 286 PSP groups completed the entire 11 sessions. The reasons for this are unclear but may be related to facilitator positioning, resourcing and workload, and/or timing and delivery methodology.

Key Evaluation Question #3



Efficiency: Were the activities fit for purpose, or could the same outputs have been achieved with fewer resources?

The Efficiency criterion seeks an assessment of how well resources are being used under the project – to deliver results in an economic and timely way, without waste and according to the budget and plan. Note that this evaluation did not include a cost-effectiveness comparison, and project financial records (budgets and acquittals) were not reviewed. There were moderate findings related to the efficiency of the BBBP project, with some inefficiencies evident and influencing effectiveness and impact.

Fit for purpose design and delivery overall

The project was efficient where implementation was embedded in local structures or utilised existing resources. For example, evaluation feedback from government partners affirmed that the development of a strong partnership between Save the Children and the Provincial Level ECCE Coordinator in Sanma supported successful rollout across Sanma, whereas there was less success in the partnership between MoET and Save the Children in Shefa. Also, engagement of local partners including VSPD, VCC and VANGO added value to the project and to partner capacity, serving to bolster their leadership on respective interventions in the local community.

Areas for improvement as noted by evaluation participants included:

- Many ECCE teachers are not working in locations that are their own communities and therefore lack connection to parents.
- Consider alternative formats for materials (such as video or presentations) rather than solely text heavy materials.
- Facilitators and health professionals require more financial, human and physical resources for effective delivery.
- Communities where ownership of the PSP is strong and there is momentum for ongoing community-driven initiatives could benefit from Save the Children providing financial support for materials, venues, catering and a nominal stipend for facilitators.
- MGAD had limited reach (Sanma and Shefa only). The MoH expressed a desire to expand coverage to all 6 provinces, even if initially implemented in a limited number of clinics within each province.
- Reconsider funding dispersal – improve efficiency of funds for administration and coordination, as this was perceived as a weakness by a government partner, resulting in a missed opportunity for a more significant impact.



Adaptive implementation

There were several examples of how adapting project activities or approaches increased efficiencies while also responding to emerging and changing needs and priorities.

- The Year 1 project report reported an underspend due to COVID-19 lockdown in 2022. The project management team devised a plan to catch up on implementation in Year 2 and pivot activities to support government-led response.
- Some PSP Facilitators reported adapting their delivery approach, such as through more practical sessions, condensed delivery mode, one-on-one engagements, and engaging with the Area Secretary to support uptake.
- The MoET reported that the shift in the PSP delivery approach from community leaders/advocates in the past to ECCE providers was a successful adaptation.
- Youth groups under SHIFT taking ownership of their activities demonstrates an efficient approach to continue to nurture:

“With a recent activity, we’ve seen SHIFT groups handling their activities effectively by using resources and youth power to make an impact.” (SHIFT Youth Participant, F, Port Vila)

There is potential for increased efficiencies with the project team reported that PSP and MGAD initiatives will be integrated to maximise benefits for children and caregivers – i.e. through linking the health system through MCH facilities with the same PSP target communities to ensure that health clinic staff have the capacity to promote ECD. Due to delays under MGAD rollout and the limited number of health professionals reached during the evaluation; there was insufficient evidence to suggest actual results from this reported change. This could be something to consider monitoring going forward should integration continue.

Key inefficiencies:

Coordination with government and partners

As mentioned under Effectiveness, the coordination gaps under areas of the project may have hindered achievement of outcomes. Further, this issue likely has significant implications for efficiency – if expectations and roles are not clearly communicated, this can slow progress and result in underachievement against project targets, thus wasting resources and time.

There were varied perspectives on project efficiency presented by stakeholder groups involved in the evaluation, as below:

- *Save the Children staff:* Noted that fragmented service delivery created confusion in the roll out of the PSP, particularly in Shefa, and therefore gaps in coverage are present.
- *Feedback from Wan Smol Bag:* The Rainbow Theatre Troupe were engaged to deliver one of their standard plays around being prepared for disasters. The troupe spent two weeks in Santo visiting a wide range of communities but were not accompanied by Save the Children staff. They observed no connections being made with BBBP participants and the climate-related performance they gave. After the tour, WSB and Save the Children had a debrief meeting to discuss ways forward and future ways of working together. Save reassured WSB that it values the partnership and will work to ensure that field staff are allocated to accompany the group before future tours.
- *Feedback from Vanuatu Society for People with Disabilities:* The CBO highlighted that limited funding and human resources constrained their capacity to fully undertake the additional work involved in the Monitoring Growth and Development Workshop and the subsequent community-based surveying and education/awareness activities with families of children with disabilities. They noted that the funding disbursed to them through BBBP did not



adequately cover staffing or support for activities and emphasised the need for partners to consider organisational resource requirements in future planning and funding.

- *Feedback from Vanuatu Association of Non-Government Organisations:* Noted that there was pressure put on partners to implement, so that funds can be acquitted. VANGO recommends against this and encourages Save the Children to take a considered approach at the design phase and to speak to the people of Vanuatu, listen to their needs and then develop programs and indicators that are achievable and contribute to the betterment of the country

Data collection

Errors in measurement as reported at endline data collection, with the inability to compare baseline and endline results, make monitoring efforts wasteful and hinder ongoing MEAL activities.

Inclusion

There are limited findings related to the inclusiveness of the intervention in the absence of disability disaggregated data and limited reporting on targeted interventions to enable participation of people with disabilities.

Key Evaluation Question #4



Impact: What are the intended or unintended effects of the programme, either positive or negative, direct or indirect?

The Impact criterion seeks to understand the difference made by the project, at the level of ultimate significance and potentially transformative effects that are longer term and broader in scope than those already captured under the effectiveness criterion.

Taking a program theory approach to assessing impact, there is evidence of several immediate positive effects due to the BBBP project, and some minor negative effects. Positive effects observed in the intervention are based on a small dataset (limited by the breadth of sources) limiting claims of long-term and broad effects.

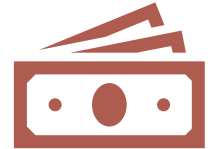
Intended positive effects

1. **Strengthened caregiving and improved child wellbeing** – Outcome 1.1: At the household level, the most direct and consistent impacts relate to improved parenting practices, a shift away from violent discipline, and enhanced nurturing environments. Feedback from PSP facilitators and caregivers highlights that children are showing improved behaviour, emotional regulation, and developmental outcomes. These changes were particularly visible in areas where PSP modules were implemented consistently. The evaluation is not aware of other external factors contributing to these changes. In addition, the PSP contributed to changing gendered norms around caregiving, with anecdotal reports of fathers adopting more supportive and less violent roles in the household, however, the extent of the evidence base for this effect is limited to the small sample size drawn on at evaluation.
2. **National level advocacy featuring the voices of children on violence prevention** – Outcome 2.1. Through the *Pikinini Stap Sef*, *Filem Sef* study and national advocacy campaign, the project contributed to stronger political will to pass the Child Protection Bill and placed children's voices at the centre of national discourse. The evaluation did not establish a sound evidence base to confirm the extent of the project's contribution to this impact.





3. **Empowerment of families with children with disabilities**, and short-term financial stability and inclusion – Outcome 3.1: The Disability Cash Grant Pilot had a strong positive impact on household economic security, enabling caregivers to meet their children's essential needs more effectively. Caregivers reported reduced household stress and increased access to education and health services for their children. The pilot also improved caregivers' digital and financial literacy, which may have longer-term indirect benefits. In the absence of data to suggest otherwise, the evaluation ascertains that these immediate effects are solely attributed to the BBBP project.



Unintended positive effects

1. **Strengthened capacity of civil society organisations**



In particular for VANGO, VCC and VSPD where partners have self-reported strong benefits of partnering with Save the Children to take leadership of respective project components. VANGO in particular has been able to strengthen its position to influence policy through strategic engagement with Members of Parliament and community awareness campaigns.

Unintended negative effects

1. **Poor coordination**, as highlighted under Effectiveness and Efficiency has strained trust in partnerships and led to missed opportunities and therefore reduced the institutional impact of the project.
2. **Women taking a lead role in caregiving is perpetuated**. Without the targeted involvement of fathers in project activities, the project is unable to fully achieve its objectives.



Key Evaluation Question #5



Relevance: Does the intervention respond to clearly identified needs and priorities of the project participants and stakeholders?

Findings presented here examine the relevance and responsiveness of the project regarding identified needs and priorities. The BBBP project was designed based on the First 1000 Days project learning and evaluation, stakeholder consultation, formative research and responsiveness to the impact of COVID-19 at the time of project inception. There are clear examples of how the project responded to emerging needs and context changes, adapting project activities and/or implementation approach. At times, however, responsiveness was limited to the quality of government and partner relationships and coordination.



Meeting caregiver and child wellbeing needs

The PSP is a trusted long-term initiative of MoET, to which Save the Children agreed to support scale up of training and delivery. The PSP curriculum directly addresses critical needs around nurturing care and non-violent practices, nutrition, and early childhood development, particularly for caregivers of children aged 0–5. The baseline study at the start of the project was intended to assist in measuring the effectiveness of the PSP delivery within Save the Children's portfolio. Findings reported under Effectiveness confirmed that the program was largely accessible and culturally sensitive through community-based delivery, especially for women (evaluation data is overrepresented for female caregivers).

Disability Cash Grant Pilot – addressing inclusion and vulnerability to shocks

Designed to support families with children with disabilities, following key findings and opportunities highlighted by social protection and cash programming studies in Vanuatu, the Disability Cash Grant Pilot provided support to families who are likely excluded or face significant economic vulnerability. The regular, unconditional cash transfers provided over four months helped families to meet their essential needs, while also testing an inclusive shock-responsive modality for future integration into government frameworks.

Significantly, the pilot was adapted during implementation to respond to practical delivery challenges and stakeholder priorities. As reported in project reports, the number of transfer rounds was reduced from six to four to align with government capacity for future social protection systems, while eligibility was expanded from children aged 0–5 to those aged 0–18, following difficulties in identifying enough younger children with disabilities. These adjustments were made in consultation with a multi-stakeholder Steering Committee, reflecting responsiveness to local realities and increasing the utility of findings for future scale-up.

Responsiveness to contextual and emerging needs

During the first year of implementation, some activities were reoriented to support national COVID-19 response efforts. The project provided personal protective equipment, hygiene kits, surveillance support, and cold chain equipment to strengthen MoH capacity in Shefa and Sanma. This shift demonstrates the project's flexibility and relevance to immediate public health needs, while maintaining alignment with its overall goal.

Gaps and misalignments

Despite these strengths, some areas reflected a weaker alignment with community and stakeholder expectations:

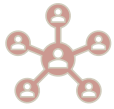
- Limited engagement of fathers in the PSP.
- Potential gaps in the youth programming:
 - consideration of how to create a more supportive environment for youth voices to be heard and valued locally: youth in focus group discussions share their frustration that adult and government stakeholders often viewed them as too young to lead or participate in serious decision making; and
 - exploration of opportunities to utilise technology to keep youth interested.
- Health professional support was insufficient in some areas.
- CBO partner expectations were not always met.



[Photo: Lavinia Mahit / Save the Children, 2022]



Key Evaluation Question #6



Coherence: How well did the project objectives and approach fit with existing priorities and interventions of government (Ministry of Health and Ministry of Education and Training) and partner Community Based Organisations, and have these supported successful project implementation at scale?

The evaluation found strong project alignment with the government and key CBOs, albeit with some operational challenges in coordination and engagement.

Strategic alignment with national policies and partner strategies

The BBBP Project aligned well with national frameworks and policies, including:

- ECCE Policy & Strategic Plan (MoET)
- Early Intervention and Growth Monitoring, Health Sector Strategy (MoH)
- Sustainable Development Goals
- Vanuatu's Adaptive Social Protection Policy (Department of Strategic Policy, Planning & Aid Coordination)
- Vanuatu 2030: The People's Plan – National Sustainable Development Plan 2016 to 2030
- Vanuatu National Child Protection Policy (2016 – 2026)

*"MGAD has a **strong and clear alignment** to SDGs, NSDP, Health Sector Strategy and Business Plans, which has been of benefit to the implementation and partnership with Ministry of Health."
(Government Partner Representative, M, Shefa)*

Strategic partnerships with CBOs were a valuable aspect for program delivery. Local disability partner, VSPD, confirm that the MGAD training and subsequent field work has helped to reduce *"big gaps in health diagnosis of disabilities."* Further, VANGO and VCC value the partnership with Save the Children to broaden their institutional knowledge on child protection and the PSP, respectively. VANGO also acknowledged that the engagement has led to a deepened level of understanding and practice of safeguarding beyond compliance, as practiced through advocacy work.

Strengths and gaps in stakeholder engagement

While the project design aligned well with government priorities, implementation encountered challenges due to competing priorities among stakeholders and variable engagement, especially at subnational levels. As one staff member acknowledged:

*"Another challenge was the **competing priorities of partners** that led to delays in partnership engagements and timelines... Save [the Children] has engaged all key partners to align priorities and timelines, and to ensure roles and responsibilities within this program are understood." (Save the Children Staff Member, F, Shefa)*

Save the Children actively worked to maintain close relationships, share information, and continue advocacy in a shifting policy environment. This adaptability strengthened trust but highlighted the need for ongoing government co-ownership and cross-sector alignment to ensure sustainability and delivery continuity.

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A notable missed opportunity raised by government partners was the lack of engagement with UNICEF, which was not part of the evaluation or implementation partnerships. This limited potential for cross-learning (and perhaps collaboration) regarding the implementation of MoET's PSP.

The project's emphasis on embedding interventions within existing structures - such as training ECCE teachers and supporting church-based messaging through VCC - provided a strong foundation for scale. However, to enact effective scalability in future, the following could be actioned:

- Greater coordination among government agencies - MoET, MoH, and MJYCS.
- Deeper provincial engagement, particularly with frontline government staff; and
- Ongoing resourcing and technical support for government and CBOs.

Key Evaluation Question #7



Sustainability: How has the project worked with local partners to increase their capacity in a sustainable way?

The BBBP project worked closely with local partners to strengthen their capacity and embed project approaches within community and national structures. This included training PSP facilitators - many of whom were ECCE teachers or CBO staff - and equipping them with skills in nurturing care, disability inclusion, and violence prevention. Partners like VCC helped integrate messaging into churches, while VANGO led national advocacy for the Child Protection Bill, using creative approaches such as youth ambassadors, flyers for Members of Parliament, and community awareness campaigns. These efforts contributed to increased local ownership and advocacy capacity, and local partners spoke to ongoing need for the program, and partner willingness to continue the collaboration and maintain momentum.

"I can now see that in community that people are just starting to grasp the concept... Behaviour change takes time. If we can continue for another two or three years to work together with government and teachers and Save the Children, I think it will help." (Community Based Organisation Representative, F, Shefa)

However, sustainability is uncertain with concerns around funding continuity and institutional handover raised repeatedly across stakeholder feedback. One stakeholder asked:

"Thinking of the long run, what is the sustainability of this activity – who will carry this further – will funding support continue?" (Government Partner Representative, F, Shefa)

Risks to Sustainability

Several risks to sustainable capacity building were identified:

- *Labour mobility program:* The growing trend of skilled workers, including PSP facilitators and caregivers, leaving for seasonal employment abroad has disrupted continuity. In response, the project supported the formation of local

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taskforces and encouraged online engagement to maintain connections and knowledge retention (as reported in a project report).

- *Partnership dynamics:* There is evidence of a strain in trust and misaligned expectations between Save the Children and a few of the key implementing partners, which can undermine collaboration. For example, one government partner acknowledged that they probably didn't understand the implementation approach given that some of their key personnel were not involved when they should have been. Further, two CBO partners shared that at times they felt that they were not genuinely engaged, in a strategic way, and they received inconsistent support. These issues, if unaddressed, may limit ongoing cooperation post-project.
- *Limited collaboration with key stakeholders:* Save the Children and WSB could have collaborated more closely to maximise value of activities. Further, other PSP implementers, such as UNICEF and Vanuatu Australia Education Support Program (VAESP) were not engaged in the project or its evaluation, representing a missed opportunity for broader systems integration and cross-agency learning specific to PSP implementation.

Key Evaluation Question #8



Child Participation: How well were children supported to meaningfully participate in project design and implementation?

Children's participation in the BBBP project was approached through multiple channels. The most meaningful inclusion of children's voices was evident in the *Pikinini Stap Sef, Filem Sef Study Report* (Outcome 2.1), which used participatory research methods with 44 children aged 12–17 in Shefa and Sanma to elevate children's lived experiences of violence in homes, schools, and communities to inform national advocacy for the Child Protection Bill. Rigorous ethical protocols, including consent and assent, were followed, ensuring safeguarding standards were upheld. As a potentially high-risk activity in terms of content sensitivity, the researchers had to carefully navigate the intricacies of working with vulnerable children and ensure strong risk management regarding child safeguarding.

The study catalysed conversations at national and community levels, demonstrating the power of children's voices in influencing public discourse and policy. However, direct participation of children in advocacy and implementation activities was later constrained due to safeguarding concerns. For example, VANGO had initially planned to involve children in schools, but due to challenges ensuring safe and appropriate consent and assent processes, they shifted focus to broader awareness efforts. While this pivot was a responsible safeguarding decision, it did limit the extent of children's direct participation in later stages of the project.

Children were also indirectly engaged through the PSP, under Outcome 1, which created safer, more nurturing environments for children by influencing caregiver knowledge and behaviour. Focus groups with mothers and facilitators reported observable changes in children's attitudes and wellbeing as a result of shifts in parenting practices.

In the area of youth voice, programs like NextGEN and SHIFT (under Outcome 3.2) created more direct pathways for youth to engage in climate advocacy and leadership. Feedback from students participating in NextGEN suggested that efforts could be strengthened to better plan and support their participation in activities among schoolwork and other commitments.



[Photo: Conor Ashleigh / Save the Children, 2024]



Conclusions



Effectiveness

KEQ 1: To what extent did the project achieve its intended outcomes?

The evaluation found that the BBBP project made meaningful progress towards its intended outcomes – the high-level summary of level of achievement against project objectives and outcomes is presented in Table 3 (Findings section). Overall, the project was moderately effective.

Specifically, the project promoted positive parenting practices, strengthened early childhood development service delivery, contributed to a robust evidence base for violence prevention programming and advocacy and social protection mechanisms, and catalysed youth participation in climate-related action. Qualitative findings from focus groups and interviews provided strong narratives for project success and learning and provided insight to understand or validate quantitative results previously reported in endline studies. However, challenges remained to fully achieving some outcomes, including lack of engagement and attendance of fathers, inadequate ground support for PSP facilitators and health professionals, limited sustained cross-sectoral efforts. These gaps suggest that while effectiveness was high in core program areas, it was moderate in achieving inclusive and systemic reach, due to persistent operational constraints and gender dynamics.



Effectiveness

KEQ 2 – Effectiveness: What elements were factors in achieving or impeding project outcomes and why? Were there particular components or interventions of the project most responsible for changes?

A key enabling element was culturally sensitive and trusted delivery modalities, as evidenced in the community-based delivery model of the PSP, which leveraged ECCE teachers and CBO staff as facilitators. The Disability Cash Grant Pilot stood out as an innovative approach to inclusive social protection, and its alignment with government systems enhanced its relevance and potential for scale. However, measurement limitations, inconsistent partner coordination, low male participation and participant selection processes undermined outcome achievement in some locations. These factors warrant the conclusion that context-responsive and embedded approaches contributed to success, while coordination and resourcing challenges were the main impediments to consistent impact.



Efficiency

KEQ 3 – Efficiency: Were the activities fit for the purpose, or could the same outputs have been achieved with fewer resources?

The BBBP project demonstrated moderate efficiency with significant potential for achieving the same objectives with more effective use of resources and partnerships. There were efficient practices highlighted by the evaluation including:

- Embedding implementation in local structures
- Leveraging existing partner capacity through CBO engagement
- Adaptive implementation responses, including COVID-19 pivots and modified PSP delivery approaches
- Youth-led activities under SHIFT demonstrating sustainable resource utilisation

The critical inefficiencies, however, included:

- Coordination challenges as the most significant resource dissipation
- Partnership management gaps
- Data collection errors, wasting monitoring investments



The evidence suggests that coordination and partnership management deficiencies were the primary drivers of inefficiency rather than fundamental design flaws. The project's adaptive capacity and successful local partnerships demonstrate inherent efficiency potential that was undermined by management and coordination weaknesses.

Impact



KEQ 4 – Impact: What are the intended or unintended effects of the program, either positive or negative, direct or indirect?

The evidence demonstrates that the BBBP project achieved meaningful impact beyond immediate outcomes, creating lasting change in child protection practices, policy advocacy, and civil society capacity. This criterion is judged as low to moderate under this evaluation based on weak to moderate strength of evidence. Findings under Impact highlighted the following transformative impacts evidenced through endline and evaluation data:

- Household level changes: consistent evidence of improved parenting practices (particularly among female caregivers), reduced violent discipline, and enhanced child developmental outcomes, representing fundamental shifts in caregiving approaches.
- National policy influence: the *Pikinini Stap Sef, Filem Sef* study elevated children's voices in national discourse and strengthened political will for the Child Protection Bill, demonstrating systemic advocacy impact.
- Economic empowerment: the Disability Cash Grant Pilot created immediate household economic security and improved access to essential services, while building digital and financial literacy with potential long-term benefits.
- CBO strengthening: unintended but valuable capacity building for VANGO, VCC, and VSPD, enhancing their policy influence and community leadership capabilities.

The evaluation judged that the BBBP project provided significant contributions to achieving the impacts identified at household level regarding parenting practices and inclusive economic empowerment. The contribution of the project to impact at the level of national child protection advocacy and strengthening of civil society actors is likely moderate, yet without extensive impact measurement it is assumed that other external factors at play within the operating environment may have contributed to these positive effects.

The transformative potential of the project was constrained by coordination weaknesses and inability to influence traditional gender roles and power dynamics, particularly around caregiving responsibilities. The project's ability to influence national policy discourse while simultaneously contributing to improved household-level practices indicates initial systemic impact. For more complete transformative effects, the project would need to address gender norms and coordination limitations.

Relevance



KEQ 5 - Relevance: Does the intervention address the clearly identified needs and priorities of the project participants and stakeholders?

The BBBP project demonstrated strong overall relevance to identified needs and priorities and effective responsiveness to contextual changes. There was strong alignment via the PSP curriculum as a trusted and proven MoET initiative, and the Disability Cash Grant Pilot responded to social protection gaps with evidence-based design. Pilot modifications (reducing transfers, expanding age eligibility) demonstrated adaptive capacity of the project, and responsiveness to government needs.

Outstanding gaps related to misunderstanding of stakeholder needs and priorities - disconnect between consultation and implementation with CBOs and government partners - and missed opportunities to effectively target fathers/male caregivers.

Coherence





KEQ 6 – Coherence: How well did the project objectives and approach align with the existing priorities and interventions of the government (Ministry of Health and Ministry of Education and Training) and partner Community Based Organisations), and have these supported successful project implementations at scale?

The evaluation found moderate coherence between the project and existing systems. The intervention was well-aligned with national frameworks, including the National Sustainable Development Plan and the Adaptive Social Protection Policy, as well as relevant health and education sector strategies. Government stakeholders confirmed this alignment, and partner organisations such as VSPD and VANGO demonstrated strengthened capabilities because of their involvement.

However, gaps in operational coherence were identified. These included competing priorities among partners, inconsistent engagement from provincial government actors, and a missed opportunity for cross-learning with other implementing PSP implementers. These findings suggest that inter-agency coordination could be enhanced to support more cohesive implementation, maximise impact, and enable more efficient scale-up.

Sustainability



KEQ 7 – Sustainability: How has the project collaborated with local partners to enhance their capacity sustainably?

The evidence demonstrates moderate sustainability of the BBBP project based on mutually beneficial collaboration and meaningful capacity building for local partners to support ongoing integration and implementation. Notably, training of partner personnel in PSP and engagement in violence prevention and social protection strategic advocacy has increased partner capabilities and practical application has enhanced ownership.

Critical sustainability challenges that need to be considered in future design iterations include mitigating disruption to programming where more attractive opportunities threaten retention of trained personnel (such as labour mobility programs), securing funding commitments to sustain multi-stakeholder buy in and collaboration, and strengthening partnerships.

Child Participation



KEQ 8 – Child Participation: How well were children supported to participate in project design and implementation meaningfully?

Expanding this key evaluation question to encompass youth, the evaluation found that there was likely moderate engagement of children and youth in research, advocacy and knowledge building areas, however, direct implementation participation was limited. A qualifier – evidence to inform this judgement depended on triangulating project reports with a small sample size and limited perspectives during the final evaluation.

Children and youth were most noticeably engaged in the *Pikinini Stap Sef, Filem Sef* study, participating through a rigorous ethical research process, and the youth climate change activities including under NextGEN and SHIFT. The quality of participation in NextGEN is high where selected individuals were engaged in a suite of activities and engagements that enabled strong individual impact. Quality of youth participation under SHIFT is unclear due to lack of triangulated data on perspectives from youth in the community, however, there is definite potential for demonstrated meaningful engagement through SHIFT programming. Further, children benefited indirectly from the PSP where facilitators, caregivers and stakeholders reported observed changes in their attitudes, behaviour and wellbeing. Nonetheless, it would be prudent to incorporate more in-depth data collection with youth and children in future monitoring and evaluation efforts to be truly child and youth informed.



Recommendations

The recommendations presented in this report were developed through a rigorous and evidence-based process, grounded in the findings and conclusions of the final evaluation, and a participatory validation workshop with Save the Children.

Recommendations are presented in two categories – systems level and program level – to guide both the strategic systems integration and practical improvements in project delivery. This structure is intended to support effective planning, strengthen delivery mechanisms, and enhance overall project impact. All recommendations were deliberately designed to be forward-looking and actionable, recognising parallel design processes informing the next iteration of the project. Proposed target audiences and prioritisation have been included, as well as linking recommendations to evidence in the report for reference.

A. Systems Level Recommendations

Recommendation	Target audience	Link to evidence	Priority
1. Strengthen strategic alignment to scale and embed effective models Save the Children should leverage its strong positioning, as a trusted convenor with technical expertise and resourcing capacity, to support national-level systems change. Ensuring that partnerships with government and civil society actors are strategically aligned will be critical to scaling and embedding high-impact interventions such as the Parent Support Program and inclusive social protection mechanisms into government systems, ensuring long-term sustainability and policy alignment.	Project Management, Project Steering Committee, Government and Community-Based Organisation partners	KEQ 3 and 6 findings	High
2. Foster cross learning with partners and external actors Missed opportunities for horizontal learning. Co-convene joint reflection workshops or working groups with government and invite stakeholders to share best practices and harmonise efforts on component scale-up: Parenting Support Program, Monitoring Growth and Development, child protection and violence, shock responsive social protection mechanisms and climate justice action.	Project Steering Committee, Government and Community-Based Organisation partners	KEQ 6 findings	Medium

B. Program Level Recommendations

Recommendation	Target audience	Link to evidence	Priority
3. Strengthen partnership coordination and management Coordination gaps and partnership misalignment was the most prevalent barrier in delivery of Bildimap Bren blong Pikinini. Engage with partners to agree on strategies to strengthen planning, expectation setting, clarify roles and responsibilities (in	Project Management, Government and Community-Based	KEQ 3 findings	High

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MOUs/agreements) and conduct regular multi-stakeholder coordination meetings.	Organisation partners		
4. Strengthen disability inclusive delivery approaches and learning The Disability Cash Grant Pilot was a standout innovation; however, disability inclusive implementation was limited in other components. Engage with Vanuatu Society for People with Disabilities to mainstream disability inclusion in programming and ensure accessibility of project activities. Embed inclusion indicators in monitoring, evaluation and learning systems.	Project Management, Vanuatu Society for People with Disabilities	KEQ 1 findings	Medium
5. Enhance strategies to target male caregivers Gender norms limited male participation in project activities (Parenting Support Program, Monitoring Growth and Development); overall effectiveness and impact is limited. Engage an increased number of male facilitators, develop male-focused content, and involve community male champions to influence participation and support shifts in caregiving dynamics and program inclusivity.	Project Management, Government and Community-Based Organisation partners	KEQ 1 findings	High
6. Expand child and youth participation in future design and monitoring and evaluation Facilitate opportunities for child and youth voices to shape programs. Co-develop participatory monitoring and evaluation approaches with youth.	Project MEAL personnel, Government and Community-Based Organisation partners	KEQ 8 findings	Medium
7. Adapt tools and approaches to community context and needs Tailor approaches based on community consultations. Consider efficient practices and materials that are accessible for different needs and literacy. Ensure adequate support is provided to implementing partners, including collaboration, joint monitoring, mentoring/coaching and increased resources for effective implementation.	Project Management, Government and Community-Based Organisation partners	KEQ 1 findings	Medium
8. Strengthen MEAL systems for adaptive management Data errors and technically ambitious designs (with subsequent smaller sample size) limited assessment of the Parenting Support Program groups. Invest in monitoring, evaluation, assessment and learning capacity, ensure youth/child participation in feedback loops, and integrate real-time data use to adaptively manage program quality.	Save the Children	KEQ 3 findings	High



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Appendices

Appendix I: Indicator Table

Indicator	Baseline value	Final Study value
1.1a % of children 6-23 months who receive minimum acceptable diet (PAC FW 1.1)	Total: 19% Girls: 24% Boys: 13%	Total: 64% Girls: 33% Boys: 100%
1.1b % of male and female caregivers who demonstrate responsive parenting and stimulation practices with their young child	Total: 98% Mothers: 96% Fathers: 70%	Total: 100% Mothers: 95% Fathers: 62%
1.1c % of partnered male and female caregivers who report sharing of responsibility for childrearing tasks and child related housework that supports nurturing care	Total: 92% Women: 91% Men: 100%	Total: 99% Women: 99% Men: 100%
1.1d % of male and female caregivers with increased knowledge about nurturing care practices	Not applicable	No data
1.1e % of boys and girls under 5 years old with learning/play materials and books at home	Total: 81% Girls: 76% Boys: 85%	Total: 92% Girls: 92% Boys: 100%
1.1f Caregivers with a child (0-5) with a disability report being provided with information on nurturing care that meets their specific needs	Not applicable	No data
1.2a % of service providers with increased knowledge, attitudes and practices in infant and young child feeding	N/A	No data
% of service providers that have increased capacity to prevent and respond to cases of violence in the home (GEDSI)	45%	80%
1.2c % of service providers who screen for violence in the home as part of early childhood services (GEDSI)	N/A	No data
1.2d Number of service providers - ECCE teachers - who have received targeted training, coaching, and resources needed to deliver responsive parenting and stimulation sessions with caregivers	N/A	214 (211 female w/o disability, 1 female w disability, 1 male with disability). 156 community members were trained to support the ECCE facilitators (disaggregated data not available)
2.1a % of adults who think that physical punishment is necessary to raise/educate children	Total: 76% Women: 78% Men: 58%	Total: 81% Women: 81% Men: 82%
2.1b % of women and men aged 15 to 49 years who think a husband is justified in hitting or beating his wife	Total: 81% Women: 83% Men: 57%	Total: 65% Wom40: 67% Men: 57%
3.1a % of (targeted) households who report being able to meet their basic needs according to their priorities, due to CASH programming received (disaggregated by households with a person with a disability and female-headed households)	38%	91% HHs with a child with disability
3.2a Children and youth actively engage with climate change advocacy campaigns	N/A Indicator introduced post-baseline	Participatory data with a limited sample confirmed active engagement of youth on climate change campaigns in Shefa.

NB. Data in the table above was derived from Save the Children BBBP Baseline and Endline reports, and program documentation.

Appendix II: Evaluation Guiding Documents

The following documents guided the evaluation process and are available via the links below:

- [Terms of Reference](#) - outlines the evaluation objectives, key questions, methodology, stakeholder groups, deliverables, and includes the most current project logframe, providing the framework and indicators guiding the endline evaluation of Bildimap Bren blong Pikinini.
- [Inception Report](#) - provides a detailed roadmap for the evaluation, outlining objectives, methodology, data collection instruments, consent procedures, and ethical considerations. It serves as the foundation for assessing the Bildimap Bren blong Pikinini project's implementation and outcomes
- [Evaluative Reasoning and Rating Framework](#) - outlines the criteria, rubrics, and evidence standards used to assess the Bildimap Bren blong Pikinini project outcomes, providing transparent benchmarks and ratings to guide evaluative judgments.

Please refer to these documents for comprehensive information on the evaluation framework, methodology, and ethical considerations.