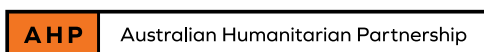# COVID-19 PACIFIC AND TIMOR-LESTE PREPAREDNESS AND RECOVERY NGO PARTNERSHIP:

Final Evaluation Report

Prepared for the Australian Humanitarian Partnership (AHP) Support Unit

December 2022

ACKNOWLEDGEMENTS

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ABBREVIATIONS

AHP	Australian Humanitarian Partnership
AHPSU	AHP Support Unit
ARC	Australian Red Cross
CoLAB	Collaborate Consulting
DFAT	Department of Foreign Affairs and Trade
DRR	Disaster risk reduction
FGD	Focus group discussion
FSL	Food security and livelihoods
GBV	Gender-based violence
HAG	Humanitarian Advisory Group
IHSSC	Institute for Human Security and Social Change, La Trobe University
INGO	International non-governmental organisation
IPC	Infection Prevention and Control
IPPF	International Planned Parenthood Federation
M&E	Monitoring and evaluation
MHPSS	Health and psychosocial support
NGO	Non-governmental organisation
OPD	Organisation of people with disabilities
the Partnership	COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership
PNG	Papua New Guinea
PWSPD	Pacific Women Shaping Pacific Development
RCCE	Risk communication and community engagement
RPF	Rainbow Pride Foundation
SOGIESC	Sexual orientation, gender identity and expression, and sex characteristics
SPRINT	Sexual and Reproductive Health in Crisis and Post-Crisis Situation
TC	Tropical cyclone
WASH	Water, sanitation and hygiene
WITTT	Women I TokTok Tugeta, Vanuatu

INTRODUCTION

In early 2020, it became evident that the COVID-19 pandemic was going to have wide ranging social and economic impacts worldwide. Across the Pacific, many small island states closed their borders to protect their populations and health systems from being overwhelmed. For a long time, this policy safeguarded many in the Pacific, but caused significant harm to trade and small island economies. As the pandemic progressed, Pacific Island states were unable to prevent outbreaks: COVID-19 pushed Papua New Guinea's (PNG) health system to the brink in 2021,[1] and Fiji, Solomon Islands, Timor-Leste and Vanuatu also experienced waves of infection and implemented lockdowns of economies and social systems in response.

As part of a broader response to growing needs in the Pacific, the Australian Government, through the Department of Foreign Affairs and Trade (DFAT), established the **COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership (the Partnership)** in June 2020. The Partnership aimed to support partners and communities in Fiji, PNG, Solomon Islands, Timor-Leste and Vanuatu. The initial fund allocation of AUD 25 million was disbursed through the Australian Humanitarian Partnership (AHP) (87% of funding), the Australian Red Cross (ARC) (10%), Pacific Women Shaping Pacific Development (PWSPD) (1%), and the International Planned Parenthood Federation (IPPF) and Sexual and Reproductive Health in Crisis and Post-Crisis Situation (SPRINT) (2%).

As outlined above, most of the funding from the Partnership was channelled through the AHP, comprised of six Australian-based agencies and their partners. The AHP has longstanding engagement in the Pacific, although its depth and approach differ depending on location and programming focus. During the early months of the COVID-19 pandemic, all AHP agencies were extending support to in-country Pacific partners and identifying the most appropriate ways to do so in such an unprecedented context. Existing partnerships were instrumental in enabling adaptation to COVID-19 conditions.

While the Partnership was established with AUD 25 million from DFAT, as it become clear that the pandemic was going to present an ongoing challenge, and that the associated needs were continuing to grow, additional funding tranches were allocated to AHP in 2020 and 2021, and project timeframes extended into 2022 and beyond. As needs evolved and diverged across contexts, the Partnership targeted funding allocations to meet specific needs (e.g. support for the vaccine roll-out in PNG). The Partnership's growth allowed communities in the five countries to access crucial support at a very difficult time but required agencies to design and adapt projects quickly in difficult circumstances. By December 2020, the total funding to AHP partners had topped $43 million, with AHP COVID-19 programs in PNG and Vanuatu funded until 2023 and 2024 respectively. Figure 1 below provides an overview of the funding allocations for the AHP from 2020 to 2022.

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1   Jorani L (2021), '"Crisis unfolding" as Papua New Guinea hospitals hit by worst COVID wave yet', The Guardian, October 8

Photo: Giorgio Travato on Unsplash

Figure 1: AHP funding allocations, 2020–2022

COUNTRY	March 2020: COVID Phase 1	June 2020: COVID Phase 2	February 2021: COVID Phase 3	April 2022: COVID Phase 4	TOTAL
Solomon Islands	$200,000	$3,500,000	-	-	$3,700,000
Vanuatu**	$200,000	$5,500,000	$3,800,000	$2,300,000***	$11,800,000
Timor-Leste	$200,000	$5,000,000	-	-	$5,200,000
Fiji	$200,000	$3,000,000	-	-	$3,200,000

COUNTRY	March 2020: COVID Phase 1+2*	June 2020: COVID Phase 3		March 2021: COVID Phase 4	TOTAL
PNG^	$1,000,000	$6,700,000		$11,597,118	$19,297,118
TOTAL					$43,197,118

*PNG: Phase 2 in the first 4 countries is referred to as phase 3 in PNG, because an additional $800,000 was allocated to PNG on top of the initial $200,000 in phase 1 (the other four countries received $200,000). PNG received $6.7m for COVID phase 2.

**Vanuatu: There was additional funding in Vanuatu for a cash and voucher assistance project, contributing to its relatively large funding allocation ($1.5m in phase 2 and $3.8m in phase 3).

***Vanuatu: There was an additional activation in 2022 for the COVID-19 Outbreak Response and Support for COVID-19 Vaccine Rollout (COVID 4).

^Humanitarian Advisory Group and the Institute of Human Security and Social Change at La Trobe University are undertaking a separate case study (due to be completed in April 2023) on AHP support for risk communication and community engagement (RCCE) in the roll-out of the COVID-19 vaccine in PNG. The results reported as part of that project's phase 4 activation are not included in this report.

TERMINOLOGY

AHP	A strategic five-year partnership (2017–2022) between DFAT and six consortia of Australian non-governmental organisations (NGOs), led by CARE, Caritas, Oxfam, Plan, Save the Children and World Vision. Through the AHP, partners aim to save lives, alleviate suffering, and enhance human dignity in the face of conflict, disasters and other humanitarian crises.
Partnership	The COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership, which includes the AHP, ARC, PWSPD, IPPF, and the SPRINT initiative.
Programming	COVID-19 response activities being implemented in Fiji, PNG, Solomon Islands, Timor-Leste and Vanuatu by Partnership-funded agencies/initiatives.
Local partners	Organisations engaged in humanitarian relief work that are headquartered and operating in their own aid recipient country and are not affiliated to an international NGO.

EVALUATION OF THE PARTNERSHIP

In 2021, the AHP Support Unit (AHPSU) contracted a consortium led by Humanitarian Advisory Group (HAG) to undertake a longitudinal evaluation of the Partnership. As the largest recipient of funding under the Partnership package, the interventions delivered by the AHP were the focus of the evaluation.

This document is the final report consolidating learning across the longitudinal evaluation. It draws on four previous stages in the evaluation process, as detailed below in Figure 2.

Figure 2: Stages of the evaluation
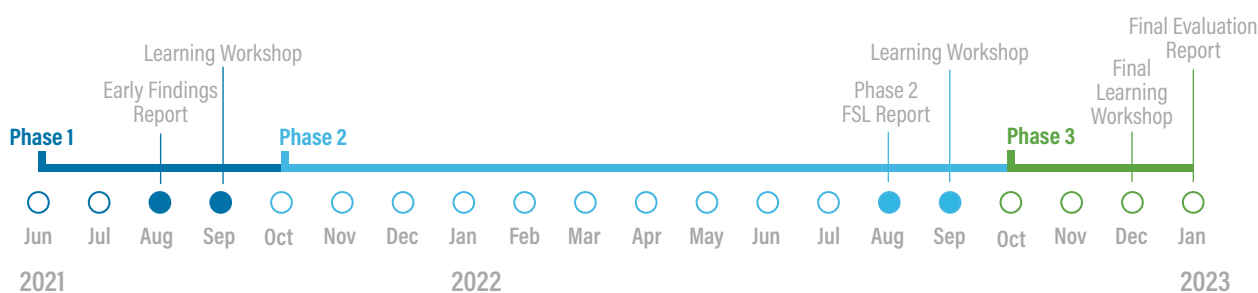
1. **Early Findings (August 2021)**
    This report presented early findings and foundational thinking that guided the evaluation. It was based on 42 interviews, focus group discussions (FGDs) and a document review.

2. **Learning workshop and report (October 2021)**
    The workshop provided a space for AHP agencies and their partners to reflect on early findings and validate or question some of the emerging learning.

3. **Case study of food security and livelihoods (August 2022)**
    This report focused on an agreed topic of interest to agencies to better understand the effectiveness of food security and livelihoods (FSL) programming across country contexts.

4. **FSL learning workshop and report (September 2022)**
    The workshop focused on sharing learning across partners and identifying opportunities to improve programming.

5. **Final learning workshop (December 2022)**
    The workshop focused on validating high-level findings from the final evaluation report across partners to enable learning and reflection.

6. **Final evaluation report (this report) (January 2023)**
    This report consolidates learning across all stages of the evaluation to respond to the evaluation questions (see Annex 1).

SUMMARY OF FINDINGS

EFFECTIVENESS

Findings: Although AHP agencies and their partners successfully found ways to deliver extensive programming, the data do not allow a clear understanding of the extent to which this reach translates into concrete support for target communities and their diverse populations

There is mixed evidence of impact against intended outcomes, although short-term benefits are evident in WASH, FSL and health programming

Building on existing partnerships and strong coordination enabled effective programming

Learning

▶ The great disparity between targets and actual outcomes raises questions about the relevance of targets and whether they should be updated regularly during project implementation to reflect rapidly changing contexts

▶ An inconsistent approach to calculation of target and actual figures hinders meaningful interpretation of data

▶ Realistic intended outcomes that provide a clear sense of the intended change in people's lives support effective programs

▶ Current reporting systems do not always capture unintended outcomes, which can have significant positive or negative impacts

▶ Building on established partnerships is an important enabler to effective programming that needs to be recognised, factored into design processes and funded adequately

▶ Affected communities perceive that coherence is enabled by strong coordination and integrated program design

▶ Flexibility in funding can help organisations throughout the partnership chain to cope with volatile situations

Recommendations

▶ AHPSU, DFAT and agencies should more intentionally discuss what is realistic in context and timeframes, and the tensions that must be resolved to support more appropriate and realistic intended outcomes

▶ Agencies should develop harmonised monitoring and evaluation (M&E) frameworks that allow them to understand and measure outcomes, including unintended outcomes

▶ Agencies and AHPSU should agree on an approach to developing targets and reporting achievements that allows more accurate and meaningful interpretation of reach

▶ DFAT and AHPSU should more explicitly recognise and fund partnerships as an enabler of effective programming

▶ AHPSU and agencies should continue to collaborate on program design to support more integrated programming and joint monitoring and evaluation

RELEVANCE

Finding: AHP programming was relevant to the needs of the communities and governments through adaptative programming

Learning

▶ Supporting program adaptability through strong design and flexible funding enables relevant programming

▶ Strong feedback mechanisms are important to identify needs in a fast-changing context

Recommendations

▶ AHPSU and agencies should embed program adaptation into future design processes by ensuring funding can be allocated flexibly to meet changing needs and identifying points at which pivoting can take place

▶ AHPSU and agencies should proactively highlight and celebrate program adaptations that maximise effectiveness and relevance, for example, through reporting or reflection exercises

INCLUSION

Findings: Women benefited from AHP programming as a result of mainstreaming practices and targeted programming

There are some strong examples of people with disabilities benefiting from projects, but achieving consistent impact across contexts and agencies remains difficult

There are clear enablers and barriers to inclusive programming that relate to design decisions, resourcing and partnerships

Learning

▶ Partnerships with OPDs and SOGIESC organisations are central to successful inclusion, but are not well established and cause some frustration for agencies and local organisations

▶ Inclusion requires time and investment in the design process and implementation

Recommendations

▶ Agencies should invest more time and resources in partnerships with local inclusion specialist organisations, including brokering processes to establish clear roles and responsibilities

▶ AHPSU and DFAT should ensure design processes include adequate time for engagement of inclusion expertise if this is a thematic priority

▶ AHPSU and DFAT should provide adequate resourcing for inclusion activities that can respond to and build on disaggregated datasets

PROTECTION AND ACCOUNTABILITY TO AFFECTED PEOPLE

Finding: Integrated protection programming delivers stronger benefits than isolated awareness raising or training activities; however, across all protection programming measurement of impact is weak

Finding: There was low community engagement in program design due to timeframes and travel restrictions, but feedback mechanisms supported program adaptation

Learning

▶ Awareness raising in isolation from other activities does not deliver strong benefits for communities

▶ Measuring the impact of protection programming is difficult, but agencies need to find ways to go beyond reporting activities

▶ Integration of protection into sector projects can be very effective in delivering outcomes – it anchors protection in day-to-day interactions

Recommendations

▶ Design protection activities that extend beyond awareness raising and knowledge sharing

▶ Create mechanisms to share approaches and examples of how to measure the impact of protection programming

▶ Integrate protection into sector programs more intentionally, thinking through how sector support may affect protection outcomes

Learning

For rapid activations, engagement of communities in design processes is more feasible for agencies with established programs and relationships

For rapid activations and fast-changing contexts, there needs to be greater intentionality and focus on establishing highly effective feedback mechanisms

Having multiple pathways to engage with communities promotes accountability and ability to engage groups in the community

Recommendations

AHP agencies should explore options to harmonise feedback mechanisms

AHP agencies must continue to work with local partners to identify appropriate accountability pathways and ensure multiple channels are available for engagement

LOCALISATION AND SUSTAINABILITY

Finding: There is early evidence that some activities are sustainable as a result of linkages across programs and leveraging strategic relationships

Finding: Positive steps have been taken to localise programming, and anecdotal evidence suggests benefits that need to be captured more consistently across the AHP

Learning

Involving communities and local partners in planning and implementation is an effective way to ensure ownership and sustainability

Collaborating with government agencies and aligning with government programs, priorities and timeframes support sustainability

Leveraging other programs to add value to what is already happening supports sustainability

Recommendations

Agencies should create linkages between immediate/short-term interventions, such as food and seed distribution, and longer-term programs

Agencies should continue to design and implement programs in partnership with local partners, government agencies and institutions (schools, health centres, etc.)

Learning

Early anecdotal evidence suggests that local partners are particularly effective for community engagement in inclusion and protection programming

It is difficult to demonstrate the impact of localised approaches because there is no consistent collection of data against agreed indicators

Recommendations

AHPSU and DFAT should continue to set incentives for localised programming as well as make it easy with resources and time frames

AHPSU and agencies must develop consistent approaches to measuring and understanding the impact of localisation

Photo: Shutterstock

METHODOLOGY

EVALUATION FOCUS AND APPROACH

The evaluation was undertaken by Humanitarian Advisory Group (HAG), in close partnership with the Institute for Human Security and Social Change (IHSSC) at La Trobe University, Collaborate Consulting (CoLAB) and individual national consultants based in PNG and Timor-Leste. The evaluation was conducted in three phases between June 2021 and December 2022 (initially planned to be completed in March 2022 but was extended due to continuing activities under the Partnership).

The evaluation sought to answer the following key questions:

1. **Effectiveness:** how effective has the Partnership been in achieving the expected outcomes of the COVID response program?

2. **Inclusion:** to what extent is Partnership programming benefitting all people within affected communities? Who (if anyone) is missing out?

3. **Relevance:** how relevant has AHP COVID programming been to the needs and priorities of communities and governments?

4. **Protection and accountability:** to what extent is AHP partner programming protecting the safety, dignity and rights of affected people and ensuring accountability?

5. **Localisation and sustainability:** To what extent have AHP partners contributed to sustainable outcomes by ensuring linkages to preparedness programs and effective partnerships with local and national actors?

These questions structure the findings, learning and recommendations, as well as the report itself. The questions were developed after preliminary analysis of Partnership activities and input from AHPSU with respect to the areas identified in the evaluation brief: effectiveness, inclusion, localisation, relevance, protection, transparency and accountability, efficiency, and sustainability. Each key evaluation question had a subset of further questions, including learning-focused questions intended to support the ongoing learning process (see Annex 1).

Box 1: Purpose of the evaluation

The objectives of the evaluation were:

▶ To evaluate the outcomes of the Partnership, with a focus on the AHP

▶ To understand where and why programs and approaches are supporting achievement of outcomes across countries

▶ To conduct in-depth, rigorous analysis and provide detailed findings in relation to identified thematic areas

▶ To inform current and future COVID-19 response work by providing strategic, evidence-based recommendations, and a learning platform for the implementing NGOs.

Data collection employed a mixed-methods approach, combining primary and secondary qualitative and quantitative data. An analysis and coding framework was developed based on the key evaluation questions and used throughout the evaluation (with slight variations when required). Dedoose software was used for coding all primary data (interviews and group discussions) and secondary data (reports). The methods used are outlined below and summarised in Figure 4.

Document review: Documents reviewed included country and agency-level reports that were made available to the evaluation team, end programme evaluations done at country and agency level, and other public reports and documents that were either directly shared with the evaluation team or were available publicly.

Key informant interviews: This was the main format of data collection, with interviews conducted with AHP members (mostly in country) and partner organisations (local or national organisations, local or national government staff) and other relevant stakeholders. Interviews were conducted by team members from HAG and CoLAB, and consultants in PNG and Timor-Leste.

Focus group discussions: FGDs were used as a means to engage with country committee members and community members. Community-focused FGDs were organised by AHP members or their partners. FGDs were conducted by team members from HAG and CoLAB, and consultants in PNG and Timor-Leste.

Household survey: A self-administered household survey was used during FSL case study development. Data collection was led by 11 AHP members and their partners across four countries.

Learning workshops: Learning workshops were held after reports were published in phase 1 and phase 2, and for validation in the development of the final (this) report in phase 3. Workshops enabled cross-learning between partners and countries and will support integration of learning into future programming. The La Trobe University team led the learning workshops with support from other members of the evaluation team.

Figure 3: Data collection methods

118 Documents reviewed

611 household surveys

12 Focus group discussions

66 Key informant interviews

Ethical research principles

3 Learning workshops

Methodology

Focus on Learning

This evaluation was intended to support learning and program improvement. The learning process was guided by an approach based on 'systems change' thinking, which distinguishes between learning levels or loops. Single-loop learning focuses on understanding 'what is happening', that is, whether outcomes are being achieved. Double-loop learning focuses on deepening understanding of 'how things happened', reflecting on pathways of change and causal relationships. Triple-loop learning focuses on understanding 'how change happens'. The initial phase of the evaluation focused on single-loop learning, with the second and third phases focusing on double and triple-loop learning.

Strength of evidence

The evaluation team used an evidence framework (see Annex 2), based on DFAT's Investment Monitoring Report rubric to assess the evidence gathered throughout all phases of the evaluation. The framework was used to categorise the strength of evidence against intended outcomes based on four levels: *Limited Evidence, Some Evidence, Good Evidence* and *Strong Evidence*. Evidence was assessed on a range of qualitative and quantitative indicators, and in accordance with the objectives and targets relating to each key focus area. The framework also facilitated exploration of the frequency and consistency of the evidence (how it was supported or not supported by stakeholders, endline and monitoring data), and the quality of the finding (how it was supported or not supported by a diversity of evidence).

LIMITATIONS

Scope: HAG and the IHSSC at La Trobe University are undertaking a separate case study (due to be completed in April 2023) on AHP support for RCCE in the roll-out of the COVID-19 vaccine in PNG. Therefore, results reported as part of the phase 4 activation are not included in this report. Results from the phase 4 activation to support the vaccine roll-out in Vanuatu have been included, but only progress reporting is available, because the timeframe for that project is 1 April 2022 – 31 March 2024. The AHP activation for Tropical Cyclone (TC) Yasa in Fiji is not included, although it was concurrent to the COVID-19 period, taking place between 23 December 2021 – 30 June 2022). The main focus of this evaluation remains on the activities delivered by the AHP and does not cover activities of other partners under the Partnership.

COVID-19: The evaluation was primarily conducted during the COVID-19 pandemic, so was hampered by restrictions on travel between and within countries. Data collection relied mostly on remote connections with AHP members and their partners. Contextually appropriate methods for each of the three phases and the relevant country – based on COVID-19 outbreaks and restrictions, partner availability and resourcing – were utilised to collect relevant data.

Cross checking reported data: The evaluation relied heavily on NGO reporting, which was focused on activities and outputs, and the team had minimal ability to cross-check reported data with ground-level monitoring and validation with communities. This limitation was managed partly by engaging country and region-based evaluation team members as well as engagement of AHP and partner teams in the evaluation, sensemaking and in cross-checking findings.

Financial data: The evaluation team lacked access to final budgets to review how funding was distributed to activities and among agencies, limiting insights about localisation and value for money.

Sampling and accessing respondents: Most respondents from AHP in-country teams and their partners were involved

in multiple responses and often affected by COVID-19 themselves, limiting their engagement with the evaluation. Additionally, end dates for activations in countries by AHP members and their partners varied, and some staff left their organisations and roles before the final phase of the evaluation commenced. Hence, not all relevant experiences and insights could be captured in data collection.

Community insights: While the primary source for data collection was AHP members and their partners, community-level data collection was conducted in the early findings phase (phase 1) and the case study phase (phase 2). In phase 1, FGDs were organised by AHP members or their partners. In phase 2, focusing on FSL, community data was captured through a targeted survey. However, due to resource, access and time

constraints, this process was led by AHP members and their partners (more details of this limitation are given in the FSL case study report). Partner involvement in these processes may have affected community members' feedback.

Timeline and duration: The Partnership was set up in June 2020, with some interventions in Vanuatu and PNG ongoing till 2024. The variation in conditions in the five countries (including COVID-19 outbreaks and restrictions, tropical cyclones, communal violence) during this period had a considerable impact on the focus and implementation of the work. The evaluation was conducted from June 2021 onwards, with data collected in three phases, and endeavoured to respond to the changing programme focus, context and timing as much as possible.
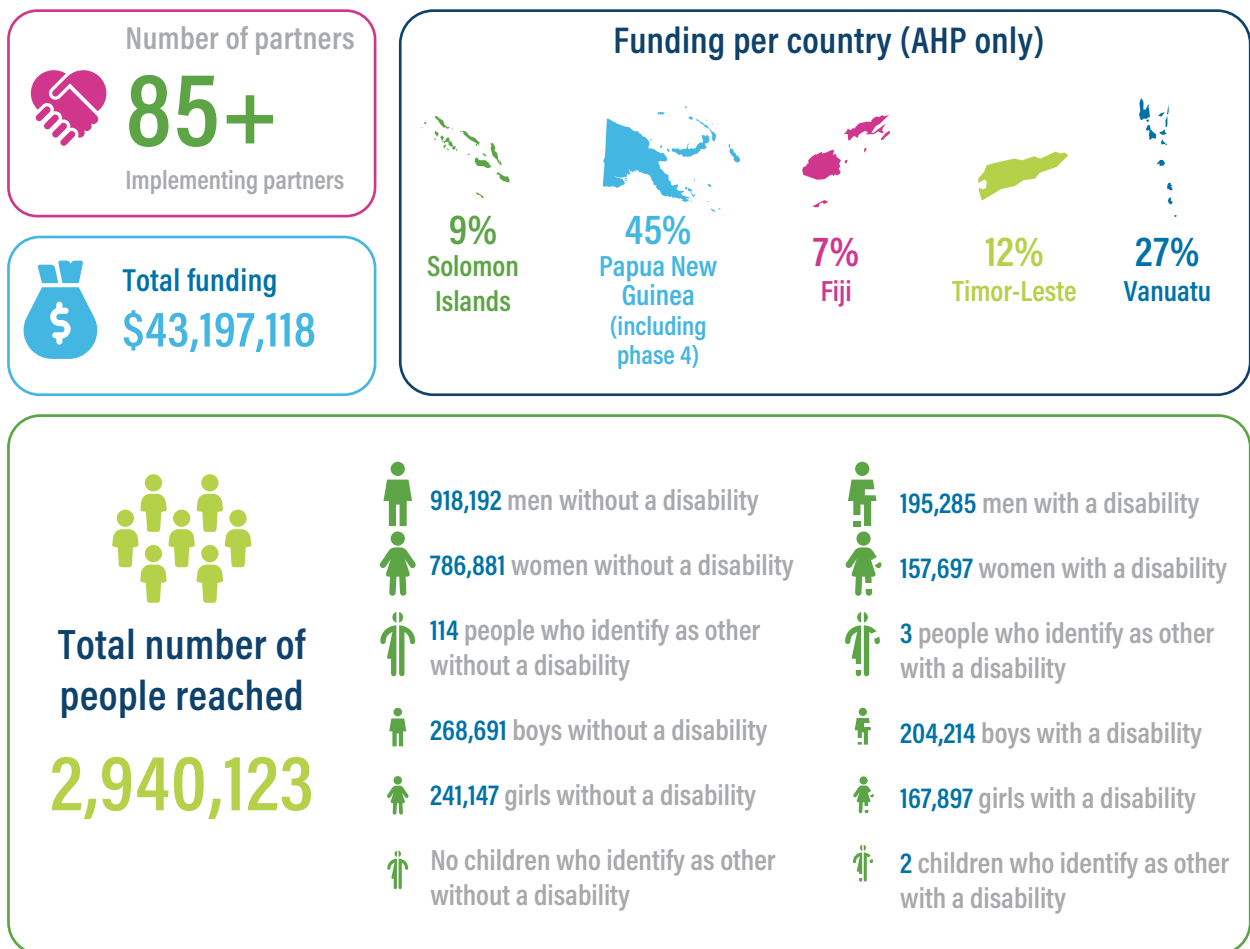
Photo: Jeremy Bezanger on Unsplash

FINDINGS

The Partnership was ambitious in scope, covering five countries and more than 85 partners. It was able deliver important support and achieve key progress, due in great measure to its flexibility to adapt to changing circumstances and in allocating funding based on emerging needs.[2] Figure 4 summarises the Partnership's achievements across all countries and partners. Detailed breakdowns by country and sector are shown in Section 1 (Effectiveness).

Figure 4: Achievements across all country contexts[3]

Number of partners

85+

Implementing partners

Total funding

$43,197,118

Funding per country (AHP only)

9% Solomon Islands	**45%** Papua New Guinea (including phase 4)	**7%** Fiji	**12%** Timor-Leste	**27%** Vanuatu

Total number of people reached

2,940,123

918,192 men without a disability

786,881 women without a disability

114 people who identify as other without a disability

268,691 boys without a disability

241,147 girls without a disability

No children who identify as other without a disability

195,285 men with a disability

157,697 women with a disability

3 people who identify as other with a disability

204,214 boys with a disability

167,897 girls with a disability

2 children who identify as other with a disability

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2   Interviews 22, 53, 56, 57, 62; FGDs 1, 5, 7, 9, 11
3   Implementing partners are reported differently across countries (e.g. some include government partners). We've included those implementing partners that were listed, removing repetition of organisations that belong to the same network (e.g. international NGOs [INGOs] or churches and church agencies are only counted once).

The evaluation found that the Partnership had three major achievements in relation to process. First, this was the first time that the AHP had engaged in a joint design and set agreed common indicators at the country level. This was a great initiative in difficult circumstances, and there is a lot to learn from the process. Second, existing partnerships offered a crucial foundation for coping with the difficult and volatile conditions created by the COVID-19 pandemic. While sustainable collaborations were not already in place throughout the areas of the Partnership's programs, those that did exist significantly improved the ability of the agencies to deliver. Third, Australia-based and in-country partners made considerable efforts to maintain contact with target groups despite many constraints placed on their work. Many projects were able to continue by adapting in ways that were valued by community members, according to the survey data.[4]

However, the evaluation identified weaknesses in articulating and understanding impact. Several structural challenges hindered the design process, including a tension between the required speed of response and the intended focus on localisation and partnership processes, and the challenge of tailoring responses to communities whilst consultations with affected communities was limited due to time and access constraints. As a result, the intended outcomes agreed through engagement between DFAT, AHPSU and agencies during the design process were not always realistic.[5] Some outcomes appear to have been formulated to respond to perceived or pre-conceived criteria (e.g., thematic priorities). Paradoxically, unrealistically high expectations may have contributed to an under-developed proposition of the planned impact, which the evaluation found was not conceptualised or measured. Overall, experiences in the Partnership offer valuable lessons for future rapid responses. The decision to undertake joint design at country level was an important step, and can pave the way for future joint decision-making that includes affected communities. Agencies, partners and donors should collaborate to align their ambitions to specific contexts and timeframes and discuss how to manage tensions and trade-offs at the design stage.

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4   HAG, CoLAB & La Trobe University (2022), Food security and livelihoods interventions under the COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership; AHP (2022), AHP COVID-19 response project in Timor-Leste: endline evaluation

5   Improved knowledge and safe behaviours through RCCE **(Health Security)**; Provision of critical medical and water, sanitation and hygiene (WASH) supplies and improving Infection Prevention and Control (IPC) **(Health Security)**; Access to child protection, gender-based violence (GBV) services, and Psychosocial Support **(Stability)**, and; Social protection, livelihoods and economic stability **(Stability; Economic Recovery)**. The most recent PNG activation has a fifth outcome: **Vaccine preparedness and roll-out**.

SECTION 1: EFFECTIVENESS

The Partnership has achieved considerable reach, often exceeding expected targets. Its objectives and outcomes were broad and ambitious, covering WASH (to decrease the spread of COVID-19), FSL (to mitigate the impact of COVID-19) and protection (to support continued access to services and support). Across sectors and country contexts, there is evidence of short-term benefits for communities during a challenging few years.

> **Finding:** Although AHP agencies and their partners successfully found ways to deliver extensive programming, the data do not allow a clear understanding of the extent to which this reach translates into concrete support for target communities and their diverse populations

Across countries and sectors, Partnership agencies reported achieving and often exceeding their original targets for reach. The following tables show a breakdown of achievement against target outcomes by country (Figure 5) and sector (Figure 6).

Figure 5: Reach achieved against target across all sectors

		Fiji T	Fiji A	PNG* T	PNG* A	Solomon Islands T	Solomon Islands A	Timor-Leste T	Timor-Leste A	Vanuatu T	Vanuatu A
TOTAL #		**9,862**	**55,761**	**720,274**	**2,655,875**	**141,495**	**102,588**	**79,303**	**156,439**	**122,174**	**199,724**
Adult without a disability	♂	1,977	19,799	178,234	839,705	38,956	23,235	20,722	37,714	31,328	49,255
	♀	6,117	19,706	188,428	707,503	39,054	23,324	19,877	38,339	38,574	54,529
	⚲	162	114	0	0	0	0	0	0	5	0
Children without a disability	♂	467	7,507	141,022	207,991	30,097	28,063	18,229	40,486	18,735	45,684
	♀	466	7,429	132,325	182,386	28,551	27,005	16,933	35,039	19,899	44,944
	⚲	50	0	0	0	0	0	0	0	0	0
Adult with a disability	♂	198	313	23,281	192,959	1,384	259	1,128	1,887	5,756	1,611
	♀	352	453	26,593	155,107	1,472	309	1,077	1,426	5,740	1,797
	⚲	55	3	0	0	0	0	0	0	0	0
Children with a disability	♂	5	219	15,952	203,213	1,083	186	688	865	1,119	954
	♀	3	216	14,439	167,011	898	207	649	683	1,018	950
	⚲	10	2	0	0	0	0	0	0	0	0

T Target   **A** Actual

Timor-Leste & Vanuatu TC Harold/C-19 activations: Targets and actuals are for direct and indirect beneficiaries

PNG, Fiji, Solomon Islands, Vanuatu Vaccine roll-out & Vanuatu CASH activations: Targets and actuals are for direct beneficiaries

Figure 5 suggests that despite travel restrictions and the difficult operating environment, AHP agencies and their partners found ways to deliver extensive programming. All countries exceeded the target number of people reached (except for Solomon Islands, which underwent a major lockdown in response to COVID-19).

Agencies and their partners effectively gathered disaggregated data, depicting the diversity of community members reached or receiving support as part of their programming. Gender equality among recipients is strong, with almost 50–50 representation of men and women. Across contexts, 25% of people reached are living with a disability.
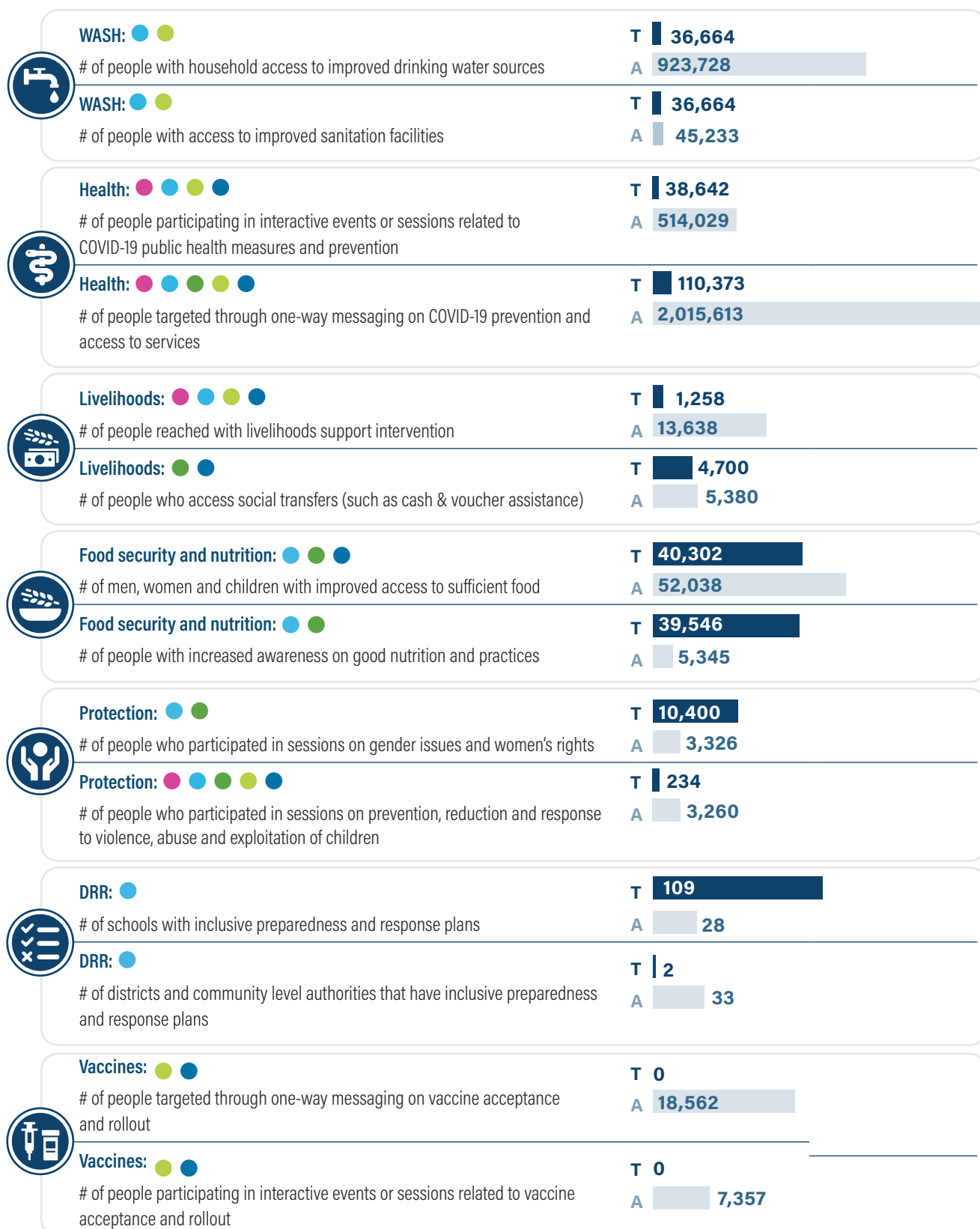
Note that targets being exceeded may reflect changing activities over time, so this data must be treated with caution. Many reach figures exceed the targets by more than 100%, suggesting that targets were not updated as programming changed. In PNG, for example, the target was exceeded by over 131% – equivalent to over 635,000 people. Moreover, AHP agencies calculate target and actual figures differently, with some agencies combining direct and indirect figures and others disaggregating them. While this complicates double and triple-loop learning, it is important to recognise agencies' significant achievement in supporting communities under difficult circumstances.

Figure 6 shows that the Partnership had effective reach across most sectors and exceeded the targets dramatically in some cases (although it should be noted that targets were not available for all indicators across all countries). Across health, WASH and FSL, agencies consistently achieved or exceeded reach targets. Figures for protection and disaster risk reduction (DRR) show some mixed results. For DRR, actual reach figures reflect a shift in focus from schools to government authorities that made sense in the context of school closures.[6] For protection programming, actual reached exceeded expectations for participation in gender and women's rights sessions, but fell short for awareness-raising on protection.

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6   FGD 10, AHP COVID-19 response: final report (October, 2022), Papua New Guinea; AHP COVID-19 response: final report (October, 2022), Solomon Islands

Figure 6: Targets and outcomes for representative indicators across all countries, by sector

WASH: ●●
# of people with household access to improved drinking water sources
- **T** 36,664
- **A** 923,728

WASH: ●●
# of people with access to improved sanitation facilities
- **T** 36,664
- **A** 45,233

Health: ●●●●
# of people participating in interactive events or sessions related to COVID-19 public health measures and prevention
- **T** 38,642
- **A** 514,029

Health: ●●●●●
# of people targeted through one-way messaging on COVID-19 prevention and access to services
- **T** 110,373
- **A** 2,015,613

Livelihoods: ●●●●
# of people reached with livelihoods support intervention
- **T** 1,258
- **A** 13,638

Livelihoods: ●●
# of people who access social transfers (such as cash & voucher assistance)
- **T** 4,700
- **A** 5,380

Food security and nutrition: ●●●
# of men, women and children with improved access to sufficient food
- **T** 40,302
- **A** 52,038

Food security and nutrition: ●●
# of people with increased awareness on good nutrition and practices
- **T** 39,546
- **A** 5,345

Protection: ●●●
# of people who participated in sessions on gender issues and women's rights
- **T** 10,400
- **A** 3,326

Protection: ●●●●●
# of people who participated in sessions on prevention, reduction and response to violence, abuse and exploitation of children
- **T** 234
- **A** 3,260

DRR: ●
# of schools with inclusive preparedness and response plans
- **T** 109
- **A** 28

DRR: ●
# of districts and community level authorities that have inclusive preparedness and response plans
- **T** 2
- **A** 33

Vaccines: ●●
# of people targeted through one-way messaging on vaccine acceptance and rollout
- **T** 0
- **A** 18,562

Vaccines: ●●
# of people participating in interactive events or sessions related to vaccine acceptance and rollout
- **T** 0
- **A** 7,357

Targets aren't available for all indicators for all countries.
Graphs are only proportional within each cluster.

T Target   **A** Actual

● **Fiji**   ● **PNG**   ● **Solomon Islands**   ● **Timor-Leste**   ● **Vanuatu**

WASH 1: No target for Timor-Leste, Solomon Islands indicator not aggregable
WASH 2: No target for Timor-Leste
Livelihoods 1: No target for PNG and 1 of 2 Fiji indicators
Protection 1: No target for Timor-Leste
Protection 2: No targets For PNG, Timor-Leste and 1 of 3 Fiji indicators
Vaccines 1: No targets for Vanuatu and Timor-Leste
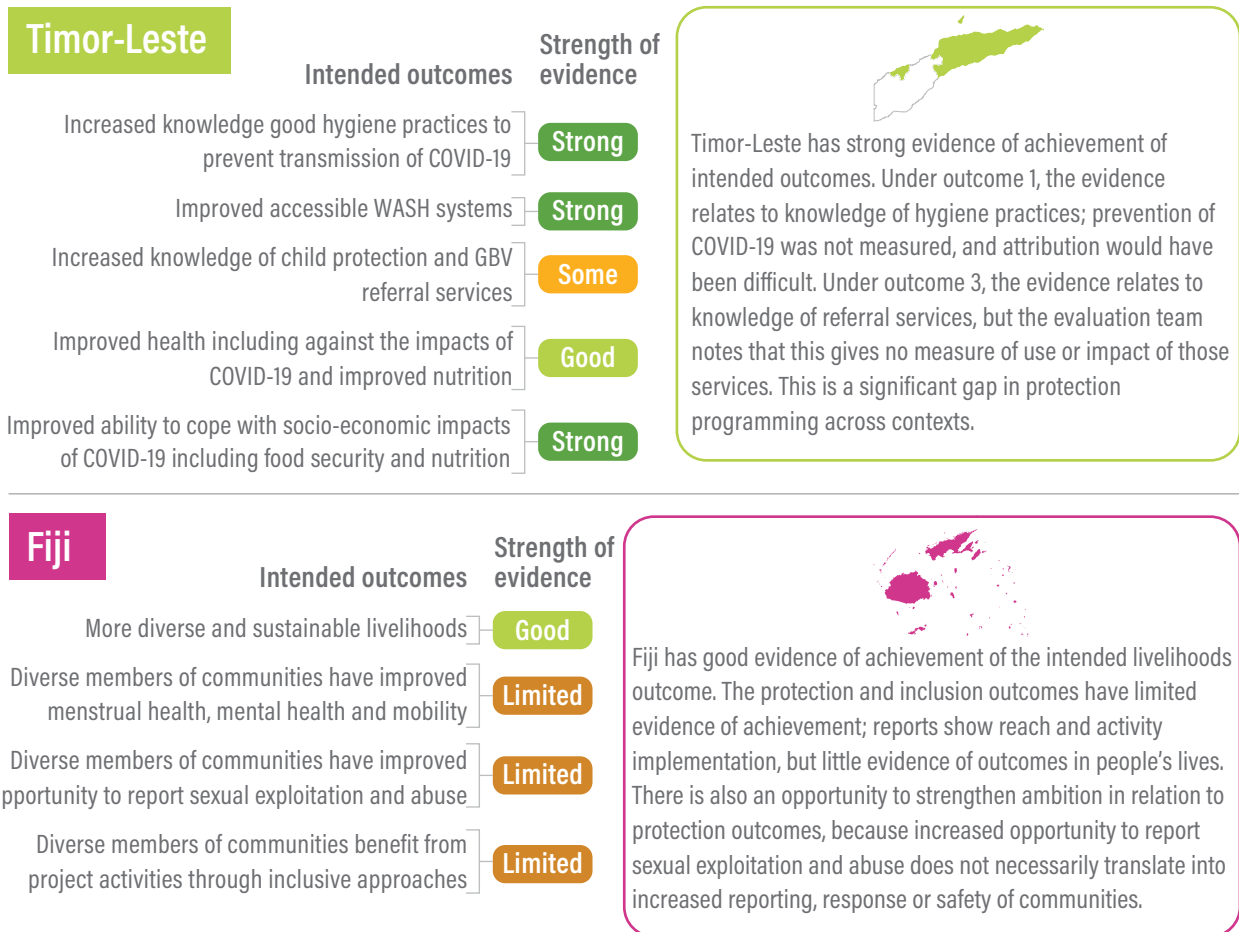Vaccines 2: No targets for Vanuatu and Timor-Leste

Finding: There is mixed evidence of impact against intended outcomes, although short-term benefits are evident in WASH, FSL and health programming

In this section we consider the extent to which there is evidence that the Partnership achieved its intended outcomes. In each country, the agencies developed shared objectives and intended outcomes that could capture the combined impact of their programming. For the purposes of this evaluation, we define impact as 'lasting or significant change – positive or negative, intended or not – in people's lives brought about by an action or a series of actions.'[7] This section summarises the achievements in each country according to specific outcomes. Outcomes varied across countries in two ways: by focusing on different areas of work, and by defining similar intended outcomes differently. The section therefore also highlights where the formulation of outcomes made understanding impact more difficult.

Figure 7 provides a summary of the strength of evidence of achievement for each intended outcome. It considers evidence that outcomes have been achieved (not evidence of activity) that is available in reports; interviews; independent reviews, endlines or evaluations; and community FGDs. It is important to note that a lack of evidence does not necessarily mean that the outcome was not achieved, but the evaluation team was not presented or did not come across evidence on it. The rubric used to assess strength of evidence is provided in Annex 2.

Figure 7: Evidence that intended program outcomes have been achieved[8]

Timor-Leste

Intended outcomes	Strength of evidence
Increased knowledge good hygiene practices to prevent transmission of COVID-19	Strong
Improved accessible WASH systems	Strong
Increased knowledge of child protection and GBV referral services	Some
Improved health including against the impacts of COVID-19 and improved nutrition	Good
Improved ability to cope with socio-economic impacts of COVID-19 including food security and nutrition	Strong

Timor-Leste has strong evidence of achievement of intended outcomes. Under outcome 1, the evidence relates to knowledge of hygiene practices; prevention of COVID-19 was not measured, and attribution would have been difficult. Under outcome 3, the evidence relates to knowledge of referral services, but the evaluation team notes that this gives no measure of use or impact of those services. This is a significant gap in protection programming across contexts.

Fiji

Intended outcomes	Strength of evidence
More diverse and sustainable livelihoods	Good
Diverse members of communities have improved menstrual health, mental health and mobility	Limited
Diverse members of communities have improved opportunity to report sexual exploitation and abuse	Limited
Diverse members of communities benefit from project activities through inclusive approaches	Limited

Fiji has good evidence of achievement of the intended livelihoods outcome. The protection and inclusion outcomes have limited evidence of achievement; reports show reach and activity implementation, but little evidence of outcomes in people's lives. There is also an opportunity to strengthen ambition in relation to protection outcomes, because increased opportunity to report sexual exploitation and abuse does not necessarily translate into increased reporting, response or safety of communities.

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7   Roche, C. (1999). Impact Assessment for Development Agencies. Oxford: Oxfam/NOVIB

8   Outcomes were drawn from AHP Final Progress Reports and Project Implementation Plans and have been consolidated into summary tables. Evidence was measured using a rubric adapted from DFAT's Investment Monitoring Report rubric to align to AHP COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership response (see Annex 2))

Solomon Islands

Intended outcomes   **Strength of evidence**

Increased resilience to livelihood and economic shocks through socially inclusive and safe livelihood options — **Limited**

Increased access to WASH facilities and improved hygiene practices — **Good**

Increased access to support services and protection in the community — **Limited**

Solomon Islands has good evidence of achievement of WASH outcomes but limited evidence of FSL and protection outcomes. Much of the Solomon Islands reporting focused on activity reporting, and no endline or evaluation data demonstrated achievement of outcomes.

PNG

Intended outcomes   **Strength of evidence**

Improved access to WASH facilities and improved WASH practices to prevent spread of COVID-19 — **Good**

Improved livelihood and nutritional practices — **Limited**

Access to more comprehensive protection support and improved service provision through strengthened referral systems — **Limited**

Inclusive preparedness and response plans that support COVID response — **Limited**

Improved health including against the impacts of COVID-19 and improved nutrition — **Good**

Papua New Guinea has good evidence of achievement of WASH and health outcomes but limited evidence in relation to FSL, protection and DRR outcomes. This likely reflects the shifting priorities in PNG that resulted in most agencies pivoting to provide greater support to the vaccine roll-out. The impact of this focus on health programming, and RCCE in particular, will be documented in a separate evaluation (forthcoming).

Vanuatu

Intended outcomes   **Strength of evidence**

Increased disaster resilient, gender-equitable food production and/or livelihoods — **Good**

Access to and use of appropriate protection mechanisms at community level — **Limited**

Improved WASH facilities and good hygiene practices — **Good**

Improved health including against the impacts of COVID-19 — **Good**

Women have increased voice to inform disaster preparedness and response — **Some**

Vanuatu has good evidence of achievement of WASH, health and FSL outcomes, but limited evidence relating to protection outcomes.

Not captured in Figure 8, but important to note, are some interesting unintended outcomes that emerged during the evaluation, captured in workshops and regular reporting. The expansion of programming through community initiatives was reported in Fiji, where community members shared training in specific agricultural practices with positive impact on livelihoods and nutrition for the wider community.[9] In Vanuatu, a range of unintended benefits resulted from the establishment of women's savings and loans groups, including buying income-generating produce such as chickens, being able to send their children to school, and reduced domestic violence.[10]

Across contexts, there is strong evidence of achievement of WASH, health and FSL outcomes and limited evidence of achievement of protection outcomes. Detailed evidence is provided on the following pages in relation to achievements in FSL, health and WASH. The challenges to implementing and measuring protection are further unpacked in Section 4, but the extent to which outcomes are achieved will also be affected by how realistic they are considering the time and resources available.

Agencies that set realistic and appropriate outcomes for the scale and timeframe delivered more effective programming. Across the Partnership, documentation revealed instances of set outcomes that were unrealistic, complicated, and often difficult to measure. Some intended outcomes were amalgamated and tried to cover multiple aspects, including specifying vulnerable groups in order to tick off requirements. While organisations and consortiums often intended to – and mostly did – follow through on activities linked to these outcomes, the associated statements were hard to understand, unrealistic to achieve, and difficult to track progress and report against.

The pressure on agencies to provide unrealistic and complex outcome states in project plans is likely driven by the expectation from agency and consortium leadership that outcomes need to more visibly reflect DFAT priorities. Proposals are drafted rapidly and reviewed at multiple layers (including within organisations locally and with their Australian counterparts, at the consortium level, and by AHPSU and DFAT), which can lead to outcome statements becoming more complex to reflect input and expectations.[11] The result in some cases is long and imprecise intended outcomes that cannot be measured.

In some cases, donor priorities conflict with issues such as the requirement for speedy response or budget constraints. Trade-offs between priorities such as localisation and speed need to be discussed and agreed. For example, respectful partnering and engagement of local organisations takes time, and the associated targets need to be realistic of the rapid response approach and timeframe. Similarly, being realistic about what can be achieved within the allocated time and resources is important; for example, in some instances, creating sustainable livelihoods was regularly identified as an intended outcome, when timeframes only allowed for one-off or short-term support or activities that focused on subsistence livelihood support to overcome immediate COVID-19 impact. The result is agencies overpromising to deliver on areas such as livelihoods, gender, protection, inclusion and localisation, despite activities not necessarily matching the intended outcomes.

> "With DFAT's goals of inclusion and localisation, their own processes don't allow that to happen effectively. We need more time in the initial phase- you can't put together a collaborative proposal in 2 days, it doesn't work." – (AHP actor in Vanuatu)[12]

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9   AHP COVID-19 activation: phase 2 final report (October, 2022), Fiji
10   AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu
11   Interviews 51, 52, 54, 63, 65
12   Interview 64

Countries targeted with FSL programming: Fiji, PNG, Timor-Leste, Vanuatu and Solomon Islands.

13,638 people reached with livelihoods support intervention

5,380 people accessed social transfers (such as cash & voucher assistance)

52,038 men, women and children with improved access to sufficient food

5,345 people with increased awareness on good nutrition and practices

Phase 2 of the evaluation provided an in-depth analysis of the effectiveness of FSL programming by the AHP partners. Household survey data suggested significant benefits from the programming, as detailed in Table 1 below.

Table 1: Community household data mapped against the intended outcomes of partners[13]

Intended outcome	Survey result
(10 agencies across 4 country contexts): to meet people's immediate, short-term food needs	86% of household survey recipients reported that support from AHP had helped them feed their household
(4 agencies across 3 country contexts): to improve people's nutrition	80% of household survey recipients reported that support from AHP had helped them to eat better / more nutritious food
(2 agencies across 2 country contexts): to meet people's short-term economic needs	74% of household survey recipients who had received income support reported that it had helped them earn an income
(1 agency): to support people to access markets	63% of household survey recipients who had received market support agreed that it had helped them to sell produce/goods

A detailed endline evaluation revealed the impacts of the Localising Cash and Voucher Assistance program, which included a:

62% decrease in food insecurity

50% increase in families being able to access markets

32% increase in access to savings

86% increase in revenue for targeted small businesses.[14]

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13   HAG, CoLAB & La Trobe University (2022), Food security and livelihoods interventions under the COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership
14   Oxfam (nd), Unblocked cash: TC Harold and COVID-19 recovery response program

Countries targeted with WASH programming: Fiji, PNG, Timor-Leste, Vanuatu and Solomon Islands

923,728 people with household access to improved drinking water

45,233 people with access to improved sanitation facilities

WASH programming included a broad range of interventions such as building and upgrading infrastructure in schools and communities, WASH and hygiene trainings, and distribution of WASH/ hygiene kits. Agencies applied a strong focus on inclusion to their WASH interventions; for example, construction of disability-accessible WASH infrastructure, the inclusion of women and people with a disability in the program implementation phase, and disability inclusion sessions on WASH/hygiene in partnership with organisations of people with disabilities (OPDs).

Feature country: PNG

WASH programming in PNG achieved important benefits for communities, including improved access to clean water in targeted villages, schools and health centres. The programming seems to have been particularly successful as a result of strong engagement with the Government of PNG to align planning and operations,[15] work with local partners that were able to both implement and monitor WASH programs despite the challenges of the past two years, and the establishment of community WASH committees that have taken responsibility for the rehabilitation and maintenance of WASH facilities.[16] Programs established as part of the COVID-19 response thus became a gateway to improved sanitation in general.

> "This project has played a vital role in educating people about the importance of washing hands, which also includes general personal hygiene. Women now have access to COVID-19 information as well as having access to clean safe water through the tanks installed. Thus, it helped women improve their own personal and family hygiene practices and is safer for women and girls." (Community member in PNG)[17]

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15   AHP COVID-19 response: final report (October, 2022), Papua New Guinea
16   AHP COVID-19 response: final report (October, 2022), Papua New Guinea
17   AHP COVID-19 response: final report (October, 2022), Papua New Guinea

Countries targeted with health programming: Fiji, PNG, Timor-Leste, Vanuatu and Solomon Islands

514,029 people participating in interactive events or sessions related to COVID-19 public health measures and prevention

2,015,613 people targeted through one-way messaging on COVID-19 prevention and access to services

1,137 people received mental health and psychosocial support

Health programming included one-way messaging and interactive sessions about COVID-19 public health measures and prevention, provision of personal protective equipment, and the delivery of mental health and psychosocial support. Over time, additional funding was made available in countries such as PNG and Vanuatu to support the vaccination rollout and RCCE activities.

Feature country: PNG

Low vaccination rates prompted AHP agencies in PNG to pivot some of their existing activities to RCCE aimed at promoting vaccination. They also received additional funding specifically for RCCE (phase 4), and the timeframe for the activities has been extended. AHP agencies took a broad range of approaches to RCCE, ranging from high reach media campaigns to in-depth community engagement.[18] HAG and the IHSSC at La Trobe University are undertaking a separate case study (due to be completed in April 2023) on AHP support for RCCE in the roll-out of the COVID-19 vaccine in PNG.

18   HAG & La Trobe University (2022), What works – and what doesn't – in promoting COVID-19 vaccination in Papua New Guinea: Discussion Paper, revised May 2022

Photo: Britt Gaiser on Unsplash

ENABLERS AND BARRIERS FOR EFFECTIVE PROGRAMMING

Enabler: Building on existing programs and partnerships

The evaluation consistently identified that **projects that built on existing programs and partnerships were more effective than others.** The early findings report found that AHP agencies had better results when they collaborated internally or with other organisations. Engagement in broader in-country networks – including civil society networks, churches and government agencies – was also a powerful enabler.[19] Similarly, the FSL deep dive project found that FSL outcomes were best supported through existing and strong partnerships or in-country networks.[20]

Two key partnerships featured prominently in the evaluation:

► **Partnership with government bodies** supported better targeted programming, operational logistics, and sustainability. For example, in Fiji, agencies worked closely with the Ministry of Agriculture to navigate lockdowns and restrictions and ensure that programming could continue safely[21]

► **Partnership with local organisations** facilitated greater reach into communities and also facilitated some of the more challenging conversations required in relation to the COVID vaccine. For example, in Vanuatu, Action Aid Vanuatu worked with Women I TokTok Tugeta (WITTT); their strong pre-existing partnership enabled them to build trust with women, people with a disability and children in remote and hard-to-reach areas (e.g. women with disabilities who work as community mobilisers). They communicated vaccine and health information and reported an increase in community confidence around vaccines.[22] The local church partners and networks were also enablers for effective programming that provided reach and trusted communication into communities.[23]

Enabler: Coordination with stakeholders, including other agencies, to deliver integrated programming

Effective coordination between agencies facilitated strong achievement of outcomes. Coordination was evident in relation to planning meetings to ensure complementarity, sharing technical expertise and best practice, and joint data collection and analysis processes.[24]

In Timor-Leste, coordination between AHP agencies and their local partners was evident. The country consortium lead (CARE) applied a strengths-based approach to programming, requesting agency engagement and support for program areas specific to their strengths and experience. Programs were mapped out (thematically and geographically) to avoid duplication and allow for effective joint programming in areas where multiple agencies were operating. Frequent coordination meetings allowed effective sharing of information and supported clear external communication to stakeholders such as the United Nations.[25] AHP agencies and local partners reflected on how coordination improved their work and ability to deliver outcomes for communities.

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19   HAG, CoLAB & La Trobe University (2021), Early findings report (phase 1), p. 4

20   HAG, CoLAB & La Trobe University (2022), Food security and livelihoods interventions under the COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership, p. 4

21   AHP COVID-19 activation: phase 2 final report (October, 2022), Fiji; Interview 53

22   Interview 66

23   Interview 55

24   Interview 62; AHP COVID-19 response: final report (July, 2022), Timor-Leste

25   Interview 62

> "We are always in constant communication when it comes to information dissemination or distribution of food or handwashing materials. Our communication is to make sure we don't have overlap beneficiaries and about road access to the area. I think it positively affects the impact of our work." (Local actor in Timor-Leste)[26]

Enabler: Linking programs to deliver more effective outcomes

COVID-19 response activities linked with other in-country programming or systems have produced more effective outcomes. This was evident across the Partnership, with the Early Findings report highlighting the effectiveness of several examples: the CAN DO consortium in Fiji linking COVID-19 and FSL activities; World Vision in PNG building income support via existing community savings groups; and CARE in Vanuatu linking financial management activities to Oxfam's cash and voucher program.[27] FSL activities – particularly short-term immediate support (food and seed distributions) – were perceived to be more sustainable by communities when linked with more longer-term holistic programming such as training, capacity building and community empowerment activities. This suggests that more effective outcomes can be achieved through linking programs to deliver support that meets both the immediate and long-term priorities of communities.[28] Additionally, agencies in PNG and Vanuatu integrated hygiene and COVID-19 awareness sessions and messaging into WASH facility installation and upgrading activities,[29] while Action Aid Vanuatu carried out joint livelihoods (financial management) sessions alongside community disaster preparedness activities.[30]

Barrier: Funding restrictions and delays

Several agencies highlighted that funding delays or the lack of flexible funding hindered effective programming. Agencies and their partners described having to use their own core funding to maintain staffing whilst waiting for AHP funding to arrive.[31] Agencies also noted the importance of partnerships, and that the resource intensity of establishing and maintaining effective partnerships is often neglected in funding allocations.[32]

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26   Interview 60
27   HAG, CoLAB & La Trobe University (2021), Early findings report (phase 1)
28   HAG, CoLAB & La Trobe University (2022), Food security and livelihoods interventions under the COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership
29   AHP COVID-19 response: final report (October, 2022), Vanuatu; AHP COVID-19 response: final report (October, 2022), Papua New Guinea
30   Interview 66; AHP COVID-19 response: final report (October, 2022), Vanuatu
31   Interview 20, 52, 65; FGD 11
32   Interviews 55, 59; FGD 11

💡 Learning

- The great disparity between targets and actual outcomes raises questions about the relevance of targets and whether they should be updated regularly during project implementation to reflect rapidly changing contexts

- An inconsistent approach to calculation of target and actual figures hinders meaningful interpretation of data

- Realistic intended outcomes that provide a clear sense of the intended change in people's lives support effective programs

- Current reporting systems do not always capture unintended outcomes, which can have significant positive or negative impacts

- Building on established partnerships is an important enabler to effective programming that needs to be recognised, factored into design processes and funded adequately

- Affected communities perceive that coherence is enabled by strong coordination and integrated program design

- Flexibility in funding can help organisations throughout the partnership chain to cope with volatile situations

✅ Recommendations

- AHPSU, DFAT and agencies should more intentionally discuss what is realistic in context and timeframes, and the tensions that must be resolved to support more appropriate and realistic intended outcomes

- Agencies should develop harmonised monitoring and evaluation (M&E) frameworks that allow them to understand and measure outcomes, including unintended outcomes

- Agencies and AHPSU should agree on an approach to developing targets and reporting achievements that allows more accurate and meaningful interpretation of reach

- DFAT and AHPSU should more explicitly recognise and fund partnerships as an enabler of effective programming

- AHPSU and agencies should continue to collaborate on program design to support more integrated programming and joint monitoring and evaluation

Photo: Jeremy Bezanger on Unsplash

SECTION 2: RELEVANCE

Finding: AHP programming was relevant to the needs of the communities and governments through adaptative programming

Data from FGDs, the FSL case study (phase 2 of this evaluation), the endline review of the cash assistance support in Vanuatu and the programme endline conducted in Timor-Leste all show that members of the target communities found the assistance provided was relevant to their needs.[33] The figures below show the results relating to relevance from analysis of household survey data across four countries.

87% of all households surveyed agreed that the FSL support came at the right time.

87% of all households surveyed agreed that the type of FSL support was what they needed.

Many of the agencies went to great lengths to ensure that the proposals developed were evidence based and drew on organisation and community data.[34] Agencies also established relevance through needs assessments and design conversations with the community.[35]

In fast-changing contexts, many agencies adapted projects to keep up with changing needs; this adaptability was central to maintaining the relevance of programming. Adaptations were evident in several ways:

▶ Changes in geographic location: agencies shifted geographic locations based on emerging needs and in coordination with key partners. For example, in Vanuatu, one agency expanded its vaccine support to additional provinces at the request of the Ministry of Health[36]

▶ Changes in target populations: agencies changed targeting based on the emerging needs of specific groups of people. In Vanuatu, specific support was given to provincial health teams to ensure reach to adolescents and people living with disabilities.[37] In Timor-Leste, support was redirected to schools to meet requests for hygiene training[38]

▶ Changes in planned projects: many agencies made both small and large adaptations to projects to meet emerging needs. The pivot was substantial in PNG, because most agencies shifted to health programming and RCCE interventions to support vaccine roll-out; this included reallocation of funding to support mobile COVID-19 vaccination clinical services to remote/rural areas. As part of the shift, AHP agencies modified their WASH interventions to include more support to health facilities, which paved the way for more complementary partnerships with Provincial Health Authorities[39]

▶ Changes to operations: lockdowns and access restrictions forced some agencies to adapt their operational set-ups to maintain provision of assistance to communities. In Fiji, this included establishing a field depot to provide three provinces with materials storage, office space with internet, and accommodation for the field team. This reduced travelling time to and from communities and supported materials delivery. The depot also served as an area to

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33 FGDs 2, 3, 10, 12; HAG, CoLAB & La Trobe University (2022), Food security and livelihoods interventions under the COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership; Oxfam (nd), Unblocked cash: TC Harold and COVID-19 recovery response program - endline report
34 Interview 53
35 Interview 55; CARE (2020), CARE rapid gender analysis COVID-19 Pacific region
36 AHP COVID-19 response: final report (October, 2022), Vanuatu
37 AHP COVID-19 response: final report (October, 2022), Vanuatu
38 AHP COVID-19 response: final report (July, 2022), Timor-Leste
39 AHP COVID-19 response: final report (October, 2022), Papua New Guinea

prefabricate and pre-cut building materials, making them more manageable and easier to transport to communities.[40]

2.1. ENABLERS FOR RELEVANT PROGRAMMING

Enabler: Supporting national government priorities.

Across all five countries, there was strong evidence of AHP agencies working closely with government authorities to ensure the relevance of the programs to national plans and priorities. In Vanuatu, CARE conducted COVID-19 prevention awareness activities in partnership with the Ministry of Health to support the Government's health priorities,[41] while in Fiji, Save the Children Fiji worked with the Department of Social Welfare to identify target beneficiaries. This was especially important for health programming at the national and local levels. There are also several examples of agencies supporting government agricultural departments at provincial and local levels.[42]

> "The program has five key priorities that are linked to [the] National Development Plan and one includes food security and livelihood, health, expanding the rural development and linked to SDGs. Before implementation they [AHP agency] consulted with us. We know each other very well and share information." (Government actor in Fiji)[43]

Enabler: Strong feedback mechanisms.

Program adaptation is enabled by strong communication and engagement with the community. Feedback mechanisms are one way to ensure that agencies continue to understand changing needs and keep assistance relevant. Local partners can be critical in making sure these feedback mechanisms are appropriate and effectively capturing people's needs.

> "We have structures in place for feedback and information; women are also trained to provide correct and evidence-based [...] information to the community. For COVID-19, this clear messaging is very important and important that information is based on facts." – (Local actor in Vanuatu)[44]

Enabler: Programs targeted to specific groups.

Assistance is always most relevant when it is targeted to a specific group of people. For example, in Vanuatu, Action Aid established a community-led women's network that facilitated dialogue with community members. This network allowed Action Aid to tailor FSL programming to the needs and concerns of community members, including those located on Vanuatu's outer islands.[45]

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40 AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu
41 AHP COVID-19 response: final report (October, 2022), Vanuatu
42 AHP COVID-19 activation: phase 2 final report (October, 2022), Fiji
43 Interview 2
44 Interview 30
45 HAG, CoLAB & La Trobe University (2022), Food security and livelihoods interventions under the COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership, p. 18

💡 Learning

▶ Supporting program adaptability through strong design and flexible funding enables relevant programming

▶ Strong feedback mechanisms are important to identify needs in a fast-changing context

✓ Recommendations

▶ AHPSU and agencies should embed program adaptation into future design processes by ensuring funding can be allocated flexibly to meet changing needs and identifying points at which pivoting can take place

▶ AHPSU and agencies should proactively highlight and celebrate program adaptations that maximise effectiveness and relevance, for example, through reporting or reflection exercises

Photo: Sangga Rima Roman Selia on Unsplash

SECTION 3: INCLUSION

Figure 8 shows that the number of people reached by the partnership exceeded gender and ability targets. This reflects an intentional effort across agencies to engage diverse groups of people. Strategies highlighted in interviews and reports included partnering with technical specialists, specific outreach to diverse community members, targeted programming (such as women's savings groups), and provision of assistive devices.[46]

Figure 8: Program reach by gender and ability

Number reached	Target	Actual
Men without a disability	271,217	918,192
Women without a disability	292,050	786,881
People who identify as other without a disability	167	114
Boys without a disability	1,508,550	268,691
Girls without a disability	198,174	241,147
Children who identify as other without a disability	50	0
Men with a disability	31,747	195,285
Women with a disability	35,234	157,697
People who identify as other with a disability	55	3
Boys with a disability	18,847	204,214
Girls with a disability	17,007	167,897
Children who identify as other with a disability	10	2

3.1. GENDER EQUALITY

Finding: Women benefited from AHP programming as a result of mainstreaming practices and targeted programming

Agencies have been proactive in outreach to and engagement with women. Strategies have included:

- assessments to consider the differing needs of men, women, boys and girls[47]

- representation of women on committees or in community consultations

- specific targeting of women to benefit from initiatives

- partnering with women's organisations.[48]

Beyond reach, there are some detailed examples of how these intentional actions led to important benefits for women. At a very practical level, women influenced the type of assistance received to promote their own safety; for example, in Vanuatu, women helped identify appropriate locations of WASH facilities for safer access and use.[49] There is also evidence that targeted initiatives enabled women to promote their own social and economic security through savings and loan schemes and economic hub programming.[50]

Phase 2 of this evaluation, which focused on FSL, identified strong benefits for women from AHP programming. For example, in Solomon Islands, agencies worked with women and vulnerable girls to provide gardening training and establish

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46   Figures calculated from all AHP country final progress reports
47   AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu; AHP COVID-19 response: final report (October, 2022), Vanuatu
48   Interviews 30, 59, 64, 66; AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu; AHP COVID-19 response: final report (October, 2022), Vanuatu; AHP COVID-19 response: final report (October, 2022), Solomon Islands
49   AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu
50   AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu

food gardens and women's savings clubs;[51] in Fiji, agencies helped women from rural communities to use their local skills and traditional knowledge in livelihoods making soap, printing bags, sewing planting and growing turmeric.[52] Across the five countries, over 80% of households reported benefits for women as a result of FSL projects (see Figure 9). These benefits included women having greater opportunity to define the needs of their families, more disposable income that could be used for priorities such as schooling and nutritious food, and reduced domestic violence.[53]

Targeted programming for women also included more protection-focused activities, such as training for communities on the identification and referral of women and children experiencing violence, or gender awareness training.[54] As captured in the outcomes analysis in Figure 7, there is less evidence that training on response to violence in the community, awareness of referral services, or gender awareness have documented benefits (this is examined in more detail in Section 4 on protection).

Figure 9: Percentage of households that reported FSL support reached and benefitted women by country

Country	%
Fiji	83%
Solomon Islands	91%
Timor-Leste	84%
Vanuatu	97%

Health, FSL and WASH activities with documented benefits for women are often undertaken in partnership with women's groups or networks. Economic Hubs were created in Vanuatu through a partnership with WITTT, a local women's network. WITTT also facilitated an increase in women's engagement in disaster preparedness and response in the Provincial Emergency Operation Centres and at the community level.[55] In Fiji, agencies worked with four women's groups to provide basic financial literacy training to small and medium enterprises and to promote learning and exchange.[56] Partnership with women's groups seems to be key to effective inclusion of women in programs that produce concrete actions and benefits.

3.2. DISABILITY INCLUSION

🔍 **Finding:** There are some strong examples of people with disabilities benefiting from projects, but achieving consistent impact across contexts and agencies remains difficult

Disability inclusion has achieved awareness and reach across AHP programs. There are also some strong examples of people with disabilities benefiting from AHP programming and targeted interventions. Targeted projects included advocacy for the inclusion of women with disabilities in key policy forums in Vanuatu,[57] and COVID-19 RCCE activities focused on the information needs of people with disabilities in Timor-Leste, Solomon Islands and Vanuatu.[58] In Solomon Islands and PNG, agencies actively engaged people with disabilities in DRR planning

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51 AHP COVID-19 response: final report (October, 2022), Solomon Islands; HAG, CoLAB & La Trobe University (2022), Food security and livelihoods interventions under the COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership
52 AHP COVID-19 activation: phase 2 final report (October, 2022), Fiji
53 HAG, CoLAB & La Trobe University (2022), Food security and livelihoods interventions under the COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership
54 AHP COVID-19 response: final report (October, 2022), Papua New Guinea
55 AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu
56 AHP COVID-19 activation: phase 2 final report (October, 2022), Fiji
57 AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu
58 Interviews 58, 59, 60, 61, 63–66; AHP COVID-19 response: final report (October, 2022), Vanuatu; AHP COVID-19 response: final report (July, 2022), Timor-Leste; AHP COVID-19 response: final report (October, 2022), Solomon Islands

at the district and community levels, resulting in more appropriate planning that incorporated their perspectives, capacities and needs.[59]

Cash programming in Vanuatu involved working closely with local partners, the Vanuatu Disability Promotion and Advocacy Association and the Vanuatu Society for People with Disabilities, to specifically target people with disabilities and achieve significant benefits. In addition to endline data from Vanuatu demonstrating impact (see figures below), people with disabilities reported on the importance of the program for their dignity and engagement in community activities.[60]

46% decrease in people with disability considered food insecure

54% increase in people with disability able to meet basic needs.[61]

Some projects also successfully mainstreamed disability inclusion in their projects. For example, in Timor-Leste, agencies and their partners worked with local leaders to identify suitable locations for handwashing stations and buckets that would improve access for persons with physical disabilities. Agencies also consulted local authorities to identify suitable distribution locations for food and non-food items for persons living with disability.[62] Endline data from Timor-Leste confirmed the benefits: 77% of interviewed respondents with disability at endline confirmed that they had a place to wash their hands in their households, representing a 39 percentage point increase from the baseline.[63]

"For WASH we make sure the facilities are accessible to persons with disability and children, for example, the handwashing

stations have ramps that wheelchairs can access, we build different/specific handwashing sinks for children and persons with disability which is separate to the others." – (Local actor in Solomon Islands)[64]

Despite these excellent examples and obvious efforts by agencies, some projects continue to struggle to translate reach into concrete activities and benefits for people with disabilities. This evaluation suggests barriers to meaningful engagement and benefits for people with disabilities include their lack of input into needs assessments, unclear roles and responsibilities in partnerships with OPDs, and difficulty in engaging with people with non-physical disabilities.

The early findings report highlighted the challenge of going beyond just reaching people with disability and ensuring that changes are made to activities, meaningful coordination is happening with OPDs and that organisations are making efforts to track programs' impact on diverse groups of people in the community.[65] Interviews and data at this final evaluation stage confirm that important benefits are being documented (as above), but continue to suggest that meaningful engagement can be improved.[66]

Figure 10 below shows endline data from report coding as part of this final evaluation process. It illustrates agencies' focus on obtaining disaggregated data and trying to understand the specific needs of people with disabilities, and in contrast the relative lack of focus on coordinating with OPDs and reporting of impact.

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59   Interviews 55–59; AHP COVID-19 response: final report (October, 2022), Papua New Guinea; AHP COVID-19 response: final report (October, 2022), Solomon Islands

60   Interview 65; AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu

61   Oxfam (nd), Unblocked cash: TC Harold and COVID-19 recovery response program - endline report (Vanuatu)

62   Interviews 61–63; AHP COVID-19 response: final report (July, 2022), Timor-Leste

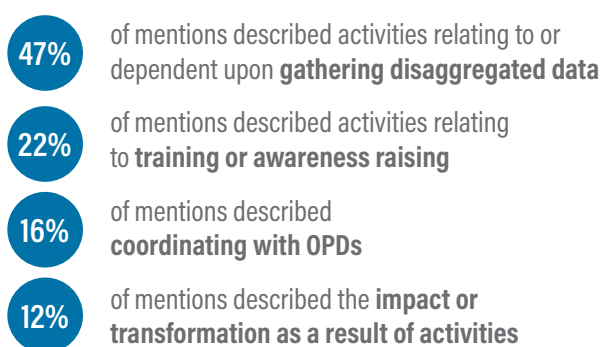63   AHP COVID-19 response: final report (July, 2022), Timor-Leste

64   Interview 19

65   HAG, CoLAB & La Trobe University (2021), Early findings report (phase 1), p. 9

66   Interviews 51, 55, 59, 63, 65

Figure 10: Endline coding of references to disability inclusion

End of project reports

47% of mentions described activities relating to or dependent upon **gathering disaggregated data**

22% of mentions described activities relating to **training or awareness raising**

16% of mentions described **coordinating with OPDs**

12% of mentions described the **impact or transformation as a result of activities**

The FSL deep dive found that households that didn't have someone with a disability were significantly more involved in defining needs: 65% of households without a person with a disability, compared to 48% of households including a person with a disability. This is an important difference, and may suggest that the intentional structures and processes that have been set up to promote broader engagement in programming are not accessible or targeted to people with disabilities.[67]

Expectations of roles and responsibilities in partnerships with OPDs can differ. Some agencies' partnerships with OPDs are newer than those with (for example) women's organisations, and in many cases OPDs are smaller and have less resources and institutional support. AHP agencies are still establishing their working rhythms with OPDs, and in some contexts OPDs are dissatisfied with the partnership. Some don't believe they have adequate voice or decision-making power; others express frustration that they are expected to be both technical advisors and implementers.[68]

"AHP is a partnership but working with inclusion partners needs more work. [...] If you are wanting to invite [local OPDs] to activities please make sure you come up with a date in advance so we can block the dates, but don't come and ask next week that we run this training and work together, we have our own priorities." (Local actor in Fiji)[69]

Much of the programming works with people with physical disabilities, for example, through the provision of assistive devices or improving physical access to services such as water taps or vegetable gardens.[70] Reaching people with non-physical disabilities continues to be a challenge, leaving them unseen by AHP programming. Even if they are included in surveys via Washington group questions, there is limited evidence of activities addressing their needs.

"In terms of people with disabilities we could only reach those with physical disabilities." (Local actor in Fiji)[71]

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67 HAG, CoLAB & La Trobe University (2022), Food security and livelihoods interventions under the COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership
68 Interviews 52, 59, 63, 65
69 Interview 52
70 Interviews 19, 53
71 Interview 54

3.3. DIVERSE SOGIESC INCLUSION

At the time of the early findings report, there was little evidence of engagement with or support to sexual and gender minorities. This has changed in Fiji, where agencies have engaged technical support to ensure strong engagement and awareness, including sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) audits of partners and psychosocial and food security support targeted to members of the SOGIESC community.[72] Key successes have included referral of over 100 members of the SOGIESC community to counselling support (mostly provided by Empower Pacific). Personal reports of the impact included improved ability to manage stress and communicate with family to engage more support.

However, more mainstreaming of SOGIESC in programming is needed. Many agencies have experienced pushback from communities and resistance from partners over this newer form of inclusion.[73] Some specialist partners also feel confusion over roles and responsibilities and frustration at their perception that they need to manage all inclusive programming, rather than it being a core component of partner programming.

"Organisations expect [specialist organisations] to look after people with diverse SOGIESC but all organisations are to be inclusive and reach out to all people – the role of [specialist organisations] is to provide technical support."[74]

Box 2: Psychosocial support and counselling for people of diverse SOGIESC

As part of the AHP COVID-19 response in Fiji, Rainbow Pride Foundation (RPF) provided psychosocial support and counselling to people of diverse SOGIESC. Due to travel restrictions, RPF provided online training for hub leaders on SOGIESC inclusion and mental health and psychosocial support (MHPSS) to enable them to reach out to community members and refer them to service providers such as Empower Pacific. RPF also provided online training to service provider staff to sensitise them to issues relating to people of diverse SOGIESC. Through this approach, 136 referrals were made to Empower Pacific. To facilitate access to phone counselling, recharge cards for phone credit were provided.

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72   Interview 52
73   Interviews 6, 52–54
74   Interview 52

3.4. ENABLERS AND BARRIERS TO INCLUSIVE PROGRAMMING

Enablers and barriers to inclusive programming can be categorised as design decisions, resourcing, and partnerships, as captured in Figure 11.

Figure 11: Enablers of and barriers to inclusive programming

	Enablers	Barriers
Design	▶ Realistic conversations and achievable outcomes ▶ Time to consult with diverse representatives effectively ▶ Intentional strategies to mainstream inclusion and develop targeted interventions	▶ Intended outcomes that are not based on what is possible within time and budget ▶ Rushed design processes that cannot meaningfully include diverse perspectives
Partnerships	▶ Technical specialist partnerships ▶ Resourcing partnership engagement and brokering ▶ Clear understanding of roles and responsibilities ▶ Shared sense of responsibility for inclusion outcomes	▶ Nominal partnerships, with little investment in making them meaningful ▶ Lack of clear roles and responsibilities developed through brokering process ▶ Outsourced responsibility for inclusion outcomes
Resourcing	▶ Adequate time and resourcing for meaningful engagement[75] ▶ Technical expertise accessible to agencies	▶ Lack of budget to allocate time and resources to enable inclusion

"Inclusion can be complex and trying to make an impact requires a lot of work, and sometimes partners can do it to tick the box. But it needs to have dedicated resources and [for organisations to] dedicate time and effort to understand the issues and incorporate into activities."[76]

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75   Interviews 52, 62, 65
76   Interview 1

💡 Learning

▶ Partnerships with OPDs and SOGIESC organisations are central to successful inclusion, but are not well established and cause some frustration for agencies and local organisations

▶ Inclusion requires time and investment in the design process and implementation

💡 Recommendations

▶ Agencies should invest more time and resources in partnerships with local inclusion specialist organisations, including brokering processes to establish clear roles and responsibilities

▶ AHPSU and DFAT should ensure design processes include adequate time for engagement of inclusion expertise if this is a thematic priority

▶ AHPSU and DFAT should provide adequate resourcing for inclusion activities that can respond to and build on disaggregated datasets

▶ Agencies should work with specialist organisations to develop strategies to reach groups of people with different abilities and disabilities

Photo: Shutterstock

SECTION 4: PROTECTION AND ACCOUNTABILITY TO AFFECTED POPULATIONS

4.1 PROTECTION

Finding: Integrated protection programming delivers stronger benefits than isolated awareness-raising or training activities; however, across all protection programming, measurement of impact is weak

Many protection activities across contexts focused on awareness raising and training. These sessions covered issues such as child rights, prevention of GBV and referral systems. Some of the outcomes intended to increase knowledge of, or access to, child protection or GBV referral systems or to influence community attitudes towards women. There is evidence that there is some change in knowledge as a result of these sessions, such as communities knowing how to reach out if they experience violence,[77] but there is limited evidence of any changes to attitudes or increased safety due to these activities. The endline in Timor-Leste found very minimal change in community attitudes to GBV and included an important reflection:

> "Addressing social norms in the society requires a longer time intervention and a different implementation approach instead of distribution of posters and one-time training. Therefore, interventions aimed at addressing child protection and GBV issues in the community should go beyond trainings and one way messaging."[78]

This reflection aligns with the findings of this evaluation that awareness and training sessions alone have not delivered benefits for communities. Local partners shared similar reflections in interviews.

> "Protection – inclusion issues – wasn't prioritised across all the AHP partners. For them it was just awareness, getting the items out and doing the work, but if you are looking at protection of women and women with disabilities- there is increase in violence, more malnutrition etc. These impacts are not a priority for partners." (AHP actor in Vanuatu)[79]

Programs that combined awareness raising with activities to improve response service provision in areas such as GBV and psychosocial support seemed to deliver greater benefits.[80] Although the outcomes section of this report shows that there is still limited evidence of achievement of these outcomes, some useful anecdotal evidence shows that these more comprehensive approaches to protection have more benefits at the community level.

Some comprehensive programming to strengthen child protection occurred in Vanuatu. The project developed the first National Child Protection Referral Pathway, identified Child Protection Focal Points to build local leaders' knowledge and skills in handling incidents, and provided training to community members

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77   HCDI (nd), Independent evaluation of Oxfam UBC project 2020-2021; AHP COVID-19 response: final report (July, 2022), Timor-Leste
78   AHP COVID-19 response: final report (July, 2022), Timor-Leste
79   Interview 66
80   Interviews 52, 54, 65, 66

on the basics of child protection.[81] There was also some extensive work to strengthen GBV referral pathways and training support provided to the Department of Gender to increase the effectiveness of service provision.

> "[Protection was a] strong focus for the program in Vanuatu. One of the outcomes of the program in Vanuatu was specifically [that] women and children in five provinces have access to and are using appropriate protection mechanisms at community level." – (Local actor in Vanuatu)[82]

In Fiji, agencies worked with local partners, such as Empower Pacific and Rainbow Pride Foundation, to deliver targeted psychosocial support that effectively reached 1,273 people, including SOGIESC people, who were struggling due to COVID-19 restrictions.[83] GBV-specific support was provided in PNG, strengthening GBV desks in targeted district health centres to create a safety net for people in the project target sites during the COVID-19 crisis.[84] There are also important examples of protection mainstreaming to ensure safe locations for latrines and lighting options to keep women safe while accessing WASH facilities.[85]

The challenge across all protection programming is measuring the impact of the activities; few agencies were able to demonstrate protection benefits. This challenge was exacerbated by the lack of ambition in some of the intended outcomes. For example, increasing knowledge of a referral system provides no information about its use, quality, or any resultant benefit. The measurement challenge is further hampered by inadequate indicators that only target the activity level. For example, end-of-project reports include indicators such as the number of people reached by protection-focused activities such as child protection and GBV awareness sessions and distribution of dignity kits.[86]

> "Reporting of impact of protection activities is not collected." – (Local actor in Fiji)[87]

Some of the most beneficial protection outcomes seem to have resulted from integrating protection into other sector projects either intentionally or unintentionally. The FSL deep dive revealed evidence that supporting livelihoods has positive benefits for children being able to go to school, with likely educational and protection impact.[88] Other livelihoods interventions intentionally integrated protection; for example, as part of a labour mobility program in Vanuatu, workshops showed couples how to maintain healthy relationships through change in roles and shared household budgeting.[89] Women's groups in Vanuatu have commented on how increased food and economic security reduces violence at the household level.[90] Cash programming also had a measurable impact on protection issues, including reduction in household tension and conflict in the home. In the endline in Vanuatu, a significant decline (49%) in household tension was observed by programme recipients, indicating that cash and voucher assistance had decreased economic stress in households (noting that at baseline, lack of finance was one of the main

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81 AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu

82 Interview 13

83 Interview 52, 54; AHP COVID-19 activation: phase 2 final report (October, 2022), Fiji

84 AHP COVID-19 response: final report (October, 2022), Papua New Guinea

85 AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu; AHP COVID-19 response: final report (October, 2022), Papua New Guinea

86 All AHP end of project country reports

87 Interview 51

88 HAG, CoLAB & La Trobe University (2022), Food security and livelihoods interventions under the COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership

89 AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu

90 AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu

reasons for conflict).[91] Agencies recognise the need for strengthened links between protection and other sector programming, as well as the need for pre-investment in protection partnerships and appropriate and flexible funding.[92]

> ### 💡 Learning
>
> ▶ Awareness raising in isolation from other activities does not deliver strong benefits for communities
>
> ▶ Measuring the impact of protection pro-gramming is difficult, but agencies need to find ways to go beyond reporting activities
>
> ▶ Integration of protection into sector projects can be very effective in delivering outcomes – it anchors protection in day-to-day interactions
>
> ### ✔ Recommendations
>
> ▶ Design protection activities that extend beyond awareness raising and knowledge sharing
>
> ▶ Create mechanisms to share approaches and examples of how to measure the impact of protection programming
>
> ▶ Integrate protection into sector programs more intentionally, thinking through how sector support may affect protection outcomes

4.2 ACCOUNTABILITY TO AFFECTED POPULATIONS

> 🔍 **Finding:** There was low community engagement in program design due to timeframes and travel restrictions, but feedback mechanisms supported program adaptation

The Partnership was developed in a short time frame and faced significant travel restrictions in some contexts. For agencies and partners that had pre-existing programs and partnerships in target communities, it was relatively easy to discuss plans with community members and reflect their needs.[93]

> "Because most of the partners continued working in communities where they were already present in through other programs, there was existing relationships and knowledge and understanding of the communities' strengths and gaps to address through the COVID program." – (AHP actor in PNG)[94]

However, for many projects the timeframe and restrictions limited community engagement in early design.[95] As a result, many agencies relied on monitoring conversations and consistent feedback to ensure their work was constantly adapting to emerging needs.[96] This resulted in most community members feeling as though they had been engaged in decision-making at various stages of the project. Household data from phase 2 of this evaluation found that 60% of households reported that they or someone from their family

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91 AHP COVID-19 response: final report (October, 2022), Vanuatu
92 Workshop 3
93 Interview 60
94 Interview 15
95 Interview 54, 61, 64, 65
96 Interview 61

was involved in defining their needs or making decisions about the support they received.[97]

> "No, [communities were] not involved in the initial design. But as things progressed, changes to the budget and adaptations were made based on the needs on the ground and context." – (AHP actor in Fiji)[98]

The lack of community design input placed increased importance on establishing effective community feedback processes. Agencies proactively put mechanisms in place to be accountable to communities, including agency focal points in the community, phone hotlines, help desks, feedback boxes and community *talanoa* sessions.[99] There were also efforts to support national feedback mechanisms to strengthen accountability to disaster-affected communities.[100] Community FGDs for this evaluation proved that some community members both understood and used these mechanisms to engage with agencies and ask questions that held agencies accountable, as well as informing adaptations to agency activities.[101]

> "[the] farm manager is our point of contact and that is the channel we are using. We can come and talk to him anytime." – (Community member in Fiji)[102]

> "During the process, their feedback guided us- we had to change activities – for example, [we] had to relook at sites and activities." – (AHP actor in Timor-Leste)[103]

However, community members also described shortcomings in feedback mechanisms and processes. The household survey data in phase 2 of this evaluation found that only 45% of households knew how to make a complaint or provide feedback about the FSL support they had received.[104] Community FGDs also provided evidence of community members' concerns about the programming and lack of knowledge around how to make complaints.[105]

> "What mechanisms – collectively or individually – are currently in place to ensure AHP partners are accountable to affected populations? We are not aware." – (Community member in PNG)[106]

Partners also recognised that there was room for improvement by strengthening communication to communities and providing multiple pathways for community feedback.[107] One monitoring report described the importance of doing more *"in and around the feedback mechanism."*[108] Some also thought that there was scope to harmonise feedback mechanisms across the AHP consortium.[109]

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97 HAG, CoLAB & La Trobe University (2022), Food security and livelihoods interventions under the COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership: n=607; n=606. 49% responded that they didn't know how to make a complaint or provide feedback and 6% responded that they weren't sure.
98 Interview 53
99 Interviews 52, 53, 58, 64; AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu; AHP COVID-19 response: final report (October, 2022), Vanuatu; Oxfam (nd), Unblocked cash: TC Harold and COVID-19 recovery response program - endline report
100 AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu
101 FGDs 2, 3, 8, 10, 12
102 FGD 2
103 Interview 61
104 HAG, CoLAB & La Trobe University (2022), Food security and livelihoods interventions under the COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership: "n=607; n=606. 49% responded that they didn't know how to make a complaint or provide feedback and 6% responded that they weren't sure."
105 FGD 6
106 Community FGD 43
107 Interviews 57, 59
108 AHP COVID-19 response: final report (October, 2022), Papua New Guinea
109 AHP COVID-19 response: final report (October, 2022), Solomon Islands; Interview 16

Learning

► For rapid activations, engagement of communities in design processes is more feasible for agencies with established programs and relationships

► For rapid activations and fast-changing contexts, there needs to be greater intentionality and focus on establishing highly effective feedback mechanisms

► Having multiple pathways to engage with communities promotes accountability and ability to engage groups in the community

Recommendations

► AHP agencies should explore options to harmonise feedback mechanisms

► AHP agencies must continue to work with local partners to identify appropriate accountability pathways and ensure multiple channels are available for engagement

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SECTION 5: LOCALISATION AND SUSTAINABILITY

5.1 SUSTAINABILITY

🔍 **Finding:** There is early evidence that some activities are sustainable as a result of linkages across programs and leveraging strategic relationships

Many agencies implemented strategies to promote the sustainability of their programs. These included establishment of community committees to maintain infrastructure or continue project activities;[110] focus on training and skills transfer that can support livelihoods into the future; and partnerships with local organisations and government bodies. As a result, there are specific examples of activities with early evidence of sustainability gathered through monitoring and evaluation:

▶ In Fiji, farmers who participated in nutrition and agricultural trainings were continuing good practice farming initiatives, and sharing knowledge in their community[111]

▶ In Vanuatu, 50% of people reached by Oxfam's cash-based livelihoods support reported they had engaged in additional income-generating activities[112]

▶ In Timor-Leste, 86% of institutions that received targeted WASH programming reported they were confident and well prepared to manage WASH facilities[113]

▶ Household data suggested that most community members believe that food security and livelihoods interventions will benefit them into the future.[114]

Understanding of impact, however, will only come with longer-term attention to monitoring outcomes.

Evaluation data and reports suggest that establishing linkages across programs and activities supports sustainability. Some agencies effectively linked COVID response activities to other activities taking place locally, either under their wider program or linking into other agency programs.[115] In other contexts, agencies intentionally built their activities on existing community initiatives. For example, in Timor-Leste, agencies supported communities already growing cassava to learn how to make cassava into flour and to engage with markets to generate income.[116] Finally agencies also intentionally linked short-term interventions with longer-term and more sustainable interventions, such as seed distribution linked to agricultural training, market support and savings groups.[117]

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110   AHP COVID-19 response: final report (October, 2022), Papua New Guinea; AHP COVID-19 and TC Harold response: final report (May, 2022), Vanuatu
111   AHP COVID-19 activation: phase 2 final report (October, 2022), Fiji
112   Oxfam (nd), Unblocked cash: TC Harold and COVID-19 recovery response program - endline report
113   AHP (2022), AHP COVID-19 response project in Timor-Leste: endline evaluation
114   HAG, CoLAB & La Trobe University (2022), Food security and livelihoods interventions under the COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership; FSL community surveys were not conducted in PNG
115   Workshop 1
116   Workshop 2
117   HAG, CoLAB & La Trobe University (2022), Food security and livelihoods interventions under the COVID-19 Pacific and Timor-Leste preparedness and recovery NGO partnership; AHP COVID-19 response: final report (October, 2022), Solomon Islands

> "Embedding project activities into the existing mechanisms has thus far ensured continuity after the project life."[118]

Building on established relationships is also key to sustainable programming. This finding was consistent across relationships, including with government, local partners, church networks and the business community. Agencies recognise the central role of government and invested time in developing relationships prior to the COVID response to ensure they could be leveraged when required for effective programming and to promote sustainability.[119]

> "The Government is the rightful agency for development and as such we have engaged with them meaningfully in our meeting and dialogues to raise awareness of the vital activities and to acknowledge other development partners' work. This is to ensure that when NGOs exit provinces the Government department will take ownership of what has been delivered."[120]

Some projects used local and traditional knowledge, including about indigenous plants, traditional seed harvesting and propagation techniques, and natural pesticides and fertilisers. Agencies believed that as well as promoting sustainability, this reduced the reliance on commercial seeds or chemical pesticides, which can be expensive and harmful to the environment.[121] In Timor-Leste, participants explained that international NGOs were also using *tara bandu* (local customary law) in FSL programming and in programming more broadly. *Tara bandu* can include a wide array of restrictions, as determined by a particular community, including on access to certain spaces,

fishing in particular spots, catching particular species, or cutting down particular types of trees. Although *tara bandu* often relates to natural resource management, it can also be applied to child protection and other issues. The use of local laws and beliefs is likely to support longer-term engagement and sustainability of projects; intentional tracking of the benefits and outcomes of these approaches would support learning.

💡 Learning

▶ Involving communities and local partners in planning and implementation is an effective way to ensure ownership and sustainability

▶ Collaborating with government agencies and aligning with government programs, priorities and timeframes support sustainability

▶ Leveraging other programs to add value to what is already happening supports sustainability

✔ Recommendations

▶ Agencies should create linkages between immediate/short-term interventions, such as food and seed distribution, and longer-term programs

▶ Agencies should continue to design and implement programs in partnership with local partners, government agencies and institutions (schools, health centres, etc.).

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118   AHP COVID-19 response: final report (October, 2022), Papua New Guinea
119   AHP COVID-19 response: final report (October, 2022), Papua New Guinea
120   AHP COVID-19 response: final report (October, 2022), Papua New Guinea
121   Workshops 1, 2

5.2 LOCALISATION

Finding: Positive steps have been taken to localise programming, and anecdotal evidence suggests benefits that need to be captured more consistently across the AHP

The Partnership localised implementation through engagement with government bodies, local NGOs, networks and civil society. Engagement with government bodies included work with ministries of health, education and agriculture at national and local levels. Alignment of programming with local government priorities contributed to relevance, localisation and sustainability of programs.[122] Despite this positive progress and the anecdotal evidence of benefits reported below, there was little consolidated data and few common indicators to demonstrate the impact of localisation across contexts.[123]

Agencies are increasingly seeing the benefit of working with local organisations, and are making country-based commitments to expand partnerships. The network of local partners engaged in the program supported strong community engagement, navigation of challenging conversations on issues such as vaccine hesitancy because of their established trust, and effective feedback.[124] In Timor-Leste, all agencies agreed to work through local partners for the next phase of AHP.[125] Interestingly, the value of local partnerships was particularly evident for sensitive programming areas such as protection. Psychosocial services were not being accessed or utilised until agencies adopted a localised approach that engaged mental health hub leaders in planning for outreach and engagement with communities.

> "So for zero referrals in Phase 1 we then had over 100 in Phase 2 – we had included our hub leaders and they told us what to do and what works in their hubs." – (Local actor in Fiji)[126]

Some of the most successful partnerships focus on local NGOs or organisations with a specific area of expertise or access to a specific community. These include women's organisations, faith-based organisations and OPDs. In Vanuatu, AHP agencies work with a women-led network (WITTT) that has led planning and implementation of programming for women, as well as using an established feedback loop to ensure effective two-way communication.[127] Increasingly, some AHP partners have built partnership agreements and feedback mechanisms into relationships, including partnership learning events and associated partnership adaptations.[128]

AHP agencies have also taken steps to localise their internal decision-making processes and leadership of their programs.[129] In Timor-Leste, the five country directors decided to bring local partners into the committee meetings and to select a local representative for the co-chair position.[130] In PNG, agencies described recruitment and training of local staff as an intentional localisation strategy.[131]

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122 Interview 62
123 Workshop 3
124 AHP COVID-19 response: final report (October, 2022), PNG
125 Interview 62
126 Interview 52
127 AHP COVID-19 response: final report (October, 2022), Vanuatu
128 AHP COVID-19 response: final report (October, 2022), Solomon Islands
129 Interview 64
130 Interview 64
131 FGD 1; AHP COVID-19 response: final report (October, 2022), PNG

Despite these steps, local partners report mixed experiences of working with AHP agencies, varying across agencies and country contexts. Many local partners reflected positively on their experiences of working with AHP agencies, including respectful relationships and inclusion in decisions about budgeting and implementation.[132] In some contexts, local partners appreciated AHP agencies elevating their role with government bodies, supporting greater partner engagement and recognition.[133] In other contexts, local partners were frustrated with being excluded from decisions, not being invited to important forums, and not feeling respected in the partnerships.[134] One local actor in Fiji stated that at times the partnership between AHP agencies and local organisations was strained, citing that in the initial stages of the response, AHP actors often neglected to listen to local partners' advice.[135]

> "I think INGOs need to reflect on their thinking. We feel there's at times an expectation to be grateful from international partners. Found this initially with AHP, but better now [...] It's interesting how AHP partners take my advice, I have to clean up after them when they don't take it on board. – (Local actor in Fiji)[136]

One important enabler for effective localisation and strong partnerships is more flexible timelines. In a rapid response activation, donors and agencies need to think through the inherent contradiction of asking agencies to respond quickly as well as to deliver a localised response.[137]

> "With DFAT's goals of inclusion and localisation, their own processes don't allow that to happen effectively. We need more time in the initial phase- you can't put together a collaborative proposal in two days, it doesn't work." (AHP actor in Vanuatu)[138]

💡 Learning

▶ Early anecdotal evidence suggests that local partners are particularly effective for community engagement in inclusion and protection programming

▶ It is difficult to demonstrate the impact of localised approaches because there is no consistent collection of data against agreed indicators

✔ Recommendations

▶ AHPSU and DFAT should continue to set incentives for localised programming as well as make it easy with resources and time frames

▶ AHPSU and agencies must develop consistent approaches to measuring and understanding the impact of localisation

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132   Interviews 55, 57, 63
133   FGD 11
134   Interviews 50, 58 65
135   Interview 50
136   Interview 50
137   FGD 11
138   Interview 64

CONCLUSIONS AND RECOMMENDATIONS

The evaluation has shown that the COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership had many significant achievements in supporting communities over the past two years. It was a rapid activation, so the design process was necessarily truncated, with inevitable trade-offs, including:

▶ less focus on partnership processes with local actors to create a localised process

▶ reduced engagement and meaningful work with inclusion partners

▶ reduced relevance as a result of design processes, necessitating more support through effective feedback mechanisms and adaptable funding.

There are also trade-offs when working with short program cycles, which donors and intermediaries like the AHPSU should acknowledge so that expectations about what agencies should be trying to achieve are realistic. In the rush to establish the Partnership, trade-offs were rarely acknowledged, and few conversations were held to help agencies to set realistic outcomes and targets.

These decisions have consequences for guiding programming and measuring impact. While participants in this evaluation could give many examples of good practice and community views were positive overall, measuring the contribution of the Partnership is difficult due to the lack of up-to-date, relevant and consistent information at the outcome level. Although data was collected, M&E frameworks did not adapt to the changes to activities. This, combined with unrealistic or poorly defined outcomes, means that reporting could only offer a series of snapshots rather than an end-to-end view of the Partnership's work.

Despite these challenges, the evaluation yielded important insights to inform future AHP programming. Recommendations flowing from our answers to the evaluation questions are summarised below.

Effectiveness

▶ DFAT and AHPSU should more explicitly recognise and fund partnerships as an enabler of effective programming

▶ AHPSU and agencies should continue to collaborate on program design to support more integrated programming and joint monitoring and evaluation

▶ AHPSU, DFAT and agencies should more intentionally discuss what is realistic in context and timeframes, and the tensions that must be resolved to support more appropriate and realistic intended outcomes

▶ Agencies should develop harmonised monitoring and evaluation (M&E) frameworks that allow them to understand and measure outcomes, including unintended outcomes

▶ Agencies and AHPSU should agree on an approach to developing targets and reporting achievements that allows more accurate and meaningful interpretation of reach

Photo: Peter Fogdon on Unsplash

Relevance

▶ AHPSU and agencies should embed program adaptation into future design processes by ensuring funding can be allocated flexibly to meet changing needs and identifying points at which pivoting can take place

▶ AHPSU and agencies should proactively highlight and celebrate program adaptations that maximise effectiveness and relevance, for example, through reporting or reflection exercises

Inclusion

▶ Agencies should invest more time and resources in partnerships with local inclusion specialist organisations, including brokering processes to establish clear roles and responsibilities

▶ AHPSU and DFAT should ensure design processes include adequate time for engagement of inclusion expertise if this is a thematic priority

▶ AHPSU and DFAT should provide adequate resourcing for inclusion activities that can respond to and build on disaggregated datasets

Protection

▶ Design protection activities that extend beyond awareness raising and knowledge sharing

▶ Create mechanisms to share approaches and examples of how to measure the impact of protection programming

▶ Integrate protection into sector programs more intentionally, thinking through how sector support may affect protection outcomes

Accountability to affected populations

▶ AHP agencies should explore options to harmonise feedback mechanisms

▶ AHP agencies must continue to work with local partners to identify appropriate accountability pathways and ensure multiple channels are available for engagement

Sustainability

▶ Agencies should create linkages between immediate/short-term interventions, such as food and seed distribution, and longer-term programs

▶ Agencies should continue to design and implement programs in partnership with local partners, government agencies and institutions (schools, health centres, etc.).

Localisation

▶ AHPSU and DFAT should continue to set incentives for localised programming as well as make it easy with resources and time frames

▶ AHPSU and agencies must develop consistent approaches to measuring and understanding the impact of localisation

Photo: Peter Fogdon on Unsplash

ANNEXES

ANNEX 1: KEY EVALUATION QUESTIONS

1. **Effectiveness: How effective has the Partnership been in achieving the expected outcomes[139] of the COVID response program?**

   a. To what extent are partners progressing towards intended outcomes? Have there been any unintended outcomes of programming, positive or negative?

   b. How well have the AHP partners coordinated internally and externally to deliver a coordinated program that delivers intended outcomes?

   c. How efficiently have Partnership resources been used to support achievement of program outcomes? *[Note: supporting data for this question will come from existing secondary data].*

   d. **Learning question:** What has supported strong progress towards achievement of outcomes? What has hindered progress towards (and reporting on) achievement of outcomes? What can AHP partners learn about effective ways to coordinate to identify, communicate and deliver outcomes are that greater than the sum of their parts?

2. **Inclusion: To what extent is Partnership programming benefitting all people within affected communities? Who (if anyone) is missing out?**

   a. To what extent and in what ways are program outcomes supporting gender equality and women's empowerment?

   b. To what extent and in what ways are program outcomes supporting disability inclusion?

   c. To what extent has the program benefitted children and youth?

   d. **Learning question:** What specific strategies have partners used to achieve inclusive programming? What has enabled or constrained the effectiveness of these strategies? What could partners do to make response activities and processes more inclusive?

3. **Relevance: How relevant has AHP COVID programming been to the needs and priorities of communities and governments?**

   a. To what extent have AHP partners ensured that planned activities meet the prioritised needs of affected communities?

   b. To what extent have the AHP partners supported National Government policies and priorities in each country?

   c. To what extent have the AHP partners supported Australia's COVID-19 Development Response and aligned with Australian Government priorities?

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139 Improved knowledge and safe behaviours through RCCE (**Health Security**); Provision of critical medical and WASH supplies and improving IPC (**Health Security**); Access to child protection, GBV services, and Psychosocial Support (**Stability**), and; Social protection, livelihoods and economic stability (**Stability; Economic Recovery**). the most recent PNG activation has a fifth outcome: **Vaccine preparedness and rollout**.

    d.   **Learning question:** What factors have supported or enabled the program to be/remain relevant to the needs and priorities of communities and governments? What could be done to make programming more relevant?

4. **Protection and accountability: To what extent is AHP Partner programming protecting the safety, dignity and rights of affected people and ensuring accountability?**

    a.   To what extent are programming and processes (both formal and informal) protecting the safety, dignity and rights of affected people?

    b.   How has programming been accountable to affected communities and with what tangible and intangible benefits?

    c.   **Learning question:** What specific strategies have partners independently or collectively used to achieve accountability to affected populations? How effective have these been?

5. **Localisation and sustainability: To what extent have AHP partners contributed to sustainable outcomes by ensuring linkages to preparedness programs and effective partnerships with local and national actors?**

    a.   How have Disaster READY preparedness activities supported AHP agencies' response to COVID-19?

    b.   How and to what extent are COVID-19 response activities and outcomes likely to support future disaster responses?

    c.   How have local partners been involved in the development, delivery and monitoring processes of programming, and how has this benefitted programming?

    d.   What impact did COVID-related travel restrictions (both domestic and international) have on localisation of response efforts in-country? Did any new approaches need to be taken, and if so, is any progress towards localisation likely to continue after travel restrictions are lifted?

    e.   To what extent, and how are the outcomes of COVID programming likely to be sustained?

    f.   **Learning question:** In what ways could partners' disaster preparedness and response programming better support longer-term development efforts? What can be learned from AHP partners COVID response work to inform the second phase of Disaster READY? What could partners do to make their programming benefits more sustainable?

ANNEX 2: STRENGTH OF EVIDENCE FRAMEWORK/RUBRIC

Strong evidence: Evidence derived from multiple reliable sources such as key informant interviews (KIIs), focus group discussions (FGD) or survey, and desk review material (independent reviews/evaluations, monitoring data, implementing agency reports validated by monitoring trips, and independent research) and/or from multiple stakeholders AHP agencies, local partners, government, and community members.

Good evidence: Evidence derived from a more limited range of sources and stakeholders.

Some evidence: Evidence derived from a more limited range of sources and stakeholders, with very limited monitoring data

Limited evidence: Includes non-validated assertions, personal opinions and anecdotes.