

## Expressions of Interest:

### Evaluation of the COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership

#### Summary

Expressions of interest are sought from an evaluation team leader, or small team to conduct a longitudinal evaluation of DFAT's COVID-19 Pacific and Timor-Leste Preparedness Recovery NGO Partnership.

- Timing: October 2020 – March 2022.
- Budget: Up to \$200 000.
- EOI Due Date: COB Friday 16 October.

#### Background

Managing the social, economic and health impacts of COVID-19 is now the over-riding challenge for our region. While cases of COVID-19 in Pacific Island Countries (PICs) and Timor-Leste remain comparatively low, the region remains at risk of sustained outbreaks, which could quickly overwhelm health systems and push affected countries into crisis. Even without significant outbreaks, COVID-19 has the potential to wipe out a decade of economic growth. A sustained economic downturn would have far-reaching consequences for social cohesion and human development in our region.

PICs and Timor-Leste also continue to deal with the impacts of multiple disasters. In the first week of April 2020, Tropical Cyclone Harold caused widespread damage in Fiji, Vanuatu, Solomon Islands and Tonga. Vanuatu was the hardest hit, with at least 160,000 people affected and significant damage to agricultural and food crops, homes, schools and health centres. In Fiji, there was widespread damage to homes, crops, livelihoods, infrastructure and schools.

#### DFAT's Partnerships for Recovery

On 29 May 2020, the Australian Government released *Partnerships for Recovery: Australia's COVID-19 Development Response*, which sets out the Australian Government's policy and performance framework. Australia's approach will be defined by setting clear objectives for all programs and closely monitoring progress against them, in alignment with the Government's broader focus on effective implementation.

The performance system that supports the *Partnerships for Recovery* strategy has three central elements:

- A three-tier framework for reporting on the overall context, annual results, and effectiveness of Australia's COVID-19 development response efforts
- Whole-of-government COVID-19 Development Response country and regional plans setting out expected outcomes, key results and supporting investments
- Performance indicators for global programs and strategic partnership agreements with multilateral organisations.

## Response to COVID-19

Australia’s response to COVID-19 and concurrent natural disasters has been swift, with NGOs playing a key role. DFAT’s existing NGO funding mechanisms [chiefly the Australian Humanitarian Partnership, the Australian NGO Cooperation Program, Pacific Women and partnerships with the Australian Red Cross and the International Planned Parenthood Federation] enabled DFAT to provide flexible, multi-sector support, drawing on established relationships with local organisations and communities.

DFAT’s early support included the following:

- an initial \$1 million through the Australian Humanitarian Partnership to support COVID-19 preparedness and response in Timor-Leste, Fiji, Papua New Guinea (PNG), Vanuatu and Solomon Islands (\$200 000 per country);
- \$500,000 through the Australian Red Cross to support to IFRC COVID-19 global appeal in the Asia-Pacific;
- \$4.7 million through a \$100 million Pacific and Timor-Leste COVID-19 package to which included response to the economic and health shocks from COVID-19 in Samoa, Tonga, Kiribati, Tuvalu and PNG;
- \$2.95 million through AHP partners and the ARC in response to Tropical Cyclone Harold in Vanuatu and Fiji which included additional funding for COVID-19 support;
- \$8.9 million in 2019-20 through Australian NGO Cooperation Program projects which pivoted to respond to COVID-19.

In addition, in June, the \$25 million **COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership** was established (described in this document as the Partnership). This funding was allocated to the Australian Humanitarian Partnership (AHP), the Australian Red Cross (ARC) Pacific Women Shaping Pacific Development, and the International Planned Parenthood Federation (IPPF) and Sexual and Reproductive Health in Crisis and Post-Crisis Situation (SPRINT) initiatives to be implemented over an 18-month period.

The relative allocation of funding across the implementers is summarised below:

Australian Humanitarian Partnership:	<b>87%</b>
Australian Red Cross:	<b>10%</b>
International Planned Parenthood Federation / Sexual and reproductive health in crisis and post-crisis situation (SPRINT):	<b>2%</b>
Pacific Women Shaping Pacific Development:	<b>1%</b>

This \$25M COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership is the focus of this evaluation.

An additional consultancy is concurrently synthesising results from programs implemented by partners funded under the Partnership, as well as the Australian NGO Cooperative Program (ANCP), and other key regional CSO programs such as the Water for Women Fund and the Pacific Church Partnership Program. The analysis from this consultancy will inform the evaluation of the Partnership (see Annex 3).

Both the evaluation and the synthesis will be managed by DFAT through the AHP Support Unit.

## The Australian Humanitarian Partnership

As the largest recipient of funding under the COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership package, the Australian Humanitarian Partnership (AHP) will form the core focus of the evaluation. The AHP is a mechanism that brings together six Australian humanitarian NGOs, and their consortium partners, in partnership with DFAT to enable streamlined response to rapid onset and protracted crises across the globe and targeted disaster preparedness and resilience programming in the Pacific and Timor-Leste region. The AHP is supported by a dedicated, independent Support Unit providing technical inputs across partnership, MEL and communications, as well as granting and operational support.

The COVID-19 response builds upon the coordination and collaboration developed under the AHP's 4.5 year Disaster READY program in PNG, Solomon Islands, Vanuatu, Fiji and Timor-Leste (the program is in its third year of implementation). As a result, the following exists in each of the target countries:

- Consolidated, country-level COVID-19 response and recovery proposals developed collectively by AHP partners implementing in each country;
- Country-level MEL plans structured around a core set of Key Evaluation Questions (see Annex 1);
- Country level communications and visibility strategies;
- Collective reporting regimes including country-level Program Implementation Plans, Progress Reports (x2), and Final Reports;
- Dedicated country-level coordination, including nominated coordination leads, resourced through the country proposals;

In addition, the AHP Support Unit has worked with ANCP to develop 19 common COVID-19 quantitative indicators for DFAT's CSO partners (see Annex 2). These indicators will be used to aggregate data across AHP and ANCP, and potentially will also be used by other implementing partners involved in the Partnership (through support to be provided by the synthesis consultancy).

## Purpose

The overarching purpose of the evaluation is to:

1. Evaluate the outcomes of the COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership.
2. To inform adaptive management by DFAT and the NGOs by:
  - a) Providing strategic, evidence-based recommendations
  - b) Conducting the evaluation in a way which provides a learning platform for the implementing NGOs

The evaluation will take place over an 18-month period (mid-late October 2020 to March 2022).

## Scope

The evaluation will focus on the following core areas:

1. **Relevance and Effectiveness**
2. **Protection and Inclusion**
3. **Transparency and accountability** to affected populations and other stakeholders
4. **Localisation**
5. **The humanitarian-development nexus** including:
  - the extent to which NGOs are harmonising humanitarian and development programming in the COVID-19 context
  - to extent to which preparedness efforts have contributed to the response
6. **Cost effectiveness**
7. **Sustainability**
8. **Coordination** including:
  - between partners and with key government and non-government stakeholders in the humanitarian sector at the country level
  - with DFAT bilateral and regional programs

These core areas reflect the commitments of the Agenda for Humanity's Grand Bargain as well as DFAT long-term policy priorities for development effectiveness.

The evaluation will provide a set of findings from across the Partnership, however in regards to evaluation effort the evaluation design will need to consider the balance of funding to the different partners within the package and be weighted accordingly.

## Evaluation Milestone Reports

The following outlines indicative reporting dates. These will be finalised by the successful candidate in an evaluation plan:

- Early findings - end of February 2021
- Interim findings – July 2021
- Final report – at completion.

## Evaluation Reference Group

An Evaluation Reference Group will oversee the evaluation. The Reference Group will include DFAT, AHPSU, and nominated representatives from AHP partners, the ARC, Pacific Women and IPPF/Sprint. The Evaluation Reference Group will be required to endorse the major outputs from the evaluation: the evaluation design, learning agenda and evaluation updates, and all reports. The AHP Support Unit will facilitate this process and support the Evaluation Reference Group to provide its endorsements in a timely way.

## Evaluator / Evaluation Team

As this is a large-scale evaluation, it is expected that a team effort will be most effective. EoI submissions should outline the team approach, key roles of the team members etc. The Team Leader will be a senior evaluation specialist with the experience and skills specified below. Additional technical specialists could be in the areas of gender equality, disability and social inclusion, localisation, and recovery programming, particularly the intersection between humanitarian and development interventions, or other key areas identified in the submission. Strong links to Pacific and Timor-Leste based researchers or research institutions will be important in order to ensure local knowledge and local languages support direct data collection and analysis.

## Key Documents

The implementing partners (AHP, ARC, Pacific Women and IPPF/Sprint), the AHP Support Unit and DFAT will make available all relevant information and documents relating to the Partnership. This will include:

- Documents relating to the AHP response including AHP country proposals and Program Implementation Plans (PIPs); AHP country MEL plans; AHP communications strategies and communications calendars; progress reports (due 29 January and 31 August 2021), and final report (28 February 2022).
- Documents relating to the Australian Red Cross' direct support of National Red Cross Societies across the Pacific and Timor-Leste under the IFRC COVID-19 Emergency Plan of Action in the Asia-Pacific, including the provision of health support, community engagement, prepositioning supplies (including PPE) and training volunteers to support community health messaging.
- Documents relating to support for the IPPF's Pacific Strategy, with particular focus on the strengthening of sexual and reproductive health service delivery and information sharing in the COVID-19 context and the SPRINT initiative's focus on rapid gender-based violence support, PPE and hygiene support, and maternity and reproductive health support.
- Documents relating to Pacific Women's support to the Fiji Disabled People's Federation and work through the Shifting the Power Coalition to support diverse Pacific women's leadership in disaster planning and response.
- COVID-19 response synthesis reports that compile results from COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership, the Australian NGO Cooperative Program, and other key DFAT-supported regional programs like the Water for Women Fund and the Pacific Church Partnership Program.
- The [Partnerships for Recovery: Australia's COVID-19 Development Response](#) document sets out the Australian Government's policy and performance framework for the COVID-19 response.

## Team Leader Criteria

### Required skills, qualifications and experience

- Qualifications in evaluation or research, and a minimum of 15 years' experience in monitoring and evaluation

- Demonstrated experience leading evaluations in the humanitarian, health sector, and/or other related international development sectors, particularly involving people marginalised by age (especially children), ethnicity, disability and gender
- Strong understanding of evaluation ethics and a commitment to ethical working practices
- Demonstrated high level skills with quantitative and qualitative research and analysis
- Knowledge of DFAT monitoring and evaluation standards
- Demonstrated experience in remotely managing evaluation processes, including working with and managing in-country researchers
- Highly developed communication skills, including advanced English writing skills, and the ability to write clearly and concisely
- Demonstrated experience of working in the Pacific and Timor-Leste

### Desirable skills, qualifications and experience

- Demonstrated understanding of humanitarian preparedness, response and recovery and knowledge of humanitarian standards (CHS, Sphere, Code of Conduct).
- Experience evaluating complex humanitarian crises responses in the Pacific and Timor-Leste context
- Knowledge of DFAT funding mechanisms, including for humanitarian responses
- Relevant subject matter knowledge and experience regarding the key sectors of the Partnership intervention – risk communication, WASH, protection, food security and livelihoods
- Experience in working with international organisations or NGOs
- Strong understanding of the linkages between humanitarian and development programming
- Expertise in one or more of the following areas: gender equality; disability inclusion; localisation; recovery programming (with particular interest in the humanitarian-development nexus).

### Expression of Interest Application and Selection Process

Evaluators/evaluation teams should submit one expression of interest (EoI).

The EoIs will be reviewed by a selection committee and short-listed candidates will be interviewed.

The EoI should be no more than **three (3) pages** (plus required annexes). Applications that are longer than the allowed page limit, including the annex page limits **will not be considered**.

EoIs should outline:

- 1) team member/s relevant experience and qualifications (*suggested one page max*)
- 2) proposed approach, methodology, tools and timeline. NB this does not need to be a full evaluation plan, but rather a clear articulation of your approach. (*suggested two pages*)

Required annexes:

- CVs for all team members (*two pages max*).

- Contact details for two referees, including a brief explanation of why you have chosen these referees.
- A proposed draft budget for the work (*one page only*).

The EoI should clearly address the following:

1. **Real-time evaluation methodology.** How will the evaluator/evaluation team conduct a real-time evaluation approach?
2. **Learning and utilisation.** How will the evaluator/evaluation team facilitate learning and utilisation, particularly at the country level?
3. **Remote and flexible methodology.** How will the evaluator/evaluation team work within COVID-19 travel restrictions for the Pacific and Timor-Leste?
4. **Inclusion and safeguarding.** How will the evaluation ensure consistent attention to ensuring that marginalised groups and individuals have voice within both data collection and analysis processes. How will the evaluation ensure high standards of ethical conduct and safeguarding?
5. **Rigour.** What will be the proposed approach to data collection and analysis, and how will you ensure a high standard of rigour?

## Annex 1.

### Extract from the MEL Framework Template for the COVID-19 response in the Disaster READY Countries

#### Key evaluation questions (KEQ)

The following KEQs are intended to guide the monitoring, evaluation, analysis and learning of the overall COVID-19 response within each Disaster READY country. These are generic questions, which apply across all country programs. Country consortiums will be required to collect evidence in relation to these questions, in addition to providing evidence of their progress towards their end of program outcomes.

Evaluation Questions	
<b>Relevance and Effectiveness</b>	<ol style="list-style-type: none"> <li>1. How were the intended outcomes impacted by changes or events in the local or country context?</li> <li>2. To what extent were the expected outcomes achieved?</li> <li>3. To what extent did cooperation and coordination between AHP NGOs influence achievement of outcomes?</li> <li>4. To what extent has the response contributed towards stronger resilience for future disasters?</li> </ol>
<b>Protection<sup>1</sup> and inclusion</b>	<ol style="list-style-type: none"> <li>5. To what extent are response activities and processes protecting the safety, dignity, and rights of affected people?<sup>2</sup></li> <li>6. How are NGOs and their partners identifying the needs of women, girls, those with a disability and other disadvantaged people?</li> <li>7. How equitably are women, those with a disability and other disadvantaged people benefitting from the responses?</li> </ol>
<b>Efficiency</b>	<ol style="list-style-type: none"> <li>8. To what extent are the responses making good use of available resources to achieve positive outcomes at a reasonable cost?</li> <li>9. To what extent are identified risks and controls, including climate change related risks, being monitored and managed?</li> </ol>
<b>Localisation</b>  <i>(Informed by the HAG Measuring Localisation Framework)<sup>3</sup></i>	<ol style="list-style-type: none"> <li>10. To what extent are systems and processes that enable local women and men and communities to participate in and influence humanitarian responses (local and national) in place, and able to be sustained?</li> <li>11. To what extent are systems and processes that support national actors to define and lead on humanitarian action in place, and able to be sustained?</li> </ol>

<sup>1</sup> Including Accountability to Affected Populations.

<sup>2</sup> In addressing this evaluation question, NGOs are encouraged to draw on the evidence collected in relation to their AAP requirements. For example ACFID's Quality Assurance Framework (2019): [https://acfid.asn.au/sites/site.acfid/files/QAF\\_Dec19\\_published\\_large.pdf](https://acfid.asn.au/sites/site.acfid/files/QAF_Dec19_published_large.pdf).

<sup>3</sup> [https://humanitarianadvisorygroup.org/wp-content/uploads/2019/12/Measuring-Localisation-Framework-and-Tools-Final\\_2019.pdf](https://humanitarianadvisorygroup.org/wp-content/uploads/2019/12/Measuring-Localisation-Framework-and-Tools-Final_2019.pdf)



<p><b>Other DFAT policy priorities</b></p>	<p>12. Do any of the outcomes have implications for: indigenous peoples and/or their organisations, private sector actors, climate change and disaster resilience, or innovation?</p>
<p><b>Lessons</b></p>	<p>13. What have you learnt that would improve the way you do preparedness and response work for COVID-19 or other disasters?</p> <ul style="list-style-type: none"> <li>a. What have you learnt about the most effective strategies to achieve inclusive outcomes?</li> <li>b. How has your work done under Disaster READY contributed to or limited your COVID-19 response?</li> <li>c. What other lessons have you learnt?</li> </ul>

## Annex 2.

### DFAT COVID-19 Common Indicators

<b>Categories</b> Including relation to DFAT's Partnerships for Recovery Strategy	<b>#</b>	<b>Indicators</b>
Risk Communication and Engagement <i>(Health Security)</i>	H.08	<b>Number of people targeted through one-way messaging on COVID-19 prevention and access to services</b>
	H.09	<b>Number of people participating in interactive events or sessions related to COVID-19 public health measures and prevention</b>
Critical medical and water, sanitation and hygiene (WASH) supplies and improving Infection Prevention and Control (IPC) <i>(Health Security)</i>	W.01	<b>Number of people with household access to improved drinking water sources</b>
	W.02	<b>Number of people with household access to improved sanitation facilities</b>
	W.03	<b>Number of people with household access to handwashing facilities</b>
	W.04	<b>Number of public buildings with improved drinking water sources</b>
	W.05	<b>Number of public buildings with hand washing facilities</b>
	W.06	<b>Number of people reached with WASH supplies (including hygiene items)</b>
	H.10	<b>Number of items of Personal Protective Equipment (PPE) distributed</b>
	H.11	<b>Number of people who received mental health and psychosocial support</b>

Child protection, gender based violence (GBV) services, and psychosocial support <i>(Stability)</i>	CP.01	<b>Number of people who participated in sessions on prevention, reduction and response to violence, abuse and exploitation of children</b>
	G.02	<b>Number of people who participated in sessions on gender issues and women's equal rights</b>
	G.03	<b>Number of women survivors of violence receiving services such as counselling</b>
Social protection, livelihoods and economic stability <i>(Stability; Economic Recovery)</i>	L.01	<b>Number of people who adopt improved agricultural and fisheries practices</b>
	L.03	<b>Number of people provided with financial services</b>
	L.04	<b>Number of people who access social transfers (such as cash &amp; voucher assistance)</b>
	L.05	<b>Number of people reached with livelihoods support interventions</b>
	P.02	<b>Number of employees who have benefited from financial and or business development support to local micro, small or medium-sized enterprises</b>
	F.01	<b>Number of people with improved access to sufficient food</b>

## Annex 3.

### Terms of Reference – Short Term Consultancy Team

## Synthesis of civil society impact results: Pacific & Timor-Leste COVID-19 Response

### Background

Through its NGO partnership mechanisms, DFAT has rapidly responded to the COVID-19 crisis in the Pacific and Timor-Leste, utilising the on-the-ground presence, local networks, and credibility of civil society to channel resources and support. Programming leverages the strengths of existing partnerships to ensure collaborative and coordinated COVID-19 preparedness, response, and recovery activities.

COVID-19 response and recovery programming also provides opportunity to explore how civil society is harmonising humanitarian and development programming for better community impact. Examples of DFAT funding to civil society in the Pacific and Timor-Leste through regional programs include:

- Australian NGO Cooperation Program (ANCP)
- Australian Humanitarian Partnership (AHP)
- Australian Red Cross (ARC)
- International Planned Parenthood Federation (IPPF)
- Sexual and reproductive health in crisis and post-crisis situation (SPRINT)
- Water for Women Fund
- Pacific Women Shaping Pacific Development
- Pacific Church Partnerships Program (PCPP)

Under the *Partnerships for Recovery* Framework, funding for the *COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership*<sup>4</sup> includes support to the Australian Humanitarian Partnership (AHP) Support Unit to undertake monitoring, evaluation and learning (MEL) of DFAT-funded civil-society COVID-19 efforts, and enable more effective communication of the achievements of DFAT's support to the Pacific and Timor-Leste via civil society<sup>5</sup>.

This Terms of Reference outlines a requirement of the MEL component to undertake a synthesis of civil society results to ensure results and reporting approaches align global and regional programs with the *Partnerships for Recovery* strategy. It will not consider bilaterally-funded programs, and will focus specifically on the programs of largest investment and opportunity for coordination (including ANCP, AHP and ARC).

### Purpose

The Synthesis of Civil Society Results has three overarching purposes:

1. To synthesise results from across reporting regimes to provide regular COVID-19 civil society update reports that illustrate civil society's impacts (*immediate-term*).

<sup>4</sup> Valued at \$25 million over 18 months (July 2020 to December 2021), with partners including the Australian Humanitarian Partnership, Australian Red Cross, International Planned Parenthood Federation, SPRINT and Pacific Women

<sup>5</sup> See full Terms of Reference for MEL component under Services Order 73162/44

2. To recommend practical opportunities for reporting against common indicators (already developed) and a common reporting platform that is aligned across data sources to support consolidated reporting (*long term*).
3. To ensure that M&E activities usefully feed into ongoing adaptive management of COVID-19 NGO programming and contribute to evidence-based reporting and communication (*immediate term*).

While effort will be made to synthesise results across selected civil society programs, the depth of support offered to programs will be tiered according to priority and acknowledgement of already existing monitoring frameworks intended to monitor programs according to their intended aims (beyond COVID-19 programming).

1. **ANCP, AHP, ARC** – highest focus on considering alignment and common reporting platforms (i.e. SmartyGrants) to support streamlined, consolidated reporting across programs.
2. **Pacific Women, IPPF, SPRINT, Water for Women Fund, PCPP** – some support provided to integrate indicators (where appropriate) into current reporting, and draw on quantitative reporting in synthesis.

## Approach

In line with its three purposes, the synthesis of civil society impact results will be conducted in three parts.

- **Part A:** Support will be provided to civil society programs (according to tiers) to align reporting against the agreed common indicators and/or to utilise a common platform for improved synthesis and analysis. Along with the agreed indicators, this will include exploring common qualitative and narrative data that can be used to highlight impact against DFAT's *Partnerships for Recovery Framework*.
- **Part B.1):** Quantitative and qualitative data will be drawn from program reporting and will be analysed to produce evidence of their aggregate and collective impact. The focus will be Tier 1 programs, with data available captured from Tier 2 programs. This analysis will be used to produce six-monthly COVID-19 civil society update reports that capture key quantitative data and illustrate impact through qualitative and narrative reporting. Indicative reporting dates are February 2021, October 2021 and March 2022.
  - **Part B.2):** a section of the reports (up to 1 page) will highlight impact of activities by those partners funded under the *COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership*<sup>6</sup>, to provide an overview of achievements under the \$25 million package.
- **Part C:** Each report will highlight common learnings across programs, such as localisation, accountability to affected populations, support to beneficiaries across the humanitarian-development nexus. Following the submission of each report, the team will facilitate sessions with DFAT and partners to facilitate learning and adaptive management of programs. A key focus of this work will be on joining up humanitarian and development programming through a shared understanding of needs, alignment of planning cycles and strengthening of national leadership and ownership.

## Deliverables

<sup>6</sup> Valued at \$25 million over 18 months (July 2020 to December 2021), with partners including the Australian Humanitarian Partnership, Australian Red Cross, International Planned Parenthood Federation, SPRINT and Pacific Women

The following table outlines deliverables and timeframe for the identified synthesis of civil society impact results activities:

No	Deliverables	Timeframe
1.	Methodology and workplan	November 2020
2.	First COVID-19 Synthesis of civil society impact results report + learning/sharing session	February 2021
3.	Second COVID-19 Synthesis of civil society impact results report + learning/sharing session	October 2021
4.	Third COVID-19 Synthesis of civil society impact results report and recommendations on common indicators and a common reporting platform + learning/sharing workshop	March 2022

#### Management arrangements

The synthesis team will work remotely and will report to the AHP Support Unit MEL Adviser.

#### Required experience

- Experience developing and reviewing humanitarian MEL frameworks, with a focus on NGO implementing partners.
- Qualitative and quantitative data analysis skills.
- Understanding of DFAT’s humanitarian MEL standards, data needs, and reporting regimes.
- Understanding of DFAT-funded NGO humanitarian programs in the Pacific region.
- Ability to draft high quality, succinct and evidence-rich reports.