Investment Design Update: Australian Humanitarian Partnership Phase II

Start date: July 2022	**End date:** January 2027
Total proposed DFAT funding: $50 million	**Total proposed funding from all donor/s:** $50 million

EXECUTIVE SUMMARY

The Australian Humanitarian Partnership (AHP or the Partnership; Phase I 2017-22) was established in 2016 to provide a funding mechanism between the Department of Foreign Affairs and Trade (DFAT) and six selected Australian Non-Government Organisations (ANGOs) for timely and efficient responses to and recovery from rapid onset and protracted crises. Since then, the Partnership has delivered more than 44 humanitarian responses across the globe collectively valued at over $190 million, with over 7.1 million people projected to be reached. In addition, the AHP also implements Disaster READY, a disaster preparedness program implemented by the ANGOs in PNG, Vanuatu, Solomon Islands, Fiji, and Timor-Leste ($45 million over five years 2017-22). The Partnership is administered by a contracted Support Unit (the AHPSU; $5 million over five years 2017-22) who acts as a bridge between DFAT's Humanitarian and Partnerships Division (HPD) and the six ANGOs.

The AHP was designed as a 10-year partnership with two five-year phases, and the open tender for the AHPSU and the competitive grant guideline for the ANGO selection included a five-year extension option. A 2020 Mid Term Evaluation (MTE) found the AHP is an effective and high performing program that is largely fit for purpose, supporting DFAT's decision to extend the AHP into its second phase with an updated design. This Design Update Investment Design Document (IDD) will guide the implementation of Phase II (2022-27), and has been informed by extensive consultation with internal and external stakeholders from May to November 2021, together with analysis of the changing operating context, the impact of COVID-19, and lessons learnt from Phase I.

Consistent with a design 'update' and the findings of the MTE, the fundamental high-performing features of the AHP will be continued into Phase II. The AHP will continue to be implemented through the six lead ANGOs, and their consortia and local partners. It will maintain a focus on partnership and collaboration to leverage collective impact. Building on the learning from Phase I, it will work proactively to enhance resilience and minimise the vulnerability of people to disasters and the impacts of climate change. In line with DFAT policy, it will maintain and further improve gender, disability, and social inclusion (GEDSI). In addition, Phase II will:

- promote a stronger whole-of-program and partnership approach by Partners;
- strengthen the focus on localisation as key commitment and outcome;
- better leverage the comparative advantage of ANGOs and their cooperation with other stakeholders, including other DFAT funded investments; and
- incentivise innovation and collective effort to improve performance and influence others.

The program logic for AHP Phase II has been updated to reflect changes to the policy and operating context.

The goal of the AHP Phase II is:

To save lives and alleviate suffering by supporting partner countries, local organisations, and communities to prevent, prepare for, respond to, and recover from disasters and other humanitarian crises.

The objective is:

To strengthen resilience, stability, and equality, particularly in the Indo-Pacific region, by addressing the challenges of disasters, changing climate, conflict and other threats and hazards.

There are three key components to the Partnership, with associated End of Program (EOPOs) and Intermediate Outcomes (IOs) which have been updated for Phase II:

Component and EOPO 1: Disaster READY: Preparedness and Resilience

1. Women, youth, children, people living with disabilities and other at-risk groups, are better prepared for and more resilient to disasters and climate change, in selected Pacific countries and Timor-Leste.

Intermediate Outcomes:

1.1 Communities (especially at-risk groups) are empowered to plan and implement effective, gender-responsive, socially inclusive, and integrated disaster preparedness and adaptation activities.

1.2 Local civil society actors (NGOs, Community Based Organisations (CBOs), Organisations of Persons with Disability (OPDs), churches, informal groups) have improved institutional and technical capacity to fulfil their role in effective disaster preparedness and adaptation.

1.3 National and sub-national governments are supported to lead effective, gender responsive, socially inclusive, and better coordinated disaster preparedness, adaptation, and response activities.

Component and EOPO 2: Rapid Onset and Protracted Crisis Response

2. Affected populations, particularly women, people living with a disability and other at-risk groups, benefit from timely, high quality and locally led humanitarian assistance that meets priority needs appropriate to the context.

Intermediate Outcomes:

2.1 AHP NGO partners deliver timely, well-coordinated and integrated responses to rapid onset disasters that promote early recovery and resilience to future disaster.

2.2 AHP NGO partners deliver responses to protracted crises with context-specific design and management arrangements that promote sustainability.

2.3 AHP NGO partner responses in Disaster READY countries demonstrate increased local leadership, coordination, and capacity.

Component and EOPO 3: Partnership learning and practice

3. AHP Partners and other humanitarian stakeholders in Australia and the region strengthen policy and practice through collaboration and lessons learnt.

Intermediate Outcomes:

3.1 AHP NGO Partners learn and adapt through reflection, monitoring, evaluation, and learning (MEL) and research.

3.2 AHP NGO Partners enhance program quality through joint activity in key cross-cutting areas, including localisation, accountability to affected populations, and GEDSI.

3.3 AHP Partners engage effectively with external stakeholders at country, regional and global levels.

Phase II will continue to be delivered through the AHP's three delivery mechanisms:

1. ANGOs and their local partners plan, implement and adapt humanitarian programs in accordance with international humanitarian, DFAT policy and agreed MEL standards.

2. The AHPSU facilitates coordination, communication and learning between DFAT, ANGOs and other stakeholders to promote overall program quality, compliance, and collaboration.

3. DFAT HPD leads policy and program engagement with internal and external stakeholders to mobilise resources, ensure policy coherence and represent Australia's interests.

The AHP governance arrangements have been updated to be fit-for-purpose and strengthen local and inclusive representation for Phase II. A revised Steering Committee will be responsible for advising on the strategic direction, oversight, and decision-making of the Partnership with membership comprised of a Director from HPD (Chair), representatives from each ANGO and a disability organisation, and representatives from consortia, local

partners and other stakeholders invited to all relevant sessions. Disaster READY Country Committees (DRCCs) will remain the country-level governance bodies for Disaster READY with a newly formalised role in humanitarian response.

The AHP implementation arrangements will remain consistent with Phase I. DFAT will extend its Deed of Standing Offer with the AHPSU to 2027, and the AHPSU will extend or enter into revised contractual arrangements with the six lead ANGOs who will in turn update their arrangements with consortia and local partners.

The Terms of Reference (TORs) for the AHPSU have been updated consistent with the design. Updates have also been made to the key processes for decision making and implementation of each component of the program: Disaster READY, rapid onset and protracted crisis; and partnership learning and practice. These arrangements will be regularly reviewed by the AHPSU and Steering Committee for continuous improvement in Phase II.

The MEL strategy for AHP Phase II has been refined and strengthened to:

- adopt a stronger focus on whole-of-program outcomes at the partnership level (relating to the EOPOs and IOs included in the program logic);
- promote adaption, program improvement and learning through MEL activities;
- support AHP ANGO Partners to enable communities and affected populations to engage in and make decisions that improves implementation;
- ensure that a core data set is available, so that reporting and information can be made available to different stakeholders as required; and
- reinforce inherent incentives and accountability for strong performance of ANGOs to undertake good MEL practice, and meet international humanitarian and DFAT standards.

A total of $50 million over 4.5 years is available for Component 1 (Disaster READY), Component 3 (partnership learning and practice) and the AHPSU, while funding for Component 2 (rapid onset and protracted crisis responses) will be allocated by DFAT on an ad-hoc, as needed basis through the life of the partnership. Disaster READY costs for Phase II will include: ANGO core allocations for Disaster READY ($1.25 million per ANGO per year), and increased funds for DRCCs (up to $300,000 per year per country).

Risk management in Phase II will continue to be shared between partners according to their implementation responsibilities and accountability. ANGOs are responsible for activity implementation and downstream partner compliance including safeguards. The AHPSU is responsible for program-wide risk monitoring, analysis and reporting at the Partnership level. The Steering Committee and DFAT are responsible for monitoring strategic and policy risks emerging from the changing context or performance of partners under the program.

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Acronyms

ACFID	Australian Council for International Development
AHP	Australian Humanitarian Partnership
AHPSU	AHP Support Unit
AHP Partners	DFAT, the AHPSU and ANGOs, their consortia members and local partners
AHP NGO Partners	ANGOs, their consortia members, country offices and local partners
ANCP	Australian NGO Cooperation Program
ANGOs	The six lead Australian Non-Government Organisations of the AHP as per Figure 1, heading various consortia, including their country offices/national branches
APCP	Australia Pacific Climate Partnership
ARC	Australian Red Cross
CAN DO	Church Agency Network – Disaster Operations (consortium of faith-based Australian NGOs)
CBO	Community Based Organisation
CCA	Climate Change Adaptation
CHS	Core Humanitarian Standard
CSO	Civil Society Organisation
DFAT	Department of Foreign Affairs (Australia)
DRCC	Disaster READY Country Committee
DR	Disaster READY
DRR	Disaster Risk Reduction
EOPO	End of Program Outcome
FRDP	Framework for Resilient Development in the Pacific
FTE	Full-time equivalent
GBV	Gender-based violence
GEDSI	Gender, disability inclusion and social inclusion
Gov4Res	Governance for Resilience Program
HAG	Humanitarian Advisory Group
HDS	Humanitarian and Development Deployments Section, Humanitarian Partnership Division
HPD	Humanitarian Partnerships Division (of DFAT)
HRG	Humanitarian Reference Group (of ACFID)
IDD	The Australian Humanitarian Partnership Phase II Investment Design Document
IDPs	Internally Displaced Persons
IO	Intermediate Outcome
ISR	Independent Strategic Review

LES	Locally engaged staff
Local partners	National NGOs or CBOs, universities and other AHP NGO implementing partners
MEL	Monitoring, Evaluation and Learning
MELF	Monitoring, Evaluation and Learning Framework
MTE	Mid Term Evaluation
NGO	Non-government organisation
OPD	Organisations of Persons with Disabilities
P4SP	Partnerships for Social Protection
PACMAS	Pacific Media Assistance Scheme
PG	Partner Government
PPA	Partner Performance Assessment
PRS	Protracted Crisis Section, Humanitarian Partnership Division
SC	Steering Committee
SOGIESC	Sexual Orientation Gender Identity & Expression & Sex Characteristics
SPC	Secretariat of the Pacific Community
TOR	Terms of Reference
VAHSI	DFAT's Vaccine Access and Health Security Initiative
UN	United Nations
WASH	Water, sanitation, and hygiene
WRO	Women's Rights Organisation

A. INTRODUCTION

1. The Australian Humanitarian Partnership (AHP) was established in 2016 as a partnership between the Australian Government (Department of Foreign Affairs and Trade, DFAT) and Australian NGOs (ANGOs).[1] The AHP enables DFAT to work with ANGOs to deliver effective humanitarian assistance and support local actors and communities to take a leadership role in preparedness, response, early recovery, risk reduction and resilience efforts. Through the AHP, DFAT and ANGOs coordinate and collaborate to respond to protracted and rapid onset disasters. The AHP also implements Disaster READY - an initiative in Timor-Leste and four Pacific countries (PNG, Vanuatu, Solomon Islands and Fiji) that aims to strengthen disaster preparedness in cooperation with communities and local organisations. The AHP is supported by a standalone AHP Support Unit (AHPSU) contractor.

2. The AHP was designed as a 10-year partnership (2017-27) with two five-year phases. In 2016, six ANGOs - CARE Australia, Caritas Australia, Oxfam Australia, Plan International Australia, Save the Children Australia, and World Vision Australia (leading various consortia partners as per Fig 1) - were selected to form the AHP and Alinea International was selected to provide the AHPSU Services through competitive selection processes. The first five-year phase (2017-22) had a budget of $50 million for Disaster READY and the AHPSU, with rapid and protracted response funding provided ad hoc subject to government approval (over $190 million has been contracted to date across more than 44 responses). The AHP contract arrangements included an option to extend the Partnership for the second five-year phase (2022-27).

Fig 1: Lead ANGOs and their consortia partners[2]

Caritas Australia *CANDO network:* - Act for Peace - Adventist Development & Relief Agency - Anglican Board of Mission - Anglican Overseas Aid - Australian Lutheran World Service - Transform Aid International - Uniting World	**Plan International Australia** ▪ ChildFund Australia ▪ Action Aid ▪ International Medical Corps UK ▪ CBM Australia ▪ Australian Volunteers International	**CARE Australia** ▪ Live & Learn
Oxfam Australia ▪ ABC International Development ▪ CBM Australia ▪ Habitat for Humanity Australia	**World Vision Australia** ▪ Bureau of Meteorology (BoM) ▪ CBM Australia ▪ Field Ready ▪ Habitat for Humanity Australia	**Save the Children Australia**

3. A 2020 Mid Term Evaluation (MTE; summarised in Annex 6) found the AHP is an effective and high performing program that is largely fit for purpose and delivering on Australia's strategic objectives.[3] The delivery approach has leveraged existing Australian NGO expertise and global reach and DFAT NGO accreditation, due diligence, and quality systems to enable an efficient humanitarian response mechanism. Through Disaster READY, the AHP has contributed to improved disaster preparedness in Timor-Leste and four Pacific countries. The AHP has also delivered high quality support to populations affected by crisis, including critical support to communities and partner countries in the Indo-Pacific to respond to COVID-19 and other disaster events.

[1] AHP builds on a predecessor program, the DFAT-NGO Humanitarian Partnership Agreement which operated for six years.

[2] In addition to the lead ANGOs and their consortia partners, AHP NGO Partners also include local partners (national NGOs or CBOs) who are engaged on a case-by-case basis

[3] Australian Humanitarian Partnership (AHP) Mid-Term Evaluation (2020) and Management Response (2021)

4. These findings supported DFAT's decision to extend the AHP into its second phase and undertake an update of the existing design (one of DFAT's ADAPT design pathways) to reflect lessons learned and changes in context. This Design Update Investment Design Document (IDD) will guide the implementation of Phase II (2022-27) and has been informed by extensive consultation with internal and external stakeholders from May to November 2021, together with analysis of the changing operating context, the impact of COVID-19, and DFATs management response to the MTE (Annex 6).

5. The process of developing the IDD, while highly consultative, required decisions to be made that could not satisfy all interested stakeholders. This final version seeks to find an appropriate balance between retaining the successful elements of Phase I, incorporating new ideas and approaches, and changing some emphases to reflect contemporary priorities.

B. DEVELOPMENT CONTEXT AND SITUATIONAL ANALYSIS (WHAT PROBLEM ARE WE ADDRESSING?)

6. **The 2022 Global Humanitarian Overview tells us that humanitarian need has increased to the highest figure in decades.**[4] In 2022, 274 million people will need humanitarian assistance and protection - a significant increase from 235 million people a year ago. Conflicts continue to be the leading driver of humanitarian crises, hunger, and malnutrition, with the most severe impacts falling on the vulnerable including children and persons living with disabilities. More than 1 per cent of the world's population is now displaced, about 42 per cent of whom are children. Millions of internally displaced people (IDPs) are living in protracted situations, and 40 per cent fewer were able to return home in 2020 compared to 2019. Women and girls remain at increased risk of conflict related sexual violence, and over 70 per cent of women and girls in humanitarian settings have experienced gender-based violence (GBV). People living with disabilities continue to face heightened risks, such as exclusion, discrimination, and violence, as well as a lack of representation and access to services.

7. **COVID-19 is playing a major role, increasing vulnerability and need while changing the way we work.**[5] Hard-won development gains in employment, food security, education and health care have been reversed by the disruption of the pandemic. In two thirds of countries with a Humanitarian Response Plan, an additional 20 million people have been pushed into extreme poverty, increasing humanitarian need and fuelling conflict. Women and younger workers have been disproportionately impacted by job losses, and for every three months that COVID-19 lockdowns continue, an additional 15 million GBV cases are expected to occur. Compounding these effects have been the operational and travel constraints of the pandemic, which have changed approaches to international humanitarian action. The MTE found that AHP responses during the pandemic led to a greater reliance on the leadership of ANGO in-country offices and local organisations. While they demonstrated strong capability and performance, the additional workload and responsibilities stretched local resourcing and the MTE recommended strengthening in-country planning and local capacity for leading disaster responses. Lessons from COVID-19 and other disaster responses in the Pacific also indicated the Partnership needs to work more adaptively to respond directly to local conditions and changes in context.

8. **Climate change continues to both drive and exacerbate humanitarian need and the associated instability and inequality, particularly for the Pacific.** Our region is already prone to natural hazards and climate change is increasing their frequency and intensity.[6] This is leading to an emerging and previously

[4] OCHA (2022) 'Global Humanitarian Overview'

[5] OCHA (2022) 'Global Humanitarian Overview'

[6] UNDRR Update, 27 January 2021.

unseen complex riskscape[7] and the most recent assessments indicate that Pacific Island countries will be subject to some of the worst climate change outcomes in terms of GDP, health, and overall stability. The MTE noted comprehensive feedback from stakeholders that the AHP should work more proactively to enhance resilience[8] and minimise the vulnerability of people to disasters and the impacts of climate change, consistent with the Framework for Resilient Development in the Pacific (FRDP) and the Sendai Framework for Disaster Risk Reduction 2015-2030 (Sendai Framework).

9. **The impacts of COVID-19, climate change and increased complexity in both protracted and rapid onset disasters, have blurred the boundaries between preparedness, response, and recovery.** The findings from the MTE suggest that in many settings AHP NGO Partners are already working across the humanitarian-development nexus[9], with preparedness and risk reduction efforts linked or contiguous with disaster response, recovery, and development programming (often financed from other sources). The utilisation of Disaster READY governance structures to support the Australian government's responses to COVID-19 and other disaster events in Phase I has demonstrated this. The MTE proposed that the next phase of the mechanism provides the opportunity to position the AHP as a more integrated holistic program focused on resilience, better able to shift between preparedness, response and recovery as required.

10. **The localisation agenda has emerged as a strong driver for change in humanitarian response**. While AHP Partners have been committed to the principles of localisation and the MTE identified areas where progress has been made, independent reviews indicate that overall progress by the humanitarian and development community towards localisation in the Pacific and elsewhere has been slow and insufficient. Going forward, this next phase of AHP provides the opportunity to demonstrate Australia's international commitment to localisation through the development of a common agenda and a strategy tailored to specific country contexts. This aligns with DFAT's approach to localisation across the international humanitarian aid and development portfolio. In the Pacific, progress on localisation will provide Australia with the opportunity to demonstrate its commitment to partnership and locally led recovery in line with DFAT policy.[10]

11. **DFAT supports related programs, particularly in the Pacific, which provide AHP with the opportunity to leverage greater impact and new stakeholders have emerged.** The Australian Pacific Climate Partnership (APCP), Partnerships for Social Protection (P4SP), Pacific Women Lead, the Women's Resilience to Disasters program, the Pacific Governance for Resilience (Gov4Res) program and other humanitarian programs such as Australian Red Cross (ARC), pursue similar and related objectives to AHP. There are complementary initiatives led by other development partners, such as the UN and NZ MFAT. In addition, the Emergency Action Alliance (EAA) has emerged providing a single public funding portal for 16 Australian humanitarian charities. While AHP has been cognisant of these connections, more strategic cooperation can be developed in Phase II. There is opportunity to develop much clearer lines of coordination with these related programs (regionally and at the country level), both to reduce the burden on local partners and maximise opportunities for increased shared outcomes.

12. In addition to these contextual and sectoral changes, other drivers for change in the Phase II design include the following lessons learned.

13. **The Partnership has matured through Phase I, with a gradual strengthening of collaboration between AHP NGO partners and increasing appetite for local leadership.** This has seen a move towards collective or

[7] Asia-Pacific Disaster Report, 2021

[8] Resilience is defined as the capacity of communities to proactively and inclusively manage disaster risks

[9] The transition or overlap between the delivery of humanitarian assistance and the provision of long-term development assistance

[10] DFAT (20209*) Partnerships for Recovery*

all-partner approaches for humanitarian response in Disaster READY countries, as well as in some multi-year responses (for example Bangladesh). In Disaster READY countries, responsibility for response proposal design and oversight also shifted away from ANGOs in Australia towards AHP NGO partners in-country during COVID-19. The MTE found these trends added value to implementation, and enhanced localisation. However, they also created complexities in accountability and efficiency. To maximise the benefits for Phase II, the AHP needs to take a stronger whole-of-Partnership approach with processes and shared objectives that guide collective action by AHP NGO Partners. It also needs to more clearly define the accountability and management roles of ANGOs and their local partners. Finally, it requires more efficient and locally effective governance and coordination, MEL, quality control and risk management.

14. **The MTE found that while outcomes vary across countries, results show that overall the empowerment of women has been more effective than the inclusion of people living with disability in the AHP.** An evaluation of disability inclusion in Disaster READY reinforced these findings and noted a range of opportunities for stronger practices.[11] The second phase of the program provides the opportunity for more differentiated strategies and approaches to increase effective GEDSI, including a focus on intersectionality[12] and addressing vulnerability to violence against women in disaster and humanitarian crisis. The link between evaluation of AHP programs and accountability for performance, particularly in the areas of GEDSI, will be strengthened through governance mechanisms.

15. **There is a need for stronger outcomes-based and accountable MEL, and more can be done to contribute to learning in the humanitarian sector.** The MTE found that considerable attention has been given to MEL to meet reporting requirements, and to independent evaluations to support learning and improvement of AHP NGO Partner implementation. Less attention has been given to MEL systems to promote local learning and accountability to local populations and stakeholders and assess progress at the outcome level. In addition, in Phase I there were limited opportunities and resourcing to share learning for wider improvement of the humanitarian sector. This next phase of the program provides the opportunity to streamline MEL requirements, rebalance these to reinforce learning throughout the program and accountability for affected populations, and invest more in knowledge brokering internally and externally.

C. STRATEGIC INTENT AND RATIONALE (WHY?)

Strategic Setting and Rationale for Australian/DFAT Engagement

16. The strategic rationale for the AHP set out in the Phase I IDD[13] remains highly relevant to the current policy context:

- ***Strengthening preparedness for and responding to disasters and other humanitarian crises supports Australia's strategic and development objectives, particularly in Timor-Leste and the Pacific***. Consistent with the Australian Government's current development policy *Partnerships for Recovery: Australia's COVID-19 Development Response (*Partnerships for Recovery*)*,[14] strengthened preparedness for, response to and recovery from humanitarian crises contributes to health security, stability, and economic recovery in our region and around the world. The AHP's work to mitigate the impacts of COVID-19 and climate change, promote Pacific-led coordination,

[11] Disability Inclusion in Disaster Preparedness and Response: an evaluation of disability inclusion in the Disaster READY program in Fiji, Vanuatu, Solomon Islands, Papua New Guinea, and Timor-Leste June 2021

[12] The ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation.

[13] Australian Humanitarian Partnership: A partnership between DFAT and Australian NGOs – Investment Design Document 11 May 2016

[14] DFAT (2020) *Partnerships for Recovery*

and support regional cooperation and cross-country learning also demonstrates Australia's commitment to the policies of Pacific Island governments and regional institutions.

- ***Supporting a regional and global agenda for humanitarian assistance positions Australia favourably in the international community.*** In line with *Partnerships for Recovery*, advancing policy and good practice in humanitarian spaces globally positions Australia as a supporter of the rules-based system. It also reinforces Australia's relationship with other like-minded countries who seek to address humanitarian need.
- ***Working with ANGOs and their consortia and local partners advances our priorities for localisation, GEDSI and meeting the needs of crisis-affected people.*** Consistent with DFAT's Effective Development Partners Statement[15] NGOs are highly effective partners for humanitarian assistance due to their reach into remote areas and fragile and conflict affected states, their trusted local relationships, networks, and knowledge, their established corporate infrastructure and capabilities, the visibility that NGOs provide to the Australian aid program, and their expertise in inclusive development, local capacity strengthening and empowering local communities.

17. Key features of this Phase II design will also ensure the AHP is contributing to Australia's current and emerging key policy priorities, including:

- ***Building resilience to climate change.*** Australia has committed to doubling its climate financing to $2 billion over the five years of 2020–25 to ensure that communities in the Indo-Pacific region are better prepared and more resilient to the impacts of climate change. Consistent with DFAT's *Climate Change Action Strategy 2020-25,* in Phase II the AHP through Disaster READY will help deliver on this commitment by supporting local organisations and local communities to identify and adapt to climate risks and hazards and increase their capacity to respond to and bounce back after disasters. The Partnership will also investigate options for limiting the environmental impact of humanitarian response.
- ***Responding to COVID-19.*** COVID-19 is likely to threaten security, stability, and recovery in our region and beyond for years to come. The local capability and technical expertise of AHP NGO partners enabled them to implement over $45 million in high quality COVID-19 response programming in the Indo-Pacific in Phase I. This included activities in water, sanitation, and hygiene (WASH), risk communications and community engagement, and support for vaccine rollout to marginalised groups funded by the Vaccine Access and Health Security Initiative (VAHSI), through both dedicated programming and in concert with concurrent disaster responses. COVID-19 response activities currently underway will continue into Phase II, and the Partnership retains capacity to support additional countries as required subject to additional funding. Preparedness for and the impact of COVID-19 will also be considered in the problem analysis for Disaster READY country planning.
- ***Strengthening local capacity and leadership, particularly in our region.*** *Partnerships for Recovery* includes a renewed commitment to localisation and in Phase II, the AHP through Disaster READY will help deliver on this policy priority by moving to a country-led planning process, strengthening the role of Disaster READY Country Committees (DRCCs), and adopting country-specific localisation strategies. This will include articulating the expected changes in roles, capacities and participation of local actors and affected populations in outcomes, implementation, and MEL arrangements. Localisation will also continue to be a focus in rapid and protracted responses through developing and implementing contextualised localisation strategies.
- ***Innovation and value for money.*** Anticipatory action approaches will be explored in Phase II capitalising on lessons learned across the sector that acting early, before a disaster strikes, can

[15] Working with Non-government organisations (NGOs): Effective Development Partners Statement | Australian Government Department of Foreign Affairs and Trade (dfat.gov.au)

reduce suffering, response time, and response costs. In addition, Disaster READY will continue to provide scope for supporting Cash and Voucher Assistance preparedness, which can increase beneficiary reach and facilitate swift, flexible assistance for affected and vulnerable populations as well as support broader social protection systems.

- ***Building stronger partnerships.*** Phase II will promote more collaboration between AHP NGO Partners and a stronger whole-of-program approach to strengthen collective impact. It will also work more consciously to share lessons and innovation with external stakeholders. This will be achieved through a more holistic view of and approach to the three program components; strengthened shared governance, accountability, decision making and reporting processes; a re-balancing of MEL resources and focus towards the higher-level program outcomes; more resources for joint activity, communications, and public diplomacy; and arrangements for sharing lessons and supporting DFAT-led policy engagement.

18. **There are potential areas for further development of AHP which are outside the scope of this design update** but may be considered during the life of the program or in a new investment design. These include:

- ***Disaster READY scope.*** Due to current budget limitations, Disaster READY will remain focused on the current five countries of Timor-Leste, Vanuatu, PNG, Solomon Islands and Fiji. Should additional budget become available, consideration may be given to expanding the program to other vulnerable Pacific countries such as Tonga, Kiribati, or Tuvalu, and/or expanding impact in the existing countries.
- ***AHP implementing partners.*** The six lead AHP ANGOs were selected due to their global footprint, technical and organisational capacity, compliance with DFAT Australian NGO Cooperation Program (ANCP) accreditation requirements and commitment to international humanitarian standards. The MTE found the selected ANGOs have consistently demonstrated capacity to respond to DFAT priorities and interests and deliver high quality programming. As a result, DFAT has decided to extend the current contractual arrangements consistent with the terms of the original approach to market, and the AHP will not expand to include new ANGOs nor international or regional partners. However, individual consortia membership and other local partner engagements can be varied by the ANGOs.
- ***Direct funding to in-country organisations.*** Consistent with Phase I, DFAT will continue to direct funding through ANGOs as intermediaries for humanitarian response. However, strategies for increasing the proportion of downstream funding for local NGOs and other in country stakeholders (including a local response fund) may emerge through Localisation Strategies, be piloted in Phase II subject to additional budget and/or be considered for future programs.
- ***Integration with ANCP.*** Where there is a shared footprint between ANCP and AHP there are opportunities to strengthen holistic programming across the humanitarian-development nexus. While some improved activity-level cooperation is proposed by this design, the potential for more in-depth alignment or integration will be explored through the 2022 ANCP evaluation and recommendations.
- ***Predictable multi-year funding for disaster response***. Establishing predictable or guaranteed funding amounts for disaster response either annually or for the life of the program, which may enable ANGOs to better plan and resource their capacity and that of their partners to respond when required, is not currently feasible given the nature of Australia's humanitarian response funding.

D. PROPOSED OUTCOMES AND INVESTMENT OPTIONS (WHAT?)

Program Logic

19. The program logic for AHP Phase II has been updated to reflect changes to the policy and operating context. The original program logic for Phase I is included for reference at Annex 5.

20. The goal of the Partnership for Phase II is:

> **To save lives and alleviate suffering by supporting partner countries, local organisations, and communities to prevent, prepare for, respond to, and recover from disasters and other humanitarian crises.**

The objective of the investment is:

> **To strengthen resilience, stability, and equality, particularly in the Indo-Pacific region, by addressing the challenges of disasters, changing climate, conflict and other threats and hazards.**

The goal retains the original objectives of the Partnership to 'save lives and alleviate suffering' drawn from the principles of good humanitarian donorship to which Australia has been a signatory since 2013. It has been updated to reflect Australia's commitment to proactively working to prevent as well as prepare for and respond to disasters. The objective reflects Australia's policy interests in building stability, resilience and equality while recognising the complex challenges of climate change and conflict, particularly in the Indo-Pacific region.

21. There are three components to the Partnership, each with an End of Program (EOPO) and Intermediate Outcomes (IOs). EOPO 1 and 2 are framed in recognition that the AHP is a flexible multi-country mechanism designed to implement country and context-specific programming.

EOPO 1: Disaster READY

1. Women, men, youth, children, people living with disabilities and other at-risk groups,[16] are better prepared for and more resilient to disasters and climate change, in selected Pacific countries and Timor-Leste.

Intermediate Outcomes:

1.1 Communities (especially at-risk groups) are empowered to plan and implement effective, gender-responsive, socially inclusive, and integrated disaster preparedness and adaptation activities.

1.2 Local civil society actors (NGOs, Community Based Organisations (CBOs), Organisations of Persons with Disability (OPDs), churches, informal groups) have improved institutional and technical capacity to fulfil their role in effective disaster preparedness and adaptation.

1.3 National and sub-national governments are supported to lead effective, gender responsive, socially inclusive, and better coordinated disaster preparedness, adaptation, and response activities.

The revised EOPO reflects that local communities are the first responders to any disaster, and they remain the key focus of Disaster READY's preparedness and resilience activities in the Pacific and Timor-Leste in line with the comparative advantage of AHP NGO Partners. The EOPO incorporates GEDSI as a key principle and outcome of the approach, acknowledging the disproportionate impact of disasters on women, girls and marginalised groups and their important role as agents of change, and emphasises the adoption of a resilience lens for Phase II in line with the FRDP.

[16] including people marginalized by age, ethnicities, geographical remoteness and diverse sexual orientation and gender identity.

There are three key strategies to achieve the EOPO reflected in the IOs: 1.1 building community resilience and preparedness, particularly ensuring that all people are included in planning, implementation, and assessment of activities; 1.2 strengthening civil society actors (NGOs, CBOs, OPDs, churches and informal groups); and 1.3 strengthening organisational capacities and institutional arrangements of partner governments to ensure effective coordination at local level. This represents a simplification of the program logic for Disaster READY, which had five dedicated IOs in Phase I and was found by the MTE to generate too many indicators. Key elements of these former objectives are incorporated in the Program Principles and safeguarded through the Implementation Arrangements.

EOPO 2: Rapid Onset and Protracted Crisis Response
2. Affected populations, particularly women, people living with disabilities and other at-risk groups, receive timely, high quality and locally led humanitarian assistance that meets priority needs appropriate to the context.
Intermediate Outcomes:
2.1 AHP NGO Partners deliver timely, well-coordinated and integrated responses to rapid onset disasters that promote early recovery and resilience to future disaster.
2.2 AHP NGO Partners deliver responses to protracted crises with context-specific design and management arrangements that promote sustainability.
2.3 AHP NGO Partner responses in Disaster READY countries demonstrate increased local leadership, coordination, and capacity.

This EOPO (consistent with the objectives of Phase I) reflects the critical priority for Australia in disaster and humanitarian crisis response - to deliver timely, well-planned, well-coordinated and locally led assistance. Responses must be inclusive and address vulnerability due to gender, age, religion, disability, ethnicity, sexual orientation, or other attributes. There is no geographical limit to the AHP's response capacity, though it is expected the Indo-Pacific will remain a key focus. The specific sectors that may be addressed in humanitarian response will vary according to the needs of the context, but may include WASH, health, shelter, protection, education, food security, livelihoods, early recovery, or others as appropriate.

The IOs reflect the different drivers of the Partnership in responding to a rapid onset disaster versus protracted crisis, and the link between Disaster READY and response activities. IO 2.1 emphasises resilience and early recovery in the planning and implementation of rapid-onset response as the disaster recovery phase provides unique opportunities for building a culture of reducing disaster risks (including building back better/safer). IO 2.2 reflects the importance of developing tailored governance and management approaches, and the need for greater consideration of sustainability, when responding to protracted crises. IO 2.3 recognises that responses in Disaster READY countries will be enhanced by the AHP's investment in disaster preparedness and be increasingly locally led in line with capacity.

The Operational Arrangements for the IOs have been updated to ensure that the selection process for partners and proposals is fit-for-purpose and able to deliver on the EOPO.

EOPO 3: Partnership learning and practice
3. AHP Partners and other humanitarian stakeholders in Australia and the region strengthen policy and practice through collaboration and lessons learnt.
Intermediate Outcomes:
3.1 AHP Partners learn and adapt through reflection, MEL and research at an activity, country, and partnership level.
3.2 AHP partners enhance program quality through joint activity in key cross-cutting areas, including localisation, accountability to affected populations, and GEDSI.

3.3 AHP partners (including DFAT and AHPSU) engage effectively with external stakeholders at country, regional and global levels.

This EOPO captures the value-add and contribution of the 'Partnership' approach to the investment. A key benefit of a collaborative approach to humanitarian preparedness and response, and of collective governance and implementation arrangements, is that the comparative advantage, expertise, and experience of each ANGO and their local partners is available to others. This is particularly the case at county level for Disaster READY countries, where ANGOs are funded for both preparedness and response. Further, this EOPO recognises that this investment complements Australia's other investments with regional bodies, the UN system and partner governments. This EOPO provides an opportunity to analyse and understand the broader benefits of the Partnership, and to assess how it has influenced and supported other DFAT investments and the broader humanitarian system at country and regional levels.

The intermediate outcomes reflect the three key strategies and resources required to achieve these broader benefits: shared approaches to MEL which emphasise adaptation, country specific and locally driven responses; joint activity in cross-cutting themes which are relevant to the quality of all ANGO programs; and effective external stakeholder engagement, including communications and public diplomacy. Detailed operational arrangements and budget allocation for these activities is included under Implementation Arrangements.

22. Program-wide Outputs for each of the components are outlined in the Program Logic at Annex 1 and in Implementation Arrangements and reflect the key deliverables to be implemented by Partners, coordinated, and reported by the AHP Support Unit.

Delivery Approach

23. The program has three delivery mechanisms consistent with Phase I. The MTE found these mechanisms made relevant and effective use of Australian funding, enabled Australia to address the needs of affected populations in rapid and slow onset disasters, and were generally efficient.

1. ANGOs and their local partners plan, implement and adapt humanitarian programs in accordance with international humanitarian standards, DFAT policy and agreed MEL standards.

For Disaster READY, DFAT will allocate funding equally amongst the six ANGOs, and each ANGO will allocate funds to eligible countries based on their footprint, capacity of local partners and prioritised needs. For rapid onset and protracted crisis, ANGOs will receive funding for activities based on a collaborative or competitive selection process, as described under Implementation Arrangements. ANGOs will be responsible for planning, financial and contractual obligations, capacity enhancement of local partners, MEL, reporting, and risk management related to their approved activities and funding.

2. The AHPSU facilitates coordination, communication and learning between DFAT, ANGOs and other stakeholders to promote overall program quality, compliance, and collaboration.

The MTE found that having a contracted AHPSU to act as a 'facilitator' and 'enabler' added value to the Partnership and increased effectiveness and efficiency. The AHPSU assisted DFAT considerably in its ability to manage the large-scale administration required by a global NGO funding program. It also provided value to all partners in areas such as MEL, learning and communications, and increasing the public visibility of the AHP. The AHPSU will continue this role into Phase II and its detailed functions are outlined under Governance and Management Arrangements. The role of the Steering Committee has been strengthened for Phase II to reinforce the primary accountability of ANGOs for program performance, allowing emerging issues to be raised and addressed without distorting the coordination and facilitation role of the AHPSU.

3. DFAT Humanitarian Partnership Division (HPD) leads policy and program engagement with internal and external stakeholders to mobilise resources, ensure policy coherence and represent Australia's interests.

DFAT has an active and strategically important role in delivering the program and contributing to the EOPOs. Consistent with Phase I, DFAT HPD will remain an active participant in governance and decision making and is responsible for mobilising resources and engagement with bilateral and regional programs in DFAT. It is also responsible for setting the policy direction and priorities for external engagement, managing the AHPSU contract and providing timely and strategic communications to all Partners about strategic and policy concerns. Progress and performance in this output will be assessed as part of the annual Partnership Health Check, and through ongoing internal DFAT supervision. It will be included in reporting through the Humanitarian Investment Monitoring Reports.

24. Other delivery arrangements such as a more traditional managing contractor role for the AHPSU, or DFAT contracting the ANGOs directly, were not considered better value-for-money alternatives for Phase II. The tri-partite partnership model has its limitations (including the increased time and other resources associated with sustaining trust-based effective communications and clear accountabilities across all parties). However, it has also proven through Phase I to improve DFAT's capacity to focus effort at the strategic level, harness the benefits of collaborative/collective strategic direction-setting, and increase shared ownership of benefits and risks which would not be possible in other models.

Program Principles

25. Implementation of governance, management and delivery by the whole Partnership in Phase II will be guided by updated AHP Program Principles. These Principles are preliminarily outlined in Fig 2 but will be negotiated and agreed by all Partners through a Partnership Charter prior to the start of Phase II (by July 2022).

Fig 2. AHP Program Principles

Resilient development: AHP Partners will adopt a holistic approach that recognises that the continuum of preparedness, response, recovery to development, and integrates climate and disaster risk into all stages of the humanitarian-development nexus, in line with the Framework for Resilient Development and the Sendai Framework.

Localisation: AHP Partners will work to progressively strengthen and transition the role and function of local communities and civil society organisations to better enable them to lead disaster preparedness, response recovery and climate change adaptation in collaboration with Partner Governments and other actors.

Inclusion and diversity: AHP will ensure that the rights of women and people living with disabilities, and other marginalised people, are protected with targeted strategies; that they are recognised, engaged, and supported as decision makers and leaders; and that GEDSI is 'mainstreamed;' in all AHP activities. The clear intent for Phase 2 is to move towards a 'transformational' approach to gender-related programming.

Partnership and collaboration: AHP Partners will work to achieve mutual benefit, recognising the comparative advantage and diverse contributions of different partners and actors. They will support learning and collective action to improve performance of the humanitarian system.

Standards, quality, and safeguards: AHP partners will be accountable to affected populations, as well as international humanitarian standards, principles, and agreements, including SHPERE, Core Humanitarian Standard, Sendai Framework, the Grand Bargain 2.0, and Do No Harm.

E. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

26. The AHP Governance and Management Arrangements have been updated to ensure they are fit-for-purpose for Phase II.

Governance Arrangements

27. Similar to Phase I, a Steering Committee will be responsible for advising on the strategic direction, oversight and decision-making of the Partnership including Disaster READY. Meetings will be structured in separate sessions covering AHP policy and strategic direction, humanitarian response and Disaster READY to enable participation of appropriate ANGO, local Partner and DFAT representatives related to the agenda items. The Terms of Reference are outlined in Fig 3.

Fig 3. AHP Steering Committee Terms of Reference

Objective:

The Steering Committee is responsible for making recommendations for strategic direction and assessing overall progress and relationships at the Partnership level. Meetings will predominantly be held in Melbourne or Canberra, with teleconference facilities for participants in other locations (should travel be prohibited or agencies wish to manage their carbon footprint).

Membership

Given the broad geographic and thematic scope of the AHP, the base membership of the Steering Committee will comprise:

- Director of the DFAT Humanitarian and Developments Deployments Section (Chair)
- One representative from each of the six AHP lead ANGOs
- One representative from CBM

AHP consortia partners, DRCC coordinators, ANGO Australian and in-country office representatives, local partners, other DFAT personnel and other stakeholders such as the Pacific Disability Forum will be invited to attend humanitarian response and Disaster READY sessions as appropriate and relevant, with inclusive participation and local representation the default preference. Due consideration will be given to translation and compensation for local partners, and the Committee will aim to achieve gender balance.

Scope and *functions:*

i. Establish and maintain a partnership approach to program delivery, identifying challenges and concerns for resolution by all Partners.
ii. Monitor the policy and operational context, noting implications for AHP and Disaster READY strategic direction and implementation.
iii. Reflect on the application of the Program Principles in practice and provide recommendations for quality improvement and humanitarian reforms (including for GEDSI).
iv. Make recommendations on program strategy issues and emerging priorities, including coordination, and learning with regional programs such as ANCP, APCP, Pacific Women Lead, Pacific Media Assistance Scheme (PACMAS), Gov4Res and others.
v. Review performance against Disaster READY programs and response objectives, make recommendations for ongoing improvement and respond to issues raised from Posts and DFAT program managers.
vi. Identify priorities for thematic research, evaluations, and communications materials, taking the views of DRCCs into account.
vii. Identify challenges or issues requiring management responses, including monitoring risk related to the overall Partnership (including related to fraud, safeguards, or due diligence).
viii. Review and endorse Standard Operating Procedures, formats, templates, and methods as appropriate.

ix. Commission and review MEL products, and make recommendations for program improvement to ANGOs, AHPSU and DFAT.

Meetings

Steering Committee meetings will be held at minimum twice per year, with additional meetings as necessary. The AHPSU will be the Committee Secretariat responsible for calling meetings, preparing the agenda and minutes, and supporting the Committee Chair as required. Meeting Agenda and Minutes will be shared with DRCCs and Posts.

28. Other mechanisms for maintaining partnership, strategic and policy engagement between DFAT, the AHPSU and ANGOs (AHP Partners) in Phase II include:

ACFID HRG-DFAT Meetings

The ACFID Humanitarian Reference Group (HRG) provides a forum for the broader ANGO humanitarian community for substantive consultation and discussion on humanitarian policy interests and directions. As participants in the HRG, the AHP ANGO Partners will help shape and inform the agenda and process for these consultations. DFAT are invited to HRG meetings three times per year.

DFAT-AHP ANGOs Annual Strategic and Policy Consultation

The CEOs of ANGOs participate in annual HRG meetings with the First Assistant Secretary of DFAT HPD. This is also an opportunity for ANGOs to raise and discuss strategic and policy issues related to the AHP and Disaster READY with DFAT.

Partnership Health Checks

The AHPSU will coordinate an annual Partnership Health Check led by an external partnership broker. This provides an opportunity for AHP Partners to reflect on the principles of the Partnership, key achievements, challenges, and issues emerging, and to reflect on roles and responsibilities through implementation and lessons learnt. An initial partnership brokering session will be convened in the lead up to Phase II. This will negotiate and agree the nature and principles of the Partnership Charter and determine the participation and process for the annual Health Check.

29. There is also a separate country-level governance structure for Disaster READY, which is set out in Implementation Arrangements.

Roles and Responsibilities

30. The roles and responsibilities of the key AHP stakeholders in Phase II will be as follows.

AHP ANGOs

AHP lead NGOs are the contract leads for their consortia. They are responsible for:

- having a representative at AHP Steering Committee and DRCC meetings and facilitating the voices of their country-based teams, consortium members and local partners to be heard in the appropriate fora;
- undertaking ongoing strategic and context analysis, providing advice, and working in partnership to support the Steering Committee and DRCCs to achieve the EOPOs;
- communicating in a timely way with their country and consortium members and local partners about the strategic directions, recommendations, and decisions of the Steering and DRCCs;
- ensuring approved response proposals, Disaster READY Activity Plans, GEDSI and Localisation Strategies, Learning Action Agendas, and agreed in-country collaboration and coordination

arrangements are implemented to a high standard, in accordance with the Program Principles and applicable humanitarian and DFAT standards;

- ensuring that agreed approaches, strategies and plans for MEL are implemented as part of all activities, including seeking feedback from local communities and ensuring high quality activity and budget monitoring and reporting in accordance with the MEL Framework (MELF);
- engaging in program review and planning processes and sharing lessons learnt across their countries of operation, including contributing to the analysis, sharing of lessons, and performance review of the Disaster READY Country Plans;
- complying, and building the capacity of downstream partners so they comply, with all contractual and compliance obligations of the Head Contracts and Grant Orders (including safeguards, risk management and fraud);
- ensuring that cascading systems for prevention, identification and notification of fraud, safeguards or due diligence and other risks are functioning, and timely and responsive communication to the AHPSU and DFAT is provided as necessary; and
- providing communications materials and products (including photos and video, social media, field stories etc) to the DRCC or AHPSU as required.

DFAT Humanitarian and Partnerships Division (HPD)

The Humanitarian and Development Deployments Section (HDS) in HPD is responsible for:

- chairing the AHP Steering Committee, approving its recommendations and ensuring that the strategic direction of the AHP aligns with DFAT policy priorities, and the program is linked with relevant DFAT staff and programs where required;
- communicating with different DFAT Divisions/Sections and Posts about the AHP, including the Office of the Pacific (OTP), to strengthen program alignments and represent Post views in the Steering Committee;
- overseeing the work of the AHPSU, including contract management, and conducting a Partner Performance Assessment;
- overseeing the Disaster READY program, including providing financial approvals, approving Country and Activity Plans including amendments, and reviewing ANGO annual reports and providing timely feedback on ANGO performance, with the support of the AHPSU and in consultation with DFAT Posts;
- supporting DFAT Posts and program areas to use the AHP rapid and protracted crisis response mechanism, including by:
    - tasking the AHPSU and notifying ANGOs;
    - chairing the activation process;
    - facilitating/drafting appropriate agreements and approvals;
    - providing contract administration services including facilitating payment of invoices; and
    - sharing plans and reports and working collaboratively with Posts to address performance issues.
- monitoring and identifying emerging program and partner performance issues, and bringing them to the attention of the Steering Committee (in consultation with Posts and AHPSU);
- managing identified risk events, including incidents of fraud or breaches of safeguards or due diligence or other compliance obligations of partners when reported, and ensuring AHP partners deliver on their relevant obligations;
- participating in regional forums, annual reviews at country level and program evaluations (as required);

- reviewing and sharing internal communications and media products (including government press releases; Twitter feeds and other social media; government reports and assessments); and
- commissioning the independent evaluation of the program.

DFAT Posts

DFAT Posts are a key partner and stakeholder for the AHP including Disaster READY. Engagement by the Post is necessary to ensure that AHP is well linked to other bilateral and regional investments, particularly in disaster and climate resilience in the Pacific.

The role of DFAT Posts is to:

- engage with the Disaster READY program (for relevant Posts) by:
    - maintaining regular communication with the DRCC, including through attendance at committee meetings on invitation;
    - reviewing Disaster READY Country and Activity Plans, strategies, and reports, and advising on their implementation and continued relevance to bilateral and Partner Government priorities;
    - facilitating engagement with complementary bilateral or other initiatives, such as Australia Assists, where relevant; and
    - participating in the annual review and planning workshops, and field visits where possible;
- manage AHP rapid and protracted crisis response activities in country (for relevant Posts) with support from HDS, the Protracted Crisis Section and desks as relevant, including:
    - providing financial approvals as appropriate in consultation with HDS, including for any pivoting of funds;
    - reviewing and endorsing proposals, plans, reports, and any amendments;
    - monitoring program performance, including field visits where possible, and working collaboratively with HPD to address performance issues; and
    - ensuring AHP response activities are well linked to current or new bilateral and regional work;
- identify and support public diplomacy opportunities for AHP activities; and
- participate in program evaluations (as required).

Other DFAT stakeholders also have important roles to play in the AHP including the HPD Humanitarian, Refugee and NGO Branch (HUB) and its Protracted Crisis Section (PRS), and geographic desks. A summary of all internal DFAT roles will be developed in early implementation by HDS and shared with relevant stakeholders.

The AHPSU

The AHPSU will support the delivery of the AHP with the following roles and responsibilities. The full proposed TORs for the AHPSU are included at Annex 7.

Fig 4. AHP Support Unit Terms of Reference

The role of the AHPSU is:

i. To facilitate a partnership approach and a whole-of-program perspective in implementation
ii. To strengthen the EOPOs, by supporting MEL, and promoting innovation and continuous improvement
iii. To coordinate engagement with other stakeholders and DFAT partners to work towards common objectives
iv. To provide financial and grant administrative support for DFAT and minimise transaction costs.

The functions of the Support Unit are to:

i. Facilitate partnerships between DFAT, ANGOs and other stakeholders through development and maintenance of strong and enduring formal and informal working relationships
ii. Maintain an understanding of the humanitarian system and operating context to provide technical and operational analysis and advice to DFAT HPD as requested
iii. Provide secretariat services for governance and decision-making processes, including the Steering Committee, and supporting the DRCCs
iv. Establish and support country-level planning processes for Disaster READY, and partner selection and funding allocation processes for response activations
v. Undertake financial management and administration of grants for Disaster READY and Activations
vi. Support effective DFAT management of the AHP including Disaster READY and response activations by providing technical review of ANGO reports and bringing to DFAT attention any key issues and risks
vii. Coordinate and support effective MEL through facilitating the development of the AHP and Disaster READY program-wide MELF, systems and methods, analysis and reporting and commissioning evaluations, research, and multi-country or partnership-level reflection/ learning events
viii. Establish and maintain a panel of specialists in GEDSI and other technical and thematic areas and make them available to the Partnership as appropriate.
ix. Seek and administer opportunities for innovation, cross-sectoral learning, and synergies with complementary aid investments to stimulate quality improvement and performance in humanitarian systems, including by identifying any significant external stakeholder engagement opportunities
x. Prepare and coordinate communications materials and support public diplomacy, including visibility and branding
xi. Undertake program-wide risk monitoring, analysis and reporting at the Partnership level
xii. Develop and implement an Administrative Control Framework to monitor the compliance of ANGOs with their contractual obligations, including for safeguards, risk management and fraud.

31. The MTE found that the AHPSU resources were stretched in the first phase by the unforeseen demand on the AHP mechanism (which managed over $240 million in Phase I). DRCCs sought greater access to its resources and support, and Posts requested more in-depth analysis of plans and reports to support decision-making. An increase in resources is therefore proposed for the AHPSU Contractor in Phase II commensurate with the TORs and demand from stakeholders.

32. In addition to the core team of personnel, including a Partnership Director with experience and expertise in humanitarian policy and programming; and staff with specialist expertise in operations, grant management and administration, MEL, public diplomacy, and communications; two new positions are proposed. A Disaster READY Coordinator (Australia-based) and a Disaster READY MEL Coordinator (Pacific-based) are recommended to strengthen AHPSU support to DFAT and ANGOs for achievement of EOPO 1 and 3. The AHPSU will also establish and maintain a panel of specialists in GEDSI and other technical and thematic areas to support the Partnership across the three EOPOs.

33. DFAT will conduct an annual Partner Performance Assessment (PPA) of the AHPSU, taking into account the feedback from the Partnership Health Check and feedback from stakeholders. The performance of ANGOs will be assessed through the MELF including via evaluations and reporting. DFAT may choose to conduct a PPA on ANGOs in exceptional circumstances where additional performance oversight is required.

F. IMPLEMENTATION ARRANGEMENTS

EOPO 1: Disaster READY

34. Phase II of Disaster READY will build on the strengths and lessons of Phase I (2017-22) to help Pacific Island communities prevent, prepare for, and build resilience to disasters. As outlined in the revised Program Logic, the intended outcome of Disaster READY in Phase II is that *women, men, youth, children, people living with disabilities and other at-risk groups, are better prepared for and more resilient to disasters and climate change, in selected Pacific countries and Timor-Leste.*

Overall Budget and Term

35. The initial value of the Disaster READY program in Phase II will be $40.5 million over 4.5 years from July 2022 to January 2027.

36. This budget will provide for:

- Core ANGO program funds of $33.75 million over 4.5 years
  - This will provide for $1.25 million per lead ANGO and consortia annually and equate to an average of $1.5 million per country per year, subject to ANGO and country level planning.
  - Subject to funding available once variable costs are finalised, and subject to expenditure each year, more annual funding may be made available to ANGOs for activities.
- Disaster READY Country Committee (DRCC) funding of up to $6.75 million over 4.5 years
  - This will provide up to $300,000 per year per country to support DRCC operations including coordination, MEL, communications, and the country learning agenda.

37. Other resources will also be allocated to support Disaster READY through the AHPSU budget, which is accounted for separately in the design.

Geographic Focus

38. The Disaster READY program will continue to focus its resources and efforts in the original five Phase I countries, which remain ranked among the top at-risk countries in the world in the 2021 World Risk Report: Vanuatu (1), Solomon Islands (2), Fiji (14), PNG (9), and Timor-Leste (16). This will ensure Phase II builds on the successes, lessons learned and strong relationships of Phase I.

39. Should additional funding become available during the life of the program including from bilateral or other sources, ANGOs will be provided the opportunity to expand to additional at-risk countries, namely Tonga (2), and/or Kiribati (19) and/or other Small Island Developing States.

Thematic Scope and Parameters

40. Disaster preparedness will remain the principal objective of Disaster READY consistent with Phase I, contributing to Priority 4 of the Sendai Framework and Goal 3 of the FRDP. Preparedness activities are aimed at readying a community to effectively anticipate, respond to, and recover from a disaster event so they can 'bounce back' when it occurs.[17] This primary strategic focus reflects the key comparative advantage of ANGOs and local partners in the role of 'first responders,' and the humanitarian orientation of the Disaster READY program, including its fit within the AHP.

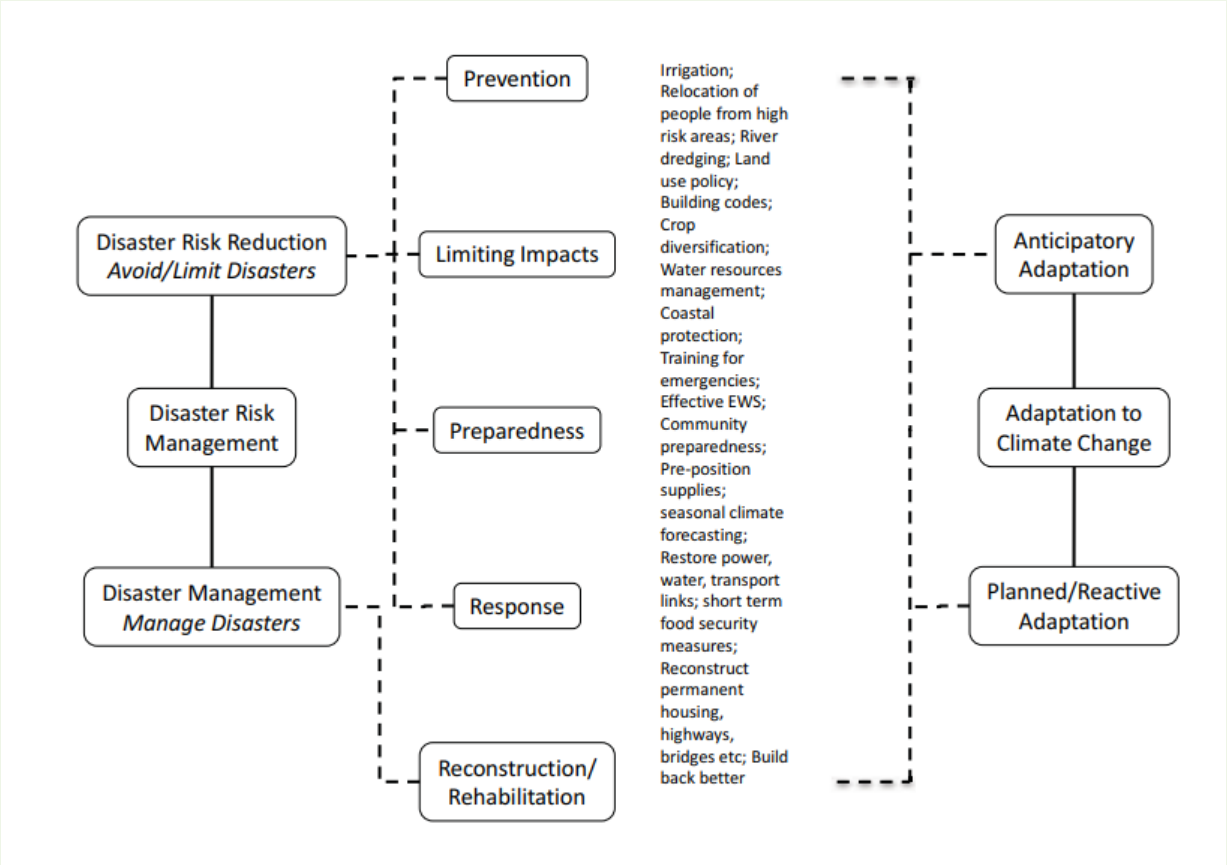
[17] Disaster events include pandemic disasters such as COVID-19, and climate-induced disasters. In the past 50 years, weather, climate, and water hazards accounted for 50% of all disasters, 45% of all reported deaths and 74% of all reported economic losses (WMO Atlas of Mortality and Economic Losses from Weather, Climate and Water Extremes (1970 – 2019)

41. However, lessons learned from the FRDP and Sendai Framework show that greater efficiencies and resilience are achieved when complementary investment is made in adaptation (see figure 5). Adaptation activities are aimed at making adjustments to prevent or reduce the impacts from these disaster events, building adaptive capacities to 'reduce risk' and associated damages before a disaster event occurs. In practice, AHP NGO Partners implemented a number of adaptation activities in Phase I reflecting community priorities, and the MTE recommended this more holistic approach to resilience be continued and strengthened. Adaptation has therefore been explicitly included as a secondary objective for Phase II.

Fig. 5 – FRDP disaster risk management and climate change adaptation cycles

The FRDP, though specific to the Pacific Islands region, remains a useful and relevant guiding framework for Disaster READY with its universal principles on enhancing resilience to climate change and disasters throughout the disaster cycle, in ways that contribute to and are embedded in sustainable development.

In the below image, the FRDP[18] details the potential interventions at each stage of the disaster cycle and demonstrates how disaster and climate change actions can be integrated.



In addition to the examples listed in this framework, social protection including cash transfers and vouchers, are also available options.

42. This secondary objective and the overall resilience outcome will be pursued in several ways. The Disaster READY country planning process will include a stronger emphasis on climate and disaster risk analysis, including a Resilience Marker tool to assess to what extent Disaster READY Activity Plans appropriately incorporate resilience considerations. The planning process will also promote the integration of other existing ANGO and local partner community-based programming to ensure more holistic approaches at community level. ANGOs will also be encouraged to strengthen and build upon existing climate change adaptation (CCA) and other adaptation activities that lead to greater community disaster preparedness and resilience, and to utilise existing internal climate change expertise as well as indigenous

[18] Framework for Resilient Development in the Pacific (2016), pg35

knowledge and practice for Disaster READY. New, stand-alone CCA activities are not currently within scope given budget limitations.

IO 1.1 Communities (especially at-risk groups) are empowered to plan and implement effective, gender-responsive, socially inclusive, and integrated disaster preparedness and adaptation activities.

43. IO 1.1 emphasises the importance of ensuring activities are inclusive and participatory, working with leaders and groups, formal and informal, to ensure that women, men, youth, children, people living with disability, and/or those excluded on basis of gender, religion, sexuality, or other factors, have agency and voice in the decision making, implementation and review of activities. Relevant activities to this outcome area include community-based disaster prevention and climate change adaptation activities in a broad range of sectors (agriculture, health, environment, WASH, education, housing and shelter, infrastructure, GBV) and community preparedness (such as early warning systems, evacuation centres, violence referral pathways, disaster management plans, cash, and voucher assistance). Targeted activities to meet the specific requirements of people living with disabilities, including to challenge and shift pervasive discriminatory attitudes towards people living with disabilities will be encouraged. For all work at country level there will be a process to enable communities (particularly marginalised groups) to reflect, learn and provide feedback on program performance and for AHP NGO Partners to adapt in response.

IO 1.2 Local civil society actors (NGOs, Community Based Organisations (CBOs), Organisations of Persons with Disability (OPDs), churches, informal groups) have improved institutional and technical capacity to fulfil their role in effective disaster preparedness and adaptation.

IO 1.2 has a focus on building capacity of local civil society actors including organisations for vulnerable groups and ensuring systems and mechanisms for preparedness and response are locally led, managed, and resourced. Relevant activities may be at the organisational level: including strengthening governance, administrative, and financial systems (especially for fraud prevention and other policy compliance); capacity building for climate vulnerability/risk assessment and adaptation planning, GEDSI and safeguards; or other individual and group professional development and training; and at the institutional level: related to standards and principles, networks of organisations and their behaviours, culture and interactions, including the policy and regulatory environment. A draft Localisation Framework and matrix (see Annex 3) has been developed to support analysis and monitoring of progress in advancing this outcome through ANGO Activity Plans. In addition, DRCCs will be required to set targets for and assess the collective impact of their efforts under this outcome through a country-level Localisation Strategy (see Localisation and Learning section below). Relevant localisation indicators will be integrated into the MELF. Local partners will be supported to engage with local climate change agencies and civil society groups to access local expertise in climate adaptation, and to localise capacity and resilience building.

IO 1.3 National and sub-national governments are supported to lead effective, gender responsive, socially inclusive, and better coordinated disaster preparedness, adaptation, and response activities.

44. IO 1.3 has a focus on effective collaboration and working relationships between national and sub-national government and civil society, for effective preparedness and response. This recognises that local governments are the ultimate duty-bearers and key to sustainability. AHP and local partners need to work within the country level response coordination mechanisms and systems. Relevant activities may include strengthening the systems, mechanisms and capacity of government and non-State actors (including the private sector) including for cash transfers as part of nationally led social protection responses and strengthening the policy and regulatory environment for disaster management, civil society, and private sector participation.

Multi-country approach

45. While this IDD provides a common thematic and outcomes framework for Disaster READY, it is designed to be highly contextualised at the country level. The degree of effort and application of resources across the three Intermediate Outcomes in each country will vary depending on context, capacity, and opportunity to engage, noting that it is likely the majority of effort will be directed towards intermediate outcomes 1 and 2. Activities will be identified in a country specific manner appropriate to context, through the country planning process.

46. Examples of priorities and strategies that may be included in Country Plans are provided in Fig 6.

Fig 6 examples of priorities and strategies

DR Intermediate outcomes:	Examples of priorities and strategies that may be identified:
1.1 Communities (especially vulnerable groups) plan and implement effective, inclusive, and integrated disaster preparedness and climate change adaptation activities.	➢ targeting or specific geographic locations or population groups based on vulnerability assessment ➢ using indigenous knowledge and practice where appropriate ➢ engagement with informal or formal community organisations (such as women's associations, youth groups, church networks) or with the private sector ➢ collaboration with existing government or development partner programs where there are synergies or cross-fertilisation ➢ support for specific women's rights organisations or OPDs to enable participation in ANGO activities ➢ specific sectoral or technical support where there is a country specific need ➢ key infrastructure or communications procurement where a specific need identified
1.2 Local civil society actors (NGOs, CBOs, OPDs, churches, informal groups) have improved institutional and technical capacity to fulfil their role in effective and inclusive disaster preparedness and climate change adaptation.	➢ support for WROs or OPDs to enable participation in national and sub-national disaster management coordination ➢ joint training events in sectoral, technical, or cross-cutting issues of concern/interest, particularly gender and disability inclusion analysis, and climate risk and vulnerability assessment ➢ establishment or support for key networks or specific events ➢ identification of key organisations to establish new partnerships or collaboration
1.3 National and sub-national governments are supported to lead effective, inclusive, and coordinated disaster preparedness, climate change adaptation and response activities.	➢ particular agencies or levels of government requiring additional assistance ➢ key stakeholders with whom the program should collaborate ➢ existing activities and programs that AHP NGO Partners should engage with ➢ key challenges or threats that the activities need to address ➢ opportunities and entry points to improving capacity and coordination identified

Phase II Country Planning Process

47. In Phase I the ANGOs decided which countries they would work in and which consortia and local partners they would work with through the Disaster READY design process. This approach will be maintained for Phase II, with ANGOs controlling the choice of countries and division of resources in line with a shared locally led country analysis (by DRCCs) based on their existing partnership footprint, capacities, and opportunities, and building on their previous work.

48. This analysis will be conducted through the Disaster READY Phase II country planning process which is being facilitated by the AHPSU from January – September 2022. This process will support the DRCCs (including local partners; see Governance below) to draft 4.5-year Country Plans for each of the five focus countries, and ANGOs to draft annual Activity Plans that will contribute to the Country Plan. The Country Plans will:

- Identify which ANGOs will work in the country and their local partners;
- Confirm the quantum of funding ANGOs are allocating per country;
- Set out country specific priorities and strategies for each Intermediate Outcome and GEDSI, based on a joint analysis of current country context for each area including:
    - an analysis of national policies and strategies, and complementary initiatives;
    - a stakeholder and geographic mapping of community vulnerability and resilience including pandemic, climate risk and other hazard analysis primarily based on existing country-level risk assessments/profiles;
    - an analysis of capability on the localisation continuum (which will also support the drafting of a Localisation Strategy outlined below);
    - GEDSI analysis; and
    - a SWOT analysis of national and sub-national coordination with humanitarian actors (including government climate-relevant plans and processes);
- Contextualise and confirm the DRCC TORs and ANGO responsibilities, TORs for the Coordinator, MEL and Communications positions, and an estimated Year 1 budget for the DRCC funds.
- Identify local partners or specialist technical expertise that may be required to be invited into consortia or partnerships to achieve intended outcomes.

49. The Phase II country planning process will be delivered in line with a set of fit for purpose guidelines developed by the facilitation team, which will define key terms and be developed in line with the parameters provided in this design. The facilitation team will include a Facilitation Lead with design and partnership brokering expertise, a MEL Specialist, a Resilience and CCA Adviser (provided by the APCP) and other specialists as required. Local facilitators will also be engaged in each country to support the DRCC's planning. OPDs will be included in the planning process in each country as part of DRCCs, with other relevant stakeholders such as NDMOs included as appropriate to the context.

50. Similar to Phase I, there will remain an overall funding limit of $5 million to PNG in Phase II to ensure resources are not too heavily weighted to this larger country given the potential scale and need that could overwhelm the resources available. The budget for PNG may be increased should further funding from bilateral or other sources become available. Any funding for regional activities, which are defined as activities which will benefit non-DR countries as well as DR countries will be negotiated on a case-by-case basis. The contribution of any regional activities in DR countries must be articulated in the relevant country Activity Plans.

Localisation and Learning

51. In addition to the Country Plans, DRCCs will be responsible for delivering a series of deliverables in early implementation including development of a country-level Localisation Strategy and Learning Action Agenda.

- The **Localisation Strategy** will set strategies and expectations for the collective impact of Disaster READY efforts under IO1.2. The Strategy will use the draft Localisation Framework at Annex 3 as a basis to guide a cohesive country-level approach for strengthening capacity and transitioning roles and responsibilities between humanitarian actors. Progress monitoring, reflection and adaptation will be managed through the MELF, and activities will be funded as part of Activity Plans from the ANGO core program allocation (contributing to IO1.2). Should relevant collective research or joint action activities be identified by the DRCC as part of the Strategy, these may be funded from the DRCC budget subject to funding availability.
- The **Learning Action Agenda** will provide a collective strategy for research and learning activities focussed on one or two identified learning outcomes at the country-level (which are relevant to the Disaster Ready IOs). The Agenda must include embedded learning and uptake strategies and/or products to ensure the initiatives will enhance and add value to the individual activities of ANGOs in Disaster READY or response activations and contribute to whole-of-program learning under EOPO 3 and the MEL framework. The Agenda will be for 4.5 years, with a detailed activity plan and budget for Year 1. A minimum of $50,000 per year from each DRCC annual budget is set aside to implement the Agenda.

52. The Learning Action Agenda will replace the competitive Performance and Partnerships Fund (PPF) from Phase I, after consultations determined the PPF was administratively burdensome with an adverse impact on collaborative partnerships at the country level. At the end of Year 1, the AHPSU may facilitate a 'sense check' of the Activity Plans, Learning Action Agendas and Localisation Strategies providing the opportunity to change targets, activities, and approaches based on experience.

Governance

53. The DRCC will continue from Phase I as the lead AHP governance body for each Disaster READY country. The TORs for the DRCC (see Fig 8) will be reviewed and tailored by partners in each country during the Disaster READY country planning process.

54. In the Phase I design, the DRCC was not intended to play a role during AHP response activations (Component 2). However, DRCC-led responses were piloted during COVID-19 and found by the MTE to benefit coordination and learning, though it also stretched the Committee's resources. The draft DRCC TORs for Phase II have been revised to include responsibility for supporting collaboration for humanitarian response (see also Implementation Arrangements for Component 2). The budget and resourcing for the Committee has also been increased. The draft TORs will be reviewed as part of the country planning process, and an annual Partnership Health Check will be conducted in each country as part of the annual reflection process.

Fig 8 – Disaster READY Country Committee (DRCC) Draft Terms of Reference

The **purpose** of the DRCC is to support implementation of the AHP Disaster READY (DR) program by:

1. Ensuring that DR is context-specific and based on analysis and evidence to guide priorities and strategies for AHP NGO Partner planning
2. Improving practice and performance by sharing lessons, and through shared approaches to MEL
3. Improving efficiency by pooling knowledge, expertise, resources and undertaking joint action where appropriate

4. Providing a mechanism for coordination and collaboration, with each other and external stakeholders, for disaster preparedness, climate resilience and humanitarian response to rapid and protracted crises under Component 2.

Membership will include:

i. A nominated representative from each AHP NGO implementing in the country and at least one each of their local Partner organisations (and others as negotiated in-country).
ii. A representative from an OPD and from a Women's Rights Organisation or other rights holder organisations (particularly those who are supported or engaged in other DFAT regional and bilateral programs).

DRCCs will aim to have a balance of gender and international/local participation and will be encouraged to set targets to achieve this over time. Membership will be extended to achieve this balance.

The DRCC will be chaired and coordinated by one lead ANGO for Disaster READY in each country with an invited co-chair from a local partner representative where the nominated Coordinator is not a national staff member of a local AHP NGO Partner.
The lead ANGO (DRCC Coordinator) for each DR Country will be selected as part of the country planning process early in 2022. DRCCs may propose a fixed or rotating lead ANGO as appropriate to the context.

The responsibilities of the DRCC include:

i. Building effective working relationships between AHP NGO Partners (ANGOs and local partners) for sharing of information, expertise, and analysis
ii. Coordinating and leading initial and annual planning processes to develop the Disaster READY Country Plan.
iii. Agreeing a process and criteria to select the best placed partners for humanitarian responses and following this process to coordinate and develop any collaborative country proposal under Component 2.
iv. Convening peer review processes for review and feedback on individual ANGO Activity Plans
v. Establishing processes and mechanisms for shared MEL approaches at ANGO Activity level
vi. Convening participation for six-monthly and annual participatory analysis of achievement, constraints, lessons, and risks against the Country Plan (including safeguards and fraud).
vii. Coordinating a schedule of research and learning activities and country level thematic, cross-cutting and outcome evaluations (with technical support and leadership from AHPSU)
viii. Providing a focal contact point for Partner Government, Post, and other initiative engagement with AHP NGO Partners
ix. Maintaining contact points and processes for communications and public diplomacy opportunities, events, and requests
x. Making ongoing recommendations to the AHP Steering Committee on strategic issues, emerging priorities, and risks

The DRCC will meet quarterly, or as needed to fulfil these responsibilities. The AHPSU will at a minimum maintain monthly contact with the DRCCs through the Coordinator. DRCC engagement with DFAT Posts on for strategic direction, decision making (if required), and stakeholder relationships will be negotiated at country-level to meet the context-specific needs. It is expected this would include at least six-monthly attendance at DRCC meetings, and more frequent operational level engagement as agreed.

55. The DRCC will receive up to $300,000 per country per annum from the AHP Disaster READY budget to provide the following functions:

i. Country Coordinator: This may be a staff person separately employed for this purpose, or payment to an ANGO or local Partner for cost-recovery of existing staff person. The Coordinator is expected to be a full-time position. Their primary purpose is to support the DRCC members to fulfil their responsibilities, and to coordinate the implementation of the Country Plan, noting that

this is a *coordination* role, not a *management oversight* role. TOR for Country Coordinators will be finalised in each Country Plan.

ii. **MEL and communications personnel:** DRCCs will be required to provide a full-time MEL person and, at a minimum, a part-time communications person to support country-level MEL and communications, working with the Country Coordinator. Note that ANGOs will be required to fund and undertake MEL for their own Activity Plans (as outlined below).

iii. **Funding for Organisations of Persons with Disabilities (OPDs) and other marginalised groups:** DRCCs will be required to continue funding for a disaster risk reduction position within an OPD and reasonable accommodation to enable their participation in the DRCC and key MEL processes. DRCCs may also utilise their funding to support Women's Rights or other relevant organisations as articulated in the Country Plan.

iv. **Learning Agenda:** A minimum of $50,000 from the DRCC budget will be allocated to implement the agreed Learning Action Agenda activities, which may include research, thematic evaluations, a policy initiative, a set of webinars, a communication programme or other priority activities.

v. **Operational funds for other joint activities:** Subject to available funding, DRCCs will budget for other needs and priorities as approved in the Country Plan, which may include partnership brokering and annual health checks, remuneration for a local co-chair, interpretation services, GEDSI and climate risk and adaptation expertise and training, country-level communications or MEL events, materials, or processes or other initiatives (including six-monthly reflection and synthesis). DRCCs will consult with the AHPSU and APCP on expertise and resources available at no cost to the DRCC as part of the planning process.

56. The DRCC budget will be allocated and transferred to the AHP partner responsible for delivering the relevant function on behalf of the Committee. In most cases, this will be the nominated lead ANGO (Coordinator), but the funding may be distributed amongst ANGO partners or to local partners (via an ANGO) as determined by the DRCC.

Monitoring, Evaluation and Learning arrangements for Disaster READY

57. The MEL arrangements for Disaster READY are structured to focus in a few key areas:

- Collaborative review, reflection, and continuous improvement at the country level by AHP Partners against the Country Plan;
- Accountability for activity level MEL data collection, analysis, and reporting processes by the AHP Partners for their own internal use and for input into reporting and reflection sessions;
- Common use of participatory methods for seeking feedback from local communities and other direct stakeholders, using Accountability to Affected Populations principles and methods; and
- Basic data collection for program-wide reporting purposes at the activity level.

58. The approach is summarised in the following framework.

Disaster READY MEL Framework

Program Logic Outcome hierarchy	***Methodology and approach***	***Responsibility***	***Frequency***
DR End of Program Outcome	Evaluations at country and thematic level - *of relevance, effectiveness, efficiency, gender sustainability and AHP Principles*	AHPSU and DRCCs	At least one every two years

DR Intermediate Outcomes	Activity Report and Synthesis (ARS)	ANGOs (activity level) and DRCC (synthesis), supported by AHPSU/facilitator	At the mid-point between PRRs (December/January)
	Program Report and Reflection (PRR)	ANGOs (activity level) and DRCC (synthesis), supported by AHPSU/facilitator	Annually in June/July
DR Activities	Core data set	AHP Partners, reported to DRCC and AHPSU	Six monthly in the ARS and PRR
Country level feedback from communities	Accountability to Affected Population methods, as developed and agreed at country level	AHP Partners	Mid-term and EOP

59. The EOPO for Disaster READY will be assessed through a cycle of participatory evaluations managed by the AHPSU to assess relevance, effectiveness, efficiency, gender and sustainability and performance against the AHP Principles. These evaluations will add rigour and depth to the lighter activity reporting and draw on the information available from reporting and evaluation processes to seek feedback from communities, partners, government, and other stakeholders. The ongoing feedback from affected populations will be a key input to the evaluation process.

60. IOs will be assessed through regular activity and country-level reflection and reporting conducted by AHP partners and the DRCC with external support (coordinated by AHPSU). The DRCC Coordinator for each country will be responsible for preparing a summary report of all joint analysis (expected to be 3-5 pp), which will be participatory and include local partners.

- Mid-year Activity Report and Synthesis (ARS) – this will comprise one light six-month activity-level report (progress update only) combined with a light DRCC participatory synthesis flagging any high-level lessons, opportunities, threats etc including against the Localisation Strategy and Learning Action Agenda.
- Annual Program Report and Reflection (PRR) - an annual activity-level report reflecting on activity contributions to country plans, and a participatory synthesis and analysis of achievements, challenges, and lessons against each of the DR Intermediate Outcome areas: community preparedness and resilience (IO1.1), localisation (IO1.2), partnerships (IO1.3) and strengthening response (IO2.3). This will include reflection on access and participation by women and people living with disabilities, and feedback from WROs and OPDs.

61. ANGOs will be responsible for developing and maintaining their own internal MEL systems related to their planned activities included in their Activity Plans. This information and analysis will not be reported on a regular basis, but will be made available for ARS, PPR and evaluations as required. A core data set related to activity information will be reported to DRCCs and the AHPSU on a six-monthly basis. This will include gender disaggregated data.

62. ANGOs will be responsible for reporting the number and description of activities delivered, using the approaches and methods best suited to the nature of the activity (narrative description, case studies, stories from participants, reflections from staff, photos, video etc), and providing information against the core data set.

Outputs for Component 1

63. The outputs delivered by Partners for this component include:

- DRCCs and support arrangements established and function effectively;
- Country Plans agreed, monitored, and evaluated;
- Localisation strategy and Learning Action Agenda agreed and implemented by Partners;
- ANGOs and local Partners implement approved Activity Plans.

The AHPSU will summarise progress against these outputs in its six-monthly and annual reporting.

EOPO 2: Rapid Onset and Protracted Crisis Response

64. Under this component, DFAT will continue to provide funding to ANGOs for **humanitarian responses to rapid onset and protracted crises**, which are commonly referred to as "activations." As per the revised Program Logic, the intended outcome of Component 2 in Phase II is that *affected populations, particularly women, people living with a disability and other at-risk groups, receive timely, high quality and locally led humanitarian assistance that meets priority needs appropriate to the context.*

65. Consistent with Phase I, ANGOs will be selected for funding on a case-by-case basis guided by Standard Operating Procedures (SOPs) designed to ensure the best value-for-money outcome. The SOPs will be updated by the AHPSU based on the Phase II design in consultation with key stakeholders including AHP Partners and Posts and approved by the Steering Committee in early implementation. An illustrative activation procedure diagram has been provided at Annex 2 to reflect the following key changes proposed for Phase II.

Strengthening local leadership and collaboration

66. The MTE found that the Phase I SOPs for both rapid and protracted responses served DFAT's interests and are largely fit for purpose due to continuous improvement over multiple iterations. In addition, the introduction of collaborative country-led proposals in Disaster READY countries strengthened ANGOs' ability to coordinate, localise, and learn from each other. Consultations for this design confirmed the collaborative model is now preferred in Disaster READY countries, where partners are more experienced and better resourced for working collaboratively.[19]

67. The SOPs for Phase II will be adjusted based on these lessons to encourage collaborative country-led proposals as the default for humanitarian responses in Disaster READY countries, with competitive activations occurring on an exceptional basis only. ANGOs will also have the option to propose collaborative proposals for non-Disaster READY countries where:

- the activation is over $3 million (or of lower value for small countries);
- a number of AHP Partners have footprint and experience in country with existing programs and relationships;
- there is sufficient interest and capacity to respond across the Partnership; and
- the country context requires a more coherent Australian response.

68. The preferred approach will be discussed during the pre-activation call between HPD, Post/desk and ANGOs, and confirmed by DFAT along with the scope, parameters, and selection criteria in the formal

[19] A variety of partnership models are employed in AHP rapid and protracted responses. These include: one ANGO working alone with its consortia and local partners; two or more ANGOs working together where one ANGO is the formal contracted lead; and two or more ANGOs working together in a collaborative model (where the ANGOs are contracted separately but work collaboratively to shared goals to maximise impact and eliminate gaps and duplication). Country-led collaborative proposals refer to a single proposal, developed by the DRCC, where the ANGOs are contracted separately but work in a collaborative model.

Activation Email to AHP Partners. In selecting the pathway, DFAT will consider economies of scale, the resourcing implications for management and accountability, and whether there are clear benefits for response effectiveness and partnership quality from a collaborative approach. All collaborative proposals will require clear governance arrangements to ensure all partners understand their responsibilities for effective coordination and implementation.

69. DRCCs will negotiate an agreed process and criteria to select the best placed partners and develop collaborative proposals as part of the Disaster READY country planning process. Standard criteria for selection of partners and allocation of funds will include consideration of:

- existing footprint and community relationships in the affected area;
- capacity and experience to deliver services required related to needs assessment;
- previous experience in delivering similar responses in country (or elsewhere where relevant), including consideration of performance where available; and
- proposed approach and strategy for delivery.

70. ***Localisation*** will continue to be a key criterion in DFAT's assessment of all proposals, including whether proposals provide evidence of meaningful co-design with local partners, commit to devolving decision making and/or funds to local partners and include a capacity strengthening aspect for local partners. The Partnership will also work to increase the visibility of local partners' work in media and communications and explore other options to advance localisation in response through the Steering Committee. ***GEDSI*** will also remain a key priority, with response proposals and plans required to provide analysis and resourced strategies for GEDSI. Consortia approaches bringing in NGOs with specific skills in GEDSI will be encouraged to ensure programming is inclusive and relevant for the context. There will also be increased resources within DRCCs and the AHPSU for GEDSI technical advice to support implementation.

Greater transparency and quality assurance in selection

71. The MTE and design consultations found that there were opportunities to strengthen the SOPs for greater transparency in DFAT decision-making, and there is a need to ensure collaborative proposals are appropriately quality assured. Consequently, in Phase II the AHPSU will maintain a panel of humanitarian, country and sector specialists who will be available to independently appraise response proposals as part of the selection process (subject to urgency, risk, and value). These specialists may be engaged:

- as part of the ANGO Rapid Response Committee, which is convened to make decisions for urgent competitive rapid-onset responses;
- as part of the DFAT Assessment Committee, which is convened to make decisions for competitive rapid and protracted responses; and/or
- to review collaborative proposals.

72. Consistent with Phase I, large value or high-risk responses may be required to undergo a more comprehensive partner-led design process in line with DFAT's Aid Programming Guide, subject to relevant thresholds. DFAT may also determine the partner(s) to be funded, or suggest preferred partners for an activation, consistent with the central role to be played by DFAT's country programs (including Posts) in setting the scope of humanitarian response activities, as well as the need for context specific approaches to protracted crises, protracted displacement, and natural disasters.

Ongoing flexibility for immediate response needs, and strengthening resilience and early recovery

73. In the event of a rapid onset disaster, ANGOs will continue to have the option to seek DFAT approval to pivot up to $100,000 of existing AHP funds for life-saving and other immediate priorities for a response

such as needs assessment. These funds may be drawn from Disaster READY or other existing AHP funds in the same country where the response is required, subject to approval.

74. In Phase II, AHP ANGOs will also be encouraged to consider opportunities to pivot complementary ANCP or other programming to meet early recovery needs and protect development gains in the wake of a rapid onset disaster, subject to relevant approvals. Examples of complementary programming, effective humanitarian-development nexus approaches and relevant research and learning will be searched for and shared, including through relevant AHP and ANCP governance and learning forums. Effective early recovery in rapid response and resilience programming (including supporting communities to build back better/safer and bounce forward) will be considered as key selection criteria for proposals.

Considerations in protracted crisis response

75. Large value and multi-year activations in Phase I (including Bangladesh, Middle East and COVID responses) have shown that responses to protracted crises require design, governance and implementation arrangements that are tailored to the specific needs of the context, Australia's broader policy and program interests and the bilateral relationship with Partner Governments. Fragility and conflict drivers (including climate change), a holistic approach to the humanitarian-development nexus, localisation and sustainability are also heightened considerations.

76. Procedures for protracted crisis activations will be updated as part of the SOPs based on lessons learnt to ensure the following issues are negotiated on a case-by-case basis:

- the need for a dedicated DFAT or partner-led design process in accordance with DFAT's Aid Programming Guide, including appropriate contextual analysis and localisation and sustainability strategies;
- the level of involvement DFAT stakeholders, including PRS, geographic desks and posts will have in design and ongoing management processes with clear roles, decision-making and communication processes;
- expectations of the AHPSU within the scope of its TORs and resourcing;
- clear management and accountability arrangements among ANGOs and their consortia and local partners, including any specific resourcing for coordination, partnership brokering, MEL, GEDSI and other priorities;
- appropriate activity and budget reporting and any performance conditions for payment of tranches; and
- any additional technical or oversight functions that may be required, including for GEDSI or climate change.

77. In negotiating the issues outlined above, the following principles will remain constant:

- *Accountability for performance* rests with the ANGOs who are responsible for ensuring approved proposals are implemented to a high standard. Monitoring of performance is undertaken by Posts through review of reporting and engagement with local stakeholders, supported by HDS and the AHPSU who assist with issue identification and recommendations for management. Performance issues are raised directly with ANGOs by DFAT including through the Steering Committee where appropriate.
- *MEL* will be carried out primarily by ANGOs throughout implementation in accordance with approved Frameworks and Plans. The AHPSU will provide technical MEL support and advice to country/program level MEL functions as agreed in the design/proposal.
- *engagement with the Partner Government* will continue to be led by DFAT Post, and clear lines of communication will be established between Posts and AHP Partners for policy dialogue.

Opportunities for anticipatory action

78. Injecting funding before a humanitarian crisis occurs is an emerging tool within the disaster risk reduction and adaptation toolbox that can reduce the impacts of disasters on communities. There is potential for the AHP to pilot anticipatory action subject to the development of appropriate models for forecast-based financing. Opportunities in this area will be explored throughout the life of AHP Phase II in consultation with the AHP Steering Committee.

Greening humanitarian response

79. There is growing recognition and awareness in the humanitarian sector of the importance of addressing the environmental impacts of humanitarian response and recovery activities. In Phase II, the Partnership will explore areas to strengthen environmental protection and safeguards in response and recovery, which may include initiatives such as increased local procurement of humanitarian supplies, environmental impact assessments or carbon reporting.

Specific monitoring, evaluation and learning arrangements for Responses

80. Specific MEL arrangements for responses include:

- Response Proposals (collaborative or individual ANGO proposals) will include MEL arrangements related to the objectives and activities of the response. For collaborative proposals, sufficient resources and allocation of responsibilities for data collection, analysis and reporting will be included in the design and proposal. For competitive proposals, the selected ANGO/consortia lead will be accountable for MEL.
- The AHPSU will commission independent evaluations for all responses over $3 million unless otherwise agreed with DFAT (for example, if a whole-of-package evaluation is planned). DFAT may utilise up to 2.5% of funding for activations over $3 million to enable the AHPSU to manage and conduct independent evaluations. Evaluations of activations in Disaster READY countries will consider the impact of Disaster READY activities on the response.

81. Opportunities for shared indicators with ANCP and other DFAT programs will continue to be identified building on the experience piloted during COVID.

Outputs for Component 2

82. The outputs delivered by Partners for this component include:

- SOPs updated in consultation with stakeholders and agreed with the Steering Committee;
- Panel of technical specialists established by the AHPSU;
- AHP NGO Partners submit activation proposals that are in accordance with the Program Principles and MELF.
- AHP NGO Partners implement and monitor approved proposals in accordance with the Program Principles and MELF.

83. The AHPSU will summarise progress on these outputs in six monthly and annual reporting.

EOPO 3: Partnership Learning and Practice

84. The EOPO for Component 3 is that *AHP Partners and other humanitarian stakeholders in Australia and the region strengthen policy and practice through collaboration and lessons learnt.*

85. DFATs engagement with ANGOs through a Partnership approach is structured to leverage greater benefit from working together rather than by working separately. Expected benefits *may* include improved policies, systems, and practices of the AHP Partners and other humanitarian stakeholders at regional and country level, including regional organisations, governments, and civil society organisations. The Partnership works as an integral part of Australia's global humanitarian engagement and contributes to DFATs broader policy and strategic goals that contribute to stability and prosperity in the region. There are three strategies for leveraging outcomes from the partnership approach:

- ***A commitment to shared reflection and learning from experience***: This reflects the commitment of partners to continuous improvement and the need to continuously adapt to local context and a changing and complex environment.
- ***Identifying areas for quality improvement and working together to strengthen practices and shared capacity***: This includes the key cross-cutting issues such as GEDSI and localisation that are priorities for AHP Partners and provides for joint effort and collective action to improve individual performance funded in addition to annual funding allocation available to ANGOs for Disaster READY.
- ***Recognition that AHP is part of a broader humanitarian system, and that partners need to work with others (particularly other DFAT efforts) to improve overall effectiveness and efficiency***: This reflects the priority for AHP Partners to actively engage with external stakeholders in a coordinated and policy-directed way, and enables a structure and responsibilities for communications, public diplomacy, and representation.

Adaptation and learning

86. The Partnership incorporates several mechanisms to promote learning and adaptation:

- The Steering Committee will have opportunity to review and reflect on performance of both the Disaster READY program and AHP response activations, and will provide feedback and recommendations to DFAT, the AHPSU and ANGOs to improve program performance.
- The MELF (see later section) includes collaborative approaches at country level for Disaster READY reporting processes and evaluations, while recognising the ongoing individual accountability for MEL in Activity Plans.
- The ongoing cycle of Disaster READY country evaluations (tailored for country context, and cross-cutting or thematic approaches) which will contribute to shared learning and reflection to improve performance. This will include sharing analysis and lessons from resilience building and climate related programming.
- Evaluations conducted for activations over $3 million which will be shared and recommendations made to the Steering Committee and AHP Partners for future responses. There is potential for the AHPSU to engage routinely with the Humanitarian Reference Group (HRG) to present and discuss evaluation findings and their relevance to the humanitarian sector.
- Funds set aside for implementation of the Learning Action Agenda in Disaster READY countries of a minimum of $50,000 per country per year.
- The AHPSU will also manage flexible Activity Funds to support program-relevant research, learning needs and joint action activities as proposed by the AHPSU and/or ANGOs and approved by DFAT. The AHPSU may sub-contract/grant Activity Funds to ANGOs or other organisations for implementation as appropriate to the needs. Initial priorities for relevant research and learning products or events may be in the areas of:
    - Multi-country reflections on innovations and lessons learned;
    - Sustainability in protracted crisis;

- Localisation;
- Accountability to affected populations;
- GEDSI;
- human-centred design and behaviour change related to climate and disaster risk reduction, and
- Other cross-cutting, sectoral, or thematic areas as identified by the steering committee (such as joint risk assessments, or conflict analysis)

Any research and learning activities must respond to the problem analysis at a country and activity level, not be duplicative of existing data, add value to the individual activities of AHP Partners in Disaster READY or response activations (not be ad hoc, isolated activities), and include embedded learning and uptake strategies and/or products.

External engagement

87. There are significant opportunities at the Partnership-level for AHP Partners to engage with external stakeholders. External stakeholders important to the Partnership include the HRG, ARC, RedR, the Australian Civil Military Centre, the APCP, P4SP, PACMAS, Pacific Women Lead, Water for Women, the Pacific Community, the EAA and ANCP. A key priority for Phase II of the Partnership is to identify the lessons and practice experience from implementation and to share lessons with and influence the policy and practice of others. This includes a focus in this Phase on collaboration with DFAT and other climate change programs with a civil society and community resilience focus. While the AHPSU has a coordinating role for information sharing and knowledge exchange, ANGOs are also expected to actively participate in key forums and maintain key relationships, particularly at country level. Posts can play an important role in ensuring key regional and country-level stakeholders are included in engagement opportunities, including Partner Governments, regional bodies, donors, multilateral organisations, and other development actors.

88. Mechanisms to facilitate engagement with other stakeholders include:

- The Steering Committee, where AHP Partners can engage formally with DFAT
- The HRG with opportunities for more integrated learning agendas with the AHPSU.
- DRCCs, where ongoing working relationships can be maintained with partner government coordination mechanisms and other humanitarian actors through the Coordinator.
- Joint activities, which may have stakeholder engagement as key feature
- Public diplomacy events, materials, and publications
- ANGO international networks, and attendance at conferences and events
- Learning events and training opportunities implemented by the AHPSU and other AHP Partners where external stakeholders are participants.
- DFAT-led bilateral, regional, and global events or meetings.

89. Each year, the AHPSU will include significant stakeholder engagement opportunities as part of its Annual Plan.

Profile and Public Diplomacy

90. Strategic communications, public diplomacy and engagement with external stakeholders is a key element of the Partnership. This work builds awareness and understanding of Australia's support for humanitarian response and preparedness among the Australian public, partner governments, and other key stakeholders. Communications resources and support provided by the AHPSU also supports achievement of program outcomes by promoting program transparency and accountability; strengthening

communications production capacity within partner organisations; providing quality assurance and brand coherence for communications products on the Partnership; and supporting the dissemination of learning and evaluative material from the program in user-friendly formats that encourage knowledge uptake. The AHPSU will coordinate communications support across all AHP Partners to support DFAT's communications needs.

91. Some of the activities to be coordinated by the Support Unit include:
    - Publish materials that report progress and highlight outcomes and achievements, share lessons and research, and analyse implications for humanitarian action.
    - Participate in domestic, regional, and international events to showcase Australian policy interests and perspectives as well as achievements and lessons learned from AHP activities and practice.
    - Provide information and briefing material for DFAT officials and elected representatives in formal policy dialogue at bilateral and regional events.
    - Support humanitarian content production within DFAT for social media, events, and other visibility opportunities by maintaining a library of curated content (photo, video, stories, data) about the program, and providing direct support on content production.
    - Support partners and Country Committees to produce communications on joint AHP/Disaster READY initiatives, rather than on individual partner efforts or activities alone, to tell the story of AHP's coordination and broader influence.
    - Support capacity development about in-country storytelling and communications production, and in-country coordination between partners, to ensure a steady flow of timely communications inputs and products.
    - Support partners to increase in-country visibility of AHP and Disaster READY initiatives in line with the public diplomacy objectives of DFAT Posts.
    - Produce strategic communications products such as interactives, videos, web page content, radio/audio products and briefing documents that build on the communications materials provided by partners to situate the AHP's work within Australia's wider foreign policy objectives, as well as global initiatives such as those led by the UN or regional bodies.

92. The AHPSU will provide guidelines and ongoing guidance to AHP Partners on branding and visibility to appropriately acknowledge and communicate Australia's humanitarian efforts.

Outputs for Component 3

93. The outputs delivered by Partners for this component include:
    - Partnership principles and practices maintained through the Steering Committee and effective working relationships between ANGOs and DFAT.
    - Coordination and technical support for MEL, reflection and research at partnership and country level supported by AHPSU.
    - Partners actively contribute to communications, public diplomacy and external engagement efforts coordinated by the AHPSU.
    - DFAT provides policy direction and facilitates engagement with existing programs and partners.

The AHPSU will summarise progress on these outputs in six monthly and annual reporting.

G. MONITORING AND EVALUATION (HOW WILL DFAT MEASURE PERFORMANCE?)

94. The MEL strategies and approaches for Phase II will build on the practice and lessons of the previous phase. Under Component 1, Disaster READY had a separate program logic and MEL expectations with the

added complexity of jointly implemented country level plans. Under Component 2, MEL was largely focused and developed from an individual activation focus. As a result, good practice MEL for accountability to affected populations, mainstreaming GEDSI into MEL, and using MEL data and analysis for quality improvement and adaptive programming, have not been as visible at the whole-of-program level.

95. As the Partnership has matured Partners have come to appreciate the advantages of common methods, clear responsibilities, common reporting processes and data collection, while acknowledging the challenges of working within existing ANGO systems. There has been clear benefit from coordinated and AHPSU-led MEL processes in particular for evaluations commissioned for activations >$3 million, for processes of Partnership Health Checks (conducted at AHP level and country level), and country level joint reporting.

96. In Phase II, the MEL strategy will more coherently address the Partnership's multiple and diverse programs (at country level and consortia level) and activities (in different national and community settings), implemented by multiple organisational partners who utilise their own systems for data collection, analysis, and reporting. The existing MELF will be refined and strengthened by the AHPSU in consultation with ANGOs in early implementation to:

a) Adopt a stronger focus on whole-of-program outcomes at the partnership level (relating to the EOPOs and IOs of the program logic);

b) promote adaption, program improvement and learning through MEL activities;

c) support AHP ANGO Partners to enable communities and affected populations to engage in and make decisions that improves implementation;

d) ensure that a core data set is available, so that reporting and information can be made available to different stakeholders as required; and

e) reinforce inherent incentives and accountability for strong performance of ANGOs to undertake good MEL practice, and meet international humanitarian and DFAT standards.

97. The MELF will continue to serve multiple audiences for reporting including Posts, DFAT Canberra, and external parties who have an interest in learning lessons and considering policy and practice implications, such as national Governments, regional organisations, and international humanitarian actors. A draft indicative MELF is included at Annex 4, which will be reviewed, adjusted, and finalised by the AHPSU in consultation with ANGOs in the first half of 2022 following finalisation of Disaster READY MEL arrangements.

A. Focus on whole-of-program outcomes at the partnership level

A continuous evaluation approach will be adopted that enables assessment of the overall progress, performance, and quality of the program. The AHPSU will be responsible for the MEL processes and manage the resources at the EOPO and IO level:

i. **Disaster READY (EOPO 1).** As outlined in the MEL arrangements for Disaster READY in Section F, this EOPO will be assessed through collaborative MEL at an activity, country and programmatic level and a cycle of participatory evaluations managed by the AHPSU. Progress against the IOs (including IO2.3 specific to Disaster READY) will be assessed through a secondary analysis of the Activity and Program Reports and the DRCC participatory reflection processes. This will include reflection on joint performance against country Localisation Strategies and Learning Action Agendas, and feedback from local communities, and the contribution of Disaster READY to

strengthening real-time response. The local use of a resilience tool in planning and reflection will support assessment of efforts to build resilience and address climate-related risk.

ii. **Rapid onset and protracted crisis activations (EOPO 2):** Evaluations commissioned by the AHPSU for activations >$3 million will be the primary method for assessing performance against this EOPO. The scope and scale of evaluations will be proportionate to the funding and complexity of the response, and some evaluations may be multi-program or thematic in nature rather than activation specific as appropriate. Achievement of the IOs will be assessed through Activity level reporting by the ANGOs.

iii. **Partnership learning and practice (EOPO 3):** Regular assessments (commencing from Year 2) will be commissioned to review benefits that have accrued for AHP Partners and other humanitarian stakeholders as a result of the experience and lessons from AHP. An independent participatory data collection and analysis process, using qualitative judgements and political economy analysis, will be commissioned by the AHPSU to assess the role and impact of AHP experience and lessons on country, regional and international stakeholders, leveraging other DFAT research partnerships such as with the Humanitarian Advisory Group where possible.

iv. **Impact and Effectiveness**: An Independent Strategic Review (ISR) will be commissioned at the end of Year 3 to make recommendations to DFAT for future policy and strategic directions of the Partnership. A TOR for the ISR will be prepared by the AHPSU and endorsed by the Steering Committee. The ISR will draw on the project, program, and partnership level information available, and consult with internal and external stakeholders.

B. Promote local performance improvement

AHP Partners have recognised that promoting and ensuring local feedback and participation in MEL during disasters and crises is both critical, and difficult to do well, particularly with regard to inclusion of women, people living with disabilities and other marginalised groups. To promote these practices the MELF will include:

i. A community of practice of MEL practitioners working in humanitarian programs (across ANGOs and local Partners);

ii. Opportunities to share methods and tools for community engagement in MEL at local level;

iii. Supporting MEL practitioners to share and join in MEL processes at activity level (that is, build a system and schedule of peer involvement across ANGO programs);

iv. Utilisation of the Disaster READY Learning Action Agendas and AHPSU Activity Fund to undertake research or collective action on community-led MEL practices; and

v. Documentation and sharing of materials and publications, including published research.

Note that this strategy does not require additional reporting or whole of program level analysis but will be reflected in the quality of implementation and evaluations undertaken at IO level.

C. Ensure that a core data set of activity-level data is available

AHP has made significant efforts to collect Disaster READY and activation data (including for COVID-19) across partners, programs, countries, and settings. This has primarily served accountability purposes, ensuring value for money in delivery services and contractual compliance and providing content for internal reporting. However, data collection has been a complex and transaction heavy task when working

across different organisational systems. The aggregate compilation of activity level data has not been proportionate to its use and can undermine the accountability structures of the ANGOs to DFAT and the AHPSU role. Given this experience Phase II will include the following features.

i. Given the renewed emphasis on whole of program outcomes and collective responsibility and accountability to IOs and EOPOs, for the next Phase there will be a core data set applicable for Disaster READY and all activations, that reduces the number of current indicators. This core data set will be finalised by the AHPSU in consultation with AHP NGO Partners and DFAT in early 2022. Indicators selected will be consistent with the ANCP indicators where possible (such as implemented with COVID activations).

ii. ANGOs will be responsible for providing information using the core data set and appropriate MEL methods (narrative description, case studies, stories from participants, reflections from staff). This data will be drawn upon and used for partnership level evaluations as required.

    - Note that an alternative was considered, of developing an AHP-wide database managed by the AHPSU and establish a e-based system of data entry from all local Partners. This is considered both too expensive (similar systems have costed up to $1m over several years) and to have high transaction costs for all partners, disproportionate to an appropriate focus on outcomes given the benefit and use of data.

iii. In order to make information available to different audiences and stakeholders when required, particularly DFAT, the DRCCs in Disaster READY countries will have a MEL officer, and there will be additional resources for MEL personnel at the AHPSU. ANGOs will make a commitment to the partnership MEL community of practice to be able to respond to specific information requests as needed. DFAT and the AHPSU will filter information requests and be sensitive to the transaction costs of such information demands. Additional resources may be provided to the AHPSU and ANGOs if this strategy is not effective.

D. Reinforce incentives for high quality MEL

The allocation of resources, commitment and effort to high quality MEL is a trade-off against competing internal organisational interests, including allocating the resources and effort to program delivery for affected populations, as well as other compliance, risk, and financial management obligations. There are inherent incentives in the Partnership that can reinforce this priority and interest, including:

i. Assessing MEL approaches as part of the selection criteria for response activations (where feasible and desirable based on timeframes and value) and including it as a criterion for peer review in collaborative Disaster READY country plans and other country activations;

ii. Including performance of MEL systems in evaluations (as included for IOs 1 and 2) where relative performance of ANGOs can be compared, and using performance information as part of the partner selection process for future activations;

iii. Highlighting good (and poor) practices through MEL Community of Practice events, and through peer engagement in activity level routine MEL;

iv. Reflecting on progress and improvements in MEL and adaptation at the Steering Committee; and

v. Conducting research or other activities under the Disaster READY Learning Agendas or AHPSU that creates benefits or additional financing for ANGOs promoting good practice.

98. The AHPSU also facilitates high quality MEL across the partnership by working with ANGOs to monitor expectations versus reality in MELF implementation, and get the best out of and improve systems where required.

99. Elements of the existing MELF that will be retained in the program include country level and partnership level Partnership Health Checks to enable partners to reflect on the Principles underpinning the program, assess progress towards whole of program outcomes, identify emerging issues and propose changes to adapt to new policy and operational settings.

100. The AHPSU will also prepare a six monthly and annual report on its activities, financial responsibilities, and progress against the functions of their TOR and contract. This will include ongoing reporting against the deliverables and indicators of program-wide Outputs for each component.

H. GENDER, DISABILITY AND OTHER CROSS CUTTING ISSUES

Gender Equality

101. As frontline implementers of development and pivotal managers of natural and environmental resources, women are key agents of change for building the resilience of their communities. Their experience, knowledge, equitable participation, and leadership is critical to effective outcomes, and addressing the structural barriers and inequalities that heighten women's exposure to disaster risk, increase vulnerability and restrain capacity.[20] For example, following a disaster, increased household and family responsibilities can result in girls missing school and children being left unaccompanied for long periods of time. Their usual protection mechanisms can be affected as their home and community are disrupted. Women and girls living with disability and/or LGBTIQ+ identity are even more at risk: their social isolation, exclusion and dependency increase the extent of abuse they are subjected to and limit the actions they can take. Failure to address these disproportionate impacts through effective disaster management is perpetuated by unequal representation of women at all levels. These issues have been borne out in the pandemic, which has seen women suffer worse socio-economic impacts than men not just because of COVID-19 but its compounding effect on other disaster events.[21]

102. In Phase I the AHP advanced gender equality in several ways. In Disaster READY, Activity Plans for inclusive disaster preparedness sought to take a transformative approach by challenging gender norms, supporting women's leadership, preventing violence, and ensuring women's right were met. A 'Shared Services' fund also provided resources for NGOs to learn from each other to improve their approach to gender equality, disability inclusion and child protection. In responses, including to COVID-19, analysis, and strategies for GEDSI were key proposal selection and review criteria and protection of women was a key thematic focus. As a result, the MTE found that the AHP was effective in supporting the empowerment and inclusion of women. However, the contribution of the Shared Services approach in Disaster READY was inconclusive, and design consultations noted the activities were sometimes ad-hoc, uncoordinated or not cumulative.

103. In Phase II, the AHP will build on these lessons and continue to embed gender equality policy and program approaches across the investment in accordance with DFAT's *Gender equality and women's empowerment strategy*. Specific strategies to deliver strong gender equality outcomes include:

[20] UNDRR Action Brief: Gender and Disaster Risk Reduction and Response in The Context of Covid-19: The Asia-Pacific Region December 2020

[21] OCHA (2022) 'Global Humanitarian Overview' and UNDRR Action Brief: Gender and Disaster Risk Reduction and Response in The Context of Covid-19: The Asia-Pacific Region December 2020

- An updated AHP Program Principle related to inclusion and diversity, which commits all AHP partners to ensure that women and people living with disabilities, and other marginalised people, are protected; and that they are recognised and supported as decision makers and leaders;
- Under EOPO 1, ANGOs will be resourced through their Activity Plans to work with leaders, groups, and organisations, formal and informal, in a transformative way to ensure that women have agency and voice in decision making, implementation and review of disaster preparedness activities. Preventing and addressing violence will continue as a priority.
- Through the Disaster READY country-planning process, DRCCs will set and plan for long-term objectives for inclusion and localisation based on context-specific analysis, with the opportunity to draw on the increased DRCC budget to access technical advice and support women's rights organisations. WROs will be engaged in the planning process;
- Under EOPO 2, the gendered impacts of humanitarian disasters (such as sexual and gender-based violence, child protection, sexual and reproductive health, and rights) will remain key response priorities and inclusion and equality a key assessment criterion. Gender analysis and resourced strategies will be required for all activities including for any further responses to COVID-19;
- Under EOPO 3: Partnership Learning and Practice, there will be opportunities to research, collaborate, innovate, and share lessons for strengthening gender equality and women's empowerment across the Partnership;
- The AHPSU will engage gender specialists to independently appraise response proposals as part of response selection processes, provide technical review of key program strategies, plans and reports, and provide targeted advice to the Partnership throughout the life of the investment where agreed by the Steering Committee;
- MEL systems are being strengthened to ensure engagement with women and other marginalised groups throughout implementation to improve program delivery. GEDSI indicators will be part of the core data set, and GEDSI will be a key criterion in all evaluations. There will also be opportunities for thematic evaluations on gender equality at country or program level; and
- Formal and informal working relationships with Pacific Women Lead, the Shifting the Power Coalition, and other DFAT regional and bilateral investments will be established by the AHPSU and ANGOs at country level.

Disability Inclusion

104. People living with disabilities are best placed to assess their own preparedness, capabilities and support needs and their leadership is essential for ensuring the benefits of development are accessible and fully inclusive. The empowerment and inclusion of people living with disabilities is therefore critical in humanitarian action, where persons living with disabilities' mortality rate can be two to four times higher than the rest of society when facing a disaster situation due to a range of barriers.[22] Studies have shown that when people living with disabilities and/or their representative groups (OPDs) are included in assessments and decision-making for disaster preparedness and response, their priorities are more likely to be identified and addressed and their resilience improved.[23] Yet despite this, disability-inclusive disaster risk reduction is still nascent across the globe, and there is a low base of expertise and institutional capacity including on the part of OPDs.

[22] Global Facility for Disaster Reduction and Recovery (2017) Disability inclusion in disaster risk management: Promising practices and opportunities for enhanced engagement: http://www.didrrn.net/wp-content/uploads/2018/07/GFDRR-World-Bank_Disability-inclusion-in-DRM-Report.pdf

[23] Disability Inclusion in Disaster Preparedness and Response: an evaluation of disability inclusion in the Disaster READY program in Fiji, Vanuatu, Solomon Islands, Papua New Guinea, and Timor-Leste June 2021

105. The evaluation of disability inclusion in Disaster READY (2021) found that the program's explicit focus on disability inclusion pushed ANGOs and their local partners to start thinking and working in a disability-inclusive way. Achievements to date have included increased representation of people living with disabilities in disaster committees and in disaster preparedness planning, and engagement of OPDs and CBM in Disaster READY governance and programming. However, the evaluation found that improvements in the overall resilience of people living with disabilities to emergencies and in inclusive disaster response varied across countries and overall were still a work in progress. In addition, disability-inclusive initiatives have not reached all people living with disabilities equally: diverse people with more marginalised disabilities were less likely to be included. The evaluation found that Shared Services budget was inadequate to the need, and not always strategically used or prioritised towards disability inclusion. However, where AHP partners accessed direct technical assistance internally or externally, this resulted in more contextually appropriate and timely support.

106. Phase II responds to these findings in several ways in line with DFATs *Partnerships for Recovery* and *Development for All Strategy (2015-21)*:

- CBM (and PDF where relevant) will continue as important members of the AHP Steering Committee to provide input into Partnership-wide priorities and advise on implementation challenges and opportunities;
- Under EOPO 1, Disaster READY's explicit focus on disability inclusion will continue and DRCCs will have increased budget available to support OPDs to engage in country level coordination and decision-making forums and embed a twin-track approach in activity planning. Through country planning DRCCs will also set and plan for long-term objectives and technical advice for GEDSI and capacity strengthening based on context-specific analysis. At the activity level, ANGOs will be required to indicate how evidence regarding disability inclusion, including stand-alone analyses, reflection and learning from past activities, informs work planning within annual plans.
- Under EOPO 2: Rapid onset and protracted crisis response, disability inclusion will remain a key criterion in the assessment of proposals, plans and reports. Disability analysis and resourced strategies will be required for all activities including for any further responses to COVID-19;
- Under EOPO 3: Partnership Learning and Practice, increased resources have been provided to support research and strategic communication to share lessons for strengthening disability inclusion across the Partnership;
- ANGOs will continue to build their in-house and consortia capacity in disability inclusion to support in-country offices and partners, and draw on this expertise to ensure that marginalised people are protected, empowered, and included in activity planning, delivery, and evaluation consistent with the AHP Program Principles;
- Disability specialists will be selected as part of the AHPSU Panel, which can be drawn upon to support the Partnership including to independently appraise response proposals as part of the selection process, and provide technical review of key program strategies, plans and reports throughout the life of the investment;
- MEL systems are being strengthened to ensure engagement with people with a disability throughout implementation to improve program delivery. Evaluations of responses will assess disability inclusion, and there will also be opportunities for thematic evaluations on disability inclusion at country or program level;
- The consortia arrangements between three AHP Partners and CBM have the option to continue in Phase II, which is likely to see continued support for the regional OPD the Pacific Disability Forum in line with the needs and priorities of DR Country Plans.

107. Subject to additional budget becoming available, additional or enhanced disability inclusion initiatives can be considered including increased resourcing for technical advice including local resource teams in-country, increased funding for capacity building of OPDs, or a fixed/increased funding allocation for the CBM/PDF partnership (subject to a review of performance).

Social inclusion and intersectionality

108. Other forms of marginalisation and exclusion also have an impact on community participation in preparedness and response activities and on government policy and organisational practice in each country. Specific strategies incorporated into this phase of the investment to strengthen inclusion include:

- Country planning for Disaster READY, and for individual response activations, will include an analysis of challenges facing other groups who may face disadvantage and marginalisation on the basis of religion, age, ethnicity, or sexual orientation, and identify strategies and approaches to ensure their full participation and equitable benefits from programs;
- DRCCs will be encouraged to consider the establishment of roles and/or structures (such as focal points) to influence and coordinate intersectional work, and partnering with coalitions that nudge change in social norms regarding people living with disabilities and diverse sexual orientation and gender identity and expression (SOGIESC);
- Developing partnerships with local organisations who advocate and represent vulnerable or marginalised groups, as some countries have already done with LGBQI+, youth, faith, and other communities; and
- AHP partners can take opportunities to partner with and learn from organisations, regional groups and other programs funded by DFAT, such as Edge Effect working on SOGIESC issues.

109. Taking a more intersectional approach is complex, requires different skills, more resources, and a commitment to prioritizing and valuing relationships with partners in order to meaningfully work through complexities, rather than a focus on deliverables. While there is intention to strengthen progress in this area in Phase II, it is acknowledged that this will take time and would benefit from additional resources currently beyond the capacity and budget of the program.

Climate Change

110. AHP Phase II will contribute to DFAT's *Climate Change Action Strategy 2020-25* and recent Australian Government commitments, as well as the FRDP and the Sendai Framework, through its updated resilience objective and outcomes and Disaster READY. Strategies and opportunities for achieving these outcomes include:

- Incorporating climate change and resilience into the Program Logic through the updated program goal and EOPOs;
- While disaster preparedness will remain the key thematic driver and intended outcome for Disaster READY, ANGOs will be required to undertake an analysis of climate risks in the development of Disaster READY Country Plans, and have the flexibility to build on existing climate change adaptation activities in line with community priorities;
- Resilience criteria will be embedded in assessment of Disaster READY country and activity plans and larger protracted activations;
- ANGO partners will be encouraged to draw on their internal organisational capability and other programs in climate change adaptation. They are also able to expand their consortia members where needed to strengthen capability in designing community-based CCA/DRR activities and facilitating effective community/public participation in key relevant Government planning processes;

- Collaborations with local climate change agencies and civil society groups and other climate change programs with a civil society and community resilience focus will be encouraged to access local expertise in climate adaptation, localise capacity and resilience building and take advantage of synergies;
- Resources and expertise for climate technical support for country planning, activity design and assessments will be available from DRCC budgets, the APCP and AHPSU specialist panel where required;
- Specific resilience indicators will be included in all Disaster READY country and activity level MEL frameworks, tools, and evaluations, to capture progress towards EOPOs;
- Further resources and opportunities for research and learning related to climate and disaster risk reduction, including for human-centred behavioural design, may be identified as a priority at country and partnership levels.
- Opportunities to increase the funding available for climate change adaptation activities will be proactively explored by DFAT HPD in line with evidence for demand.
- Opportunities to assess and address the environmental impact of humanitarian responses will also be a potential pilot area in Phase II
- AHP NGO Partners will be encouraged and supported to share stories of their experiences in climate and disaster resilience through the program as part of the overall communications effort, including through APCP channels and related programs; and
- Innovation by partners to explore adaptive action and resilience building will be supported where possible.

Sustainability

111. Sustainability considerations inform AHP Phase II at multiple levels. At the implementation level, Disaster READY's key focus is building sustainable community capacity to prevent, prepare for and respond to crises beyond the life of the investment. The renewed focus on local engagement, contextual understanding, climate risk analysis, adaptation, resilience and GEDSI seeks to bring about sustained and transformational shifts towards greater climate and disaster resilience and equality. In addition, response activations for rapid onset disasters are required to mainstream early recovery, while protracted crises will be required to consider sustainability principles or strategies. At a country and program management level, the design incorporates commitments and processes for localisation, accountability to affected population and for country level learning and adaptation which are sustainability strategies for building local organisational and institutional capacity. Over time, this will assist local partners to advocate for and manage other funding sources including from partner governments. There is also the potential DRCCs to become more integrated into existing local coordination mechanisms rather than stand-alone.

112. However, there remain several challenges to the sustainability of a program of this nature. As recognised by the Grand Bargain 2.0 the international humanitarian system continues to be based on power and financial dynamics where development partners and donors may drive and direct funding and responses and where local Governments and communities may not be positioned to lead local responses with the resources required. Within the Partnership, ANGOs continue to play an intermediary role, influencing the extent to which local partners and CBOs can take on more direct responsibility and leadership that is context-specific and responsive to local needs. DFATs internal administrative and resource constraints mean that reliance on contracted intermediaries, such as the AHPSU, results in building capacity and experience of transient organisations and personnel. The design aims to mitigate these inherent challenges by progressing the commitments of the Grand Bargain 2.0 through progress towards localisation, and promoting leadership, innovation and flexibility in governance, coordination, and implementation at the country level as far as possible within the delivery model.

Innovation and private sector engagement

113. While the AHP is a mechanism that works primarily through civil society for program delivery, AHP NGO partners took advantage of a range of opportunities to engage with the private sector in Phase I. This included procurement of goods and services for disaster response through the local supply chain, partnership and knowledge brokering with private companies for blockchain technology and cash and voucher assistance, and working with media organisations for COVID-19 communications and countering misinformation. AHP NGO partners will be encouraged to build on these successes in Phase II, as well as explore further opportunities to engage with private sector partners, especially women-led and disability-led options in private sector supply chains.

114. Key innovation features for Phase II include more a more directed focus and tools for progressing localisation, including stronger country-level leadership for Disaster READY, and creating opportunities to pilot anticipatory action and greening responses. The increased focus on research, learning and adaptation across the program will also ensure that the AHP fosters new ideas throughout implementation, and continually responds to (and replicates where possible) successes.

I. BUDGET AND RESOURCES (WHAT WILL IT COST?)

Budget

115. A total of $50 million over 4.5 years is available for Disaster READY, the AHPSU and other fixed costs of the program, while funding for Component 2 (rapid onset and protracted crisis responses) will be allocated by DFAT through the life of the partnership when available. A detailed budget is available for DFAT internal use.

116. Annual allocations for the Partnership include:

- ANGO core allocation for Disaster READY - $1.25 million per year.
    - on average this equates to $1.5 million per country per year, subject to ANGO and country level planning. While this will be variable across the countries, no more than $1.5 million can be allocated to PNG per year in Phase II without the addition of further funding from bilateral or other sources, given the potential scale and need that could overwhelm the funding available.
    - depending on funding available once variable costs are finalised, and subject to expenditure each year, more funding may be made available to ANGOs each year for DR activities.
- DRCC funds per country - $300,000 per year upper limit. This will cover coordination, MEL, research and learning, communications, public diplomacy, and operational costs to deliver the DRCC functions. Detailed allocation of this budget will be determined in the Country Plan by the Country Committee. Funds will be included in a grant to the lead ANGO or other implementation partners as agreed. Where the full $300,000 is not budgeted the surplus will be reallocated to ANGO core allocations or AHPSU Activity Funds as needed.
- AHPSU costs, including approximately $450,000 per year in Activity Funds to deliver: MEL activities including independent and thematic evaluations; research activities; learning events; partnership brokering activities; communications and public diplomacy activities; and flexible short- and long-term advisory support in line with the TORs. The AHPSU may sub-contract/grant Activity Funds to ANGOs or other organisations for implementation as appropriate to the needs.

- In addition, up to 2.5% of the budget of each activation may be allocated to the AHPSU operational budget should this be required to cover evaluation costs associated with the program.

117. The actual AHPSU core team costs, and AHPSU non-direct corporate costs and fees will be finalised through commercial negotiations based on the resourcing needs and requirements.

118. DFAT will explore opportunities to secure additional bilateral, regional, and global or other donor funding for the Partnership, particularly for Disaster READY and multi-year funding for protracted crisis, including from climate financing for disaster preparedness and risk reduction activities. Additional funding could have a significant impact on enhancing scope and impact of the program. Key priorities include:

- Increasing the core funding available for ANGOs for Disaster READY from the $1.25 million currently available. An additional amount of $500,000 per ANGO would make a substantial difference to extending the scope of community-based preparedness and resilience activities and building civil society preparedness capacity ($3 million per year in total). Additional funding would also enable ANGOs and local partners to invest more resources in the localisation agenda and GEDSI, including greater consideration of core funding to local partners and/or a local response fund.
- Providing funding to enable additional country participation in Disaster READY, with Tonga and Kiribati being high priority. Additional funding of $0.5-$1.5 million per country per year would be the minimum investment required.

DFAT Resources

119. The AHP mechanism will be managed by the Humanitarian Response, Risk and Recovery Branch (HMB). A minimum of two FTE with at least one Assistant Director are required to manage the Partnership and contract with AHPSU. The relevant section Director will participate in Steering Committee meetings and engagement with the HRG, and the First Assistant Secretary for the HPD Division will meet at least annually with the CEOs of the ANGOs and the AHPSU. Posts in Disaster READY countries and countries with AHP activations will require approximately 0.1 FTE of one A-based and/or LES to deliver their responsibilities.

J. RISK MANAGEMENT

120. Humanitarian investments come with a range of inherent risk factors due to the potential for complex and fluid operating environments, the deployment of personnel, personnel in positions of authority, interactions with vulnerable groups, access to sensitive information, and provision of goods which create a power imbalance. The AHP is also a complex global program, involving a wide range of DFAT stakeholders, multiple implementing partners in Australia and in-country at national and local levels, various partner countries, and a mix of modalities. As a result, the inherent risk rating of the investment is high.

121. The Phase II design has been informed by risk management lessons learned from Phase I, which included the need for clearer assignment of risk ownership between various stakeholders, and more regular checks of partner compliance with DFAT policies (implementation of which was commenced towards the end of Phase I). These and other mitigation measures will be applied throughout the investment to address the risks associated with Phase II as outlined in the Risk Register for DFAT internal use.

122. Some of the key risks and mitigations strategies are detailed as follows. After these treatments, the risk rating for the investment is reduced to medium.

- *breaches of social or environmental safeguards* including sexual exploitation, abuse, and harassment (SEAH), child exploitation or abuse, and other adverse impacts on vulnerable groups or the environment. To address this risk, ANGOs undergo rigorous accreditation processes every five years under ANCP and the AHPSU is subject to a comprehensive due diligence assessment every three years to verify appropriate policy compliance systems are in place. Appropriate safeguards clauses will be refreshed and included in all Phase II agreements. DFAT will continue to undertake a specific risk assessment for all new humanitarian response activities including for environment and safeguards risks. ANGOs will continue to be required to include a risk management framework as part of response proposals and Disaster READY Activity Plans. ANGOs will be responsible for supporting and training their downstream partners to develop, implement and monitor relevant policies and facilitate notification reporting. The AHPSU will continue to implement its Administrative Controls Framework which includes spot checks and other measures to monitor ANGO compliance with DFAT policies. The Steering Committee will monitor risk and breaches of compliance and share best practice approaches. Additional mitigation strategies will be implemented as needed subject to the specific risk assessment of each response.
- *Inappropriate, fraudulent use or diversion of funds* is a key risk in humanitarian response where funds need to be disbursed quickly, sometimes in complex political environments where sanctions are in place. The mitigation measures outlined above will be applied to managing this risk, with additional strategies implemented as needed subject to the specific risk assessment of each response.
- *poor performance and performance management* as a result of unclear lines of accountability, and/or insufficient DFAT and/or AHPSU resourcing. This risk is being addressed through the development of a summary of internal DFAT roles and responsibilities in early implementation which will be shared with stakeholders at the outset of a response; design and governance processes established for large-scale activations; and more explicit terms of reference for DRCCs. There is also an increase to the AHPSU resourcing for Phase II which will improve capacity for issues identification and supporting DFAT management. It is also mitigated by the Partnership's inbuilt incentives related to public transparency of individual ANGO performance through evaluation findings and recommendations, and the implications of poor performance for future funding. Performance concerns will be raised through partnership approaches, in line with agreed partnership principles.
- *Failure to strengthen GEDSI* in Phase II based on lessons learned, due to insufficient consideration of evaluation recommendations, insufficient resourcing, strategies or policies, and weak MEL. This risk is addressed at multiple levels. Recommendations on GEDSI have been addressed in the Phase II design, resulting in an increase in resources for DRCCs and the AHPSU for GEDSI technical advice, research, and learning. GEDSI organisations are represented in governance forums. DRCCs will be supported to set and resource GEDSI objectives through the country planning process, including for capacity strengthening of relevant local partners. GEDSI analysis and strategies will continue as key features of all humanitarian responses and will be routinely evaluated. The MELF will ensure marginalised groups will be engaged at all stages, including for strengthened accountability.
- *COVID-19 or other major humanitarian crisis* in a country or *multiple disasters* in countries in the region which overwhelm or distract the resources and capacity of AHP Partners, including disrupting the ongoing work of preparedness in Disaster READY. AHP partners were selected through a competitive selection process based on their capacity, global footprint and local presence which enables response in multiple regions simultaneously and often without international 'boots on the ground.' Partners have also developed effective procedures for response in COVID-restricted contexts, and commitment to localisation and capacity building in Phase II will strengthen in-country leadership. In addition, DFAT has a broad range of mechanisms

to respond to major crises to complement AHP, including working with the ADF, ARC, UN organisations and partner governments directly.

- *fragmentation and lack of efficiency* associated with multiple partners undertaking multiple activities or responses in a partner country or geographic location. The DRCC in each Disaster READY will mitigate this risk, but similar mechanisms may be required for AHP to improve coordination in other locations and will be considered on a case-by-case basis. In addition, close involvement of DFAT posts, and assessment of partner coordination and involvement in humanitarian coordination mechanisms including the cluster system will remain key in response activations.

123. Responsibility for risk management is shared by AHP Partners. Each Partner (DFAT, AHPSU and ANGOs) is responsible for developing and maintaining their Risk Registers related to the scope of their responsibility and accountability within the program.

- *Strategic and policy risks* are the responsibility of DFAT HPD. This includes engaging in the selection and assessment processes for response activations to ensure that the best placed partners are selected; engaging with Posts to identify priorities and resources available for response; and coordinating the investment with other DFAT bilateral and regional programs to ensure policy coherence and consistency. A risk includes the possibility of strategic drift, whereby AHP is used as a convenient mechanism to deliver a broad range of programs beyond the purpose for which it was established.
- *Partnership risks* are the responsibility of the AHPSU and the Steering Committee (which includes all ANGOs and DFAT). Effective governance of the partnership will ensure that strategic alignment, program coordination and common approaches are adopted.
- *Implementation risks* are the responsibility of AHP Partners (ANGOs, consortia and local Partners). ANGOs were selected to implement AHP (including Disaster READY) through a competitive grants process. All AHP NGOs have undergone DFAT's rigorous due diligence assessment and are accredited Australian NGO Cooperation Program agencies. They are required to comply with DFAT policies including Child Protection, PSEAH, Counterterrorism and Fraud policies, and these requirements extend to their implementing partners. The AHPSU has established an Administrative Controls Framework through which the Support Unit monitors ANGO compliance with fraud, safeguards, and due diligence requirements in accordance with its contractual obligations.

ANNEX 1: AUSTRALIAN HUMANITARIAN PARTNERSHIP PHASE II PROGRAM LOGIC

Goal

To save lives and alleviate suffering by supporting partner countries, local organisations and communities to prevent, prepare for, respond to and recover from disasters and other humanitarian crises.

Objective

To strengthen resilience, stability and equality, particularly in the Indo-Pacific region, by addressing the challenges of disaster, changing climate, conflict and other threats and hazards.

End of Program outcomes

Disaster READY	*Rapid onset and protracted crisis*	*Partnership learning and Practice*
1. Women, men, youth, children, people living with disabilities and other vulnerable people are better prepared and more resilient to disasters and climate change, in selected Pacific countries and Timor-Leste.	2. Affected populations, particularly women, people living with a disability and other at-risk groups, receive timely, high quality and locally led humanitarian assistance that meets priority needs appropriate to the context.	3. AHP Partners and other humanitarian stakeholders strengthen policy and practice through collaboration and lessons learnt in Australia and the region.

Intermediate outcomes

1.1 Communities (especially at-risk groups) are empowered to plan and implement effective, gender-responsive, socially inclusive and integrated disaster preparedness and adaptation activities.	2.1 AHP NGO partners deliver timely, well-coordinated and integrated responses to rapid onset disasters that promote early recovery and resilience to future disaster.	3.1 AHP NGO partners learn and adapt through reflection, monitoring, evaluation and research.
1.2 Local civil society actors (NGOs, CBOs, OPDs, churches, informal groups) have improved institutional and technical capacity to fulfil their role in effective disaster preparedness and adaptation.	2.2 AHP NGO partners deliver responses to protracted crises with context-specific design and management arrangements that promote sustainability	3.2 AHP NGO partners enhance program quality through joint activity in key cross-cutting areas, including localisation, accountability to affected populations, and GEDSI.
1.3 National and sub-national governments are supported to lead effective, gender responsive, socially inclusive, and better coordinated disaster preparedness, climate change adaptation and response activities.	2.3 AHP NGO partner responses in Disaster READY countries demonstrate increased local leadership, coordination and capacity.	3.3 AHP partners (including ANGOs, DFAT and AHPSU) engage effectively with external stakeholders at country, regional and global levels.

Outputs

1. Disaster Ready Country Coordination Committees and support arrangements established and function effectively. 2. Country-level Plans agreed, monitored and evaluated. 3. Localisation Strategy and Learning Action Agenda agreed and implemented by Partners. 4. ANGOs and local Partners implement approved Activity Plans.	1. SOPs updated in consultation with stakeholders and agreed with the Steering Committee. 2. Panel of technical specialists established by the AHPSU. 3. AHP NGO Partners submit activation proposals that are in accordance with the Program Principles and MELF. 4. AHP NGO Partners implement and monitor approved proposals in accordance with the Program Principles and MELF.	1. Partnership principles and practices maintained through the Steering Committee and effective working relationships between ANGOs and DFAT. 2. Coordination and technical support for MEL, reflection and research at partnership and country level supported by AHPSU. 3. Partners actively contribute to communications, public diplomacy and external engagement efforts coordinated by the AHPSU. 4. DFAT provides policy direction and facilitates engagement with existing programs and partners.

Delivery mechanisms

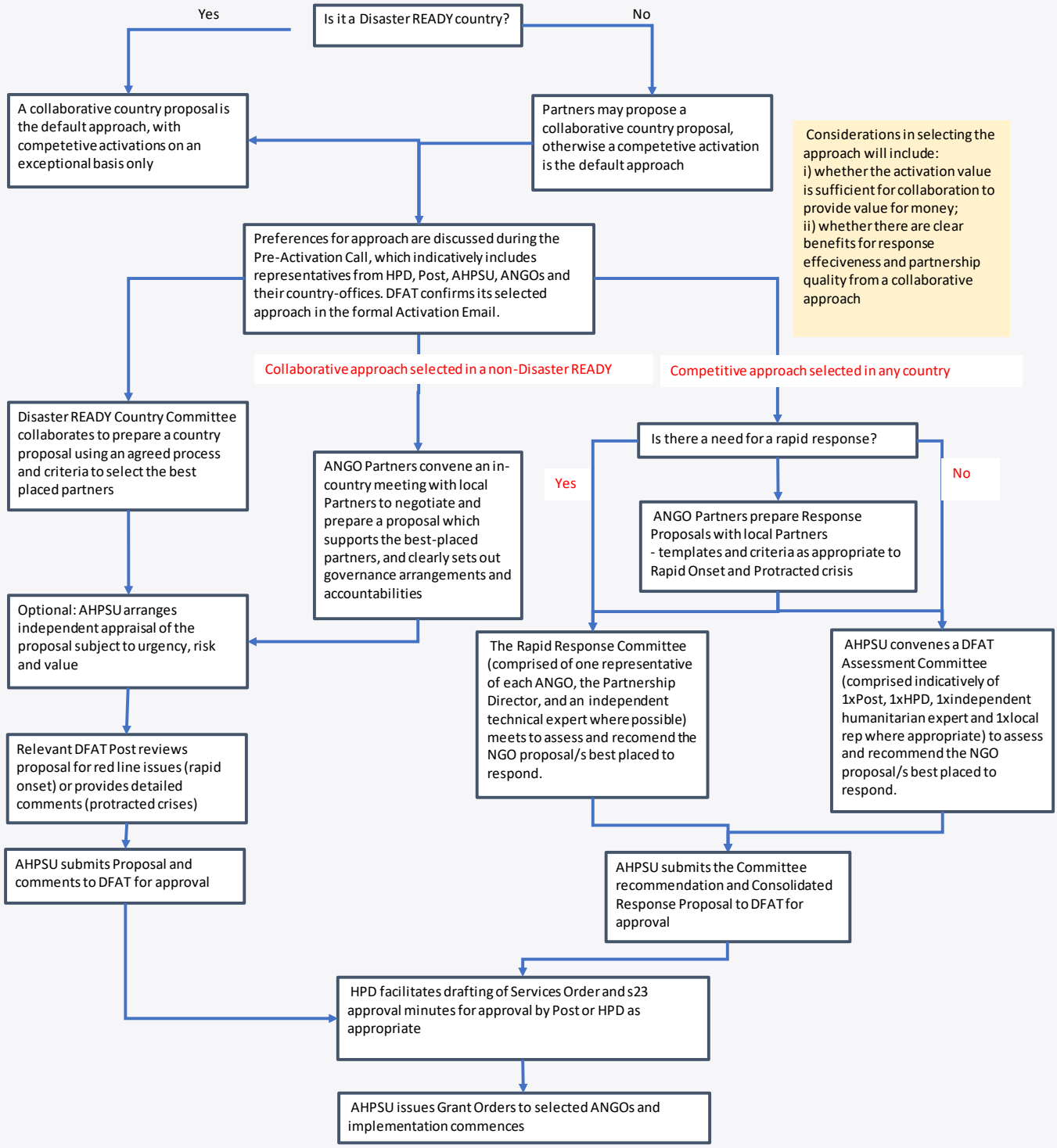
1. Australian NGOs and their local partners plan, implement and adapt humanitarian programs in accordance with international, DFAT accreditation and M&E standards.

2. The AHP Support Unit facilitates coordination, communication and learning between DFAT, ANGOs and other stakeholders to promote overall program quality, compliance and collaboration.

3. DFAT Humanitarian Partnership Division (HPD) leads policy and program engagement with internal and external stakeholders to mobilise resources, ensure policy coherence and represent Australia's interests.

ANNEX 2: ACTIVATION DECISION PATHWAY AND PROCESS

AHP Response Activations - Decision Tree and Process Map



*NB. The detailed SOPs will be updated by the AHP partnership in early implementation to reflect these Phase II decision principles. The collaborative proposal process for Disaster READY countries will be negotiated by each Country Committee as part of country planning, and include principles and criteria to select the best placed partners and develop a coherent and effective proposal.

*NB. Large-scale and/or multi-year responses may be required to undergo a more comprehensive partner-led design process in line with DFAT's Aid Programming Guide subject to certain value and risk thresholds

*NB. Partners will continue to have the option to seek DFAT (Post) approval to pivot existing Disaster READY and/or response funds up to AUD100k to meet urgent life-saving needs or other immediate priorities in response to a rapid-onset crises in a country where they are implementing.

ANNEX 3: DRAFT LOCALISATION FRAMEWORK

Localisation Framework and Approach

AHP will utilise a framework for analysing and assessing the status of localisation in contexts in which it operates, particularly in Disaster READY country planning and reporting.

The following draft Framework is indicative and provides a foundation that will be refined and finalised through the Disaster READY country planning process, along with the development of relevant indicators for inclusion in the MELF.

The approach to developing and using the framework includes:

Apply a multi-dimensional continuum framework that simplifies GB2.0 commitments with localisation as driving commitment along notional stages

Analyse and understand the country context and stakeholders

Identify opportunities to progress leadership, decision making and delivery by affected populations and stakeholders at local and national level (including local actors and national governments)

Develop a country level tailored strategy for progressing along the continuum in the framework.

Include local actors and stakeholders in review and reflection of progress and aspirations on a regular basis.

Existing definition to inform development of dimensions and framework included:

Grand Bargain, two enabling priorities:

(i) a critical mass of quality funding is reached that allows an effective and efficient response, ensuring visibility and accountability, (ii) greater support is provided for the leadership, delivery and capacity of local responders and the participation of affected communities in addressing humanitarian need".

IASC definitions:

Local and national non-State actors are "Organisations engaged in relied that are headquartered and operating in their own aid recipient country and which are not affiliated to an international NGO. Note: "A local actor is not considered to be affiliated merely because it is part of a network, confederation or alliance where it maintains independent fundraising and governance systems".

DFAT HPD's Localisation Policy note:

For Australia, localisation means recognising, respecting, and strengthening leadership and decision-making by national and local actors in humanitarian action, to better address the needs of affected populations.

DFAT draft internal good practice note:

At DFAT localisation in development is understood as a "method to drive more effective development outcomes by improving the agency of affected people and local actors (including partner governments) so that development action is locally informed, locally led and meets the needs of local people."

The Framework itself:

- recognises that it is a fluid continuum
- identifies key stages where elements of localisation agenda progress through key features or steps
- uses the narrow IASC definition as a starting point for one key dimension of the framework
- acknowledges the work already undertaken in the Pacific towards this end by PIANGO, HAG and others
- includes a second dimension of National government and country capacity, coordination, and resourcing

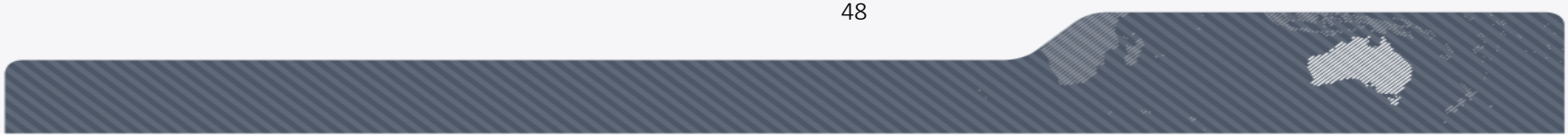
- the third dimension includes the enabling environment, and the roles and resourcing of external stakeholders

AHP Localisation Framework

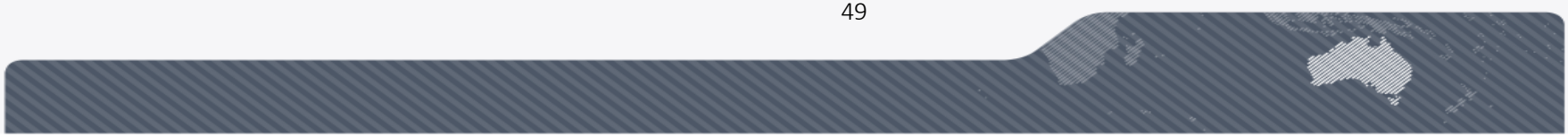
The following draft matrix provides a series of key markers and indicators that can be used as a tool to map and plot the localisation continuum in a particular setting. It is not meant to be prescriptive or limiting but used as a guide and may be further refined in consultation with AHP NGO Partners. The analysis of localisation in each setting will be unique and context specific, and the strategies for progress through the stages of the continuum will also be tailored to the aspirations and opportunities available to the actors in that setting. It is likely and to be expected that analysis will show that status and progress is uneven across dimensions and stages.

	Questions for analysis to map a country context on the continuum
Local Actors	To what extent are there individuals and networks exercising leadership, who represent of affected populations (including women and people living with disabilities, other marginalised populations) with influence in forums of decision making for humanitarian response policy, planning, and delivery? To what extent are there Institutional arrangements for coordination amongst each other, the national Government, and external actors? To what extent are there CSOs with the governance and management capability to utilise resources, manage risk and be accountable? What is the geographic and population footprint of local actors positioned to enable local communities to be first responders drawing on own resources and capabilities, with external support?
National Governments	To what extent is there capable and experienced political and public sector leadership for effective decision making and resourcing for humanitarian response? To what extent does the policy and regulatory environment support effective government functions and coordination with local actors at national and local levels?
Enabling environment	To what extent are humanitarian responses led by external organisations and international personnel, and who undertakes coordination and engagement with National Government and local actors? To what extent do Development Partners channel resources through IOs and INGOS, CSOs and National Governments? What are the respective roles and comparative advantage of IOs and INGOs and local actors?

Dimension	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
	Latent	*Emerging*	*Progressing*	*Advancing*	*Realised*
Local Actors **(communities, and *affected populations, local and national non-State actors)*** leadership, decision making, capacity, access to resources	**Few** individuals exercising leadership, with **little representation** of affected populations (including women and people living with disabilities, other marginalised populations) **with little influence** in forums of decision making for humanitarian response policy, planning, and delivery **Informal** Institutional arrangements with **weak coordination** amongst each other, the national Government, and external actors **Few, weak CSOs** with **poor** governance and management capability to utilise resources, manage risk and be accountable **Ad hoc footprint** of local actors **poorly positioned** to enable local communities to be first responders drawing on own resources and capabilities, with external support	**Some** individuals exercising leadership, with **some representation** of affected populations (including women and people living with disabilities, other marginalised populations) **with ad hoc influence** in forums of decision making for humanitarian response policy, planning, and delivery **Informal** Institutional arrangements with **some coordination** amongst each other, the national Government, and external actors **Disparate group of CSOs** with **variable** governance and management capability to utilise resources, manage risk and be accountable **Localised footprint** of local actors **variably positioned** to enable local communities to be first responders drawing on own resources and capabilities, with external support	**Many** individuals exercising leadership, with **consistent representation** of affected populations (including women and people living with disabilities, other marginalised populations) **with consistent influence** in forums of decision making for humanitarian response policy, planning, and delivery **Formal** Institutional arrangements with **regular coordination** amongst each other, the national Government, and external actors **Generally capable CSOs** with **emerging** governance and management capability to utilise resources, manage risk and be accountable **Widespread footprint** of local actors **variably positioned** to enable local communities to be first responders drawing on own resources and capabilities, with external support	**Groups of** individuals exercising leadership, with **representation** of affected populations (including women and people living with disabilities, other marginalised populations) **with influence** in forums of decision making for humanitarian response policy, planning, and delivery **Formal** Institutional arrangements with **consistent coordination** amongst each other, the national Government, and external actors **Moderately strong and diverse group of CSOs** with **consistent** governance and management capability to utilise resources, manage risk and be accountable **Widespread footprint** of local actors **well positioned** to enable local communities to be first responders drawing on own resources and capabilities, with external support Communities **have increased opportunities** to shape programming, including evaluating international actor programs.	**Network** of capable individuals exercising **strong leadership** who **represent affected populations** (including women and people living with disabilities, other marginalised populations) with **control over decision making** in forums humanitarian response policy, planning, and delivery **Formalised, inclusive, and tested** institutional arrangements that support coordination with each other, the national Government, and external actors **Strong and diverse group of CSOs** with demonstrated governance and management capability to utilise resources, manage risk and be accountable **Comprehensive footprint** of local actors **fully positioned** to enable local communities to be first responders drawing on own resources and capabilities, with external support Local and national actors **have influence on donor priorities** in-country, including program design and implementation



National Governments capacity, resourcing, leadership, coordination	Weak or inexperienced political and public sector leadership with **ad hoc decision making** and resourcing for humanitarian response Policy and regulatory environment **absent** for effective government functions and coordination with local actors at national and local levels	**Emerging** political and public sector leadership with **variable decision making** and resourcing for humanitarian response Policy and regulatory environment **emerging** for effective government functions and coordination with local actors at national and local levels	**Variable** political and public sector leadership with **consistent decision making** and resourcing for humanitarian response Policy and regulatory environment **supportive** for **basic** government functions and **limited** coordination with local actors at national and local levels	**Widespread** political and public sector leadership with **consistent decision making** and resourcing for humanitarian response Policy and regulatory environment **supportive of** effective government functions and coordination with **some** local actors at national and local levels	Strong demonstrated political and public sector **leadership enables efficient and inclusive decision making** and resourcing for humanitarian response Policy and regulatory environment **operating** for effective government functions and coordination with local actors at national and local levels
Enabling environment capacity, role, experience, resourcing, interests of external actors (regional and international organisations, INGOs, Development Partners)	Humanitarian responses **primarily led by external organisations** and international personnel, with minimal coordination and engagement with National Government and local actors Development Partners channel **resources primarily through IOs and INGOS** IOs and INGOs **primarily responsible** for assessment, direct service delivery, logistics, procurement, communications, and accountability.	Humanitarian responses **heavily supported and resourced** by external organisations and international personnel, with coordination and engagement with National Government and local actors Development Partners channel **resources primarily through IOs and INGOS working in partnership with local actors** Local actors responsible for direct service delivery and response, with IOs and INGOs **responsible** for assessment, logistics, procurement communications and accountability **Longer-term strategic partnerships exist** that aim to build systems and processes mirroring the ambition and goals of the local or national partner	Humanitarian responses **variably managed and implemented by external organisations and local actors** with coordination conducted by National Government with local actors, supported by external organisations and international personnel Development Partners channel **resources both through IOs and INGOS (to their partners), and at times directly local actors** Local actors responsible for assessment, direct service delivery and response, logistics, procurement, and engagement with governments with IOs and INGOs **responsible** for communications, accountability, quality assurance and capacity building.	Humanitarian responses **supported by** external organisations with international personnel **by invitation**, with coordination led by National Government with local actors Development Partners channel **resources both through IOs and INGOS (to their partners), and at times directly local actors** Local actors responsible for assessment, direct service delivery, MEL, performance, risk management, logistics, coordination, and engagement with governments, with IOs and INGOs **responsible** for communications, accountability, quality assurance and capacity building. **Community/contextualised standards exist** for all actors working in that context.	Humanitarian responses **primarily led by local communities** and national personnel, with coordination led by National Government with local actors Development Partners channel **resources separately though INGOs and OIs for their functions, and directly to through PGs and local actors for implementation** IOs and INGOs **primarily responsible** communications, technical support, quality assurance and international advocacy and review. Contextualised humanitarian standards, tools and policies are available **and utilised by all actors.**



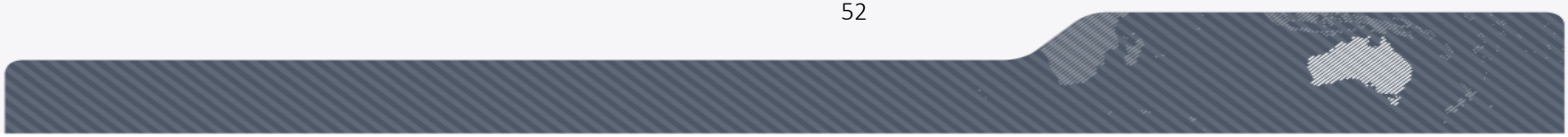
ANNEX 4: DRAFT STRATEGIC LEVEL MONITORING, EVALUATION AND LEARNING FRAMEWORK

This is an indicative Framework outlining the key MEL processes and responsibilities which could apply at a whole-of-Program level. In addition, individual Country Plans for Disaster READY, and individual response activations, will have their own proposals and MEL arrangements, and ANGOs are responsible for MEL within their own programs and internal systems. The MEL Framework and guidance will be reviewed, adjusted, and finalised by the AHPSU in consultation with ANGOs in the first half of 2022 following finalisation of the Disaster READY MELF, with consideration provided to appropriate localisation and GEDSI indicators.

Program Logic	Methodology	Research questions/indicators	Frequency	Responsibility	Report/ product
1. Women, men, children, people living with disabilities and other at-risk groups are better prepared and resilient to disasters, in selected Pacific countries and Timor-Leste.	Mid-term/EOP and thematic Disaster READY Country evaluations	• To what extent and in what ways are communities better prepared for rapid and slow onset disasters? Reference what occurred when disasters did occur. • To what extent are their coordination mechanisms for preparedness and response between government, NGOs, the private sector, and communities, and to what extent are people living with disabilities, women, affected communities and other vulnerable groups involved? • To what extent and in what manner are national NGOs and faith-based organisations involved in the country humanitarian system? • To what extent are the rights and needs of women, people living with disabilities, youth and children being met in disaster preparedness and response at all levels? What barriers to access have been identified in women's leadership? • To what extent have NGOs worked effectively with each other and other relevant stakeholders? • What lessons have been learned and what policy or practices changes are required in selected thematic, cross-cutting, sectoral issues?	Mid-term/EOP on cycle across the 5 DR countries	**AHPSU** in consultation with DR Country Committees	Country Evaluation and Thematic Evaluation Reports
	Facilitated annual **participatory r**eflection and reporting against the	• What were the key achievements in this period against the Country Plan and why were these significant? • What constraints were encountered?	Annual	**DRCC** facilitated by external party, technical	Annual Country report (high level 3 pp) -

	Country Plan Intermediate Outcome areas (below)	• What lessons were learnt that should inform future policy and practice? • What changes should be made to programming?		support/direction from AHPSU	supplemented with Basic Data set
	Accountability to Affected Populations feedback and analysis methods deployed by each ANGO as agreed by each DR CC	• To what extent are local communities involved in leading, planning, implementing, and reviewing preparedness and climate risk reduction activities?	Annual	ANGOs	Incorporated into Annual Country Report
1.1 Communities (especially at-risk groups) are empowered to plan and implement effective, gender-responsive, socially inclusive, and integrated disaster preparedness and adaptation activities.	Basic data set	• Number of men, women, youth, children, PWDs participating in preparedness activities • Number and geographic location of discrete communities participating in activities • Number and description of activities conducted *(e.g., preparing community, church, school, or other disaster management plans, establishing evacuation centres, establishing disaster committees, establishing communication systems, conducting training, learning events, preparing communications products)*	6 monthly	ANGOs	ANGO internal reporting, shared with AHPSU for Annual Report
1.2 Local civil society actors (NGOs, Community Based Organisations (CBOs), Organisations of Persons with Disability (OPDs), churches, informal groups) have improved institutional and technical capacity to fulfil their role in effective disaster preparedness and adaptation.	Basic data set	• Number and type of NGO/CBO involved in capacity building activities (including WROs/OPDs) • Number and description of activity conducted (e.g., new policies, procedures, practices, response plans, communications products, resources acquired)	6 monthly	ANGOs	ANGO internal reporting, shared with AHPSU for Annual Report
1.3 National and sub-national governments are supported to lead effective, gender responsive, socially inclusive, and better	Basic data set	• Number and description of activities conducted with national and sub-national government to strengthen capability (e.g., policy and practice changes, training, communications products)	6 monthly	ANGOs	ANGO internal reporting, shared with AHPSU for Annual Report

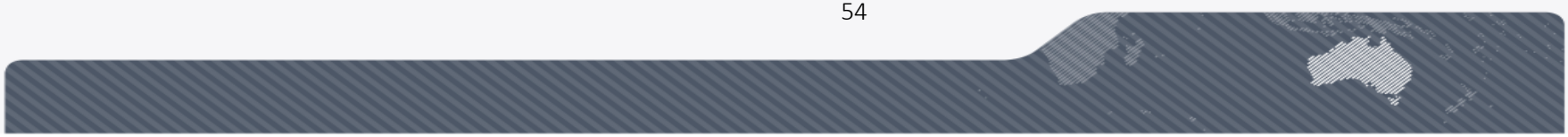
coordinated disaster preparedness, adaptation, and response activities.		• Number and description of coordination events attended by CSO and communities, led by national and sub-national governments • Number of men, women, PWDs, youth and other forms of disadvantage participating in coordination events			
2. Affected populations, particularly women, people living with disabilities and other at-risk groups, receive timely, high quality and locally led humanitarian assistance that meets priority needs appropriate to the context.	Activation evaluations over $3m or as appropriate	• Tailored TOR to address relevance, effectiveness, efficiency, sustainability, gender; and analysing performance and lessons against AHP cross-cutting principles and themes of resilience, localisation, inclusion and diversity, partnership and collaboration, standards, and quality	End of Activation	AHPSU	Activation Evaluation Report
2.1 AHP partners deliver timely, well-coordinated and integrated responses to rapid onset disasters that promote early recovery and resilience to future disaster.	Basic data set	• Number of men, women, youth, children, PWDs and other identified vulnerable groups participating in response activities • Number and geographic location of discrete communities participating in response and recovery activities • Number and description of response and recovery activities conducted *(e.g., cash transfer, shelter, food, water, sanitation, livelihood, training, employment)*	6 monthly	ANGOs	ANGO internal reporting, shared with AHPSU for Annual Report
2.2 AHP partners deliver responses to protracted crises with context-specific design and management arrangements that promote sustainability.	Basic data set	• Number of men, women, youth, children, PWDs and other identified vulnerable groups participating in response activities • Number and geographic location of discrete communities participating in response and recovery activities • Number and type of response and recovery activities conducted *(e.g., cash transfer, shelter,*	6 monthly	ANGOs	ANGO internal reporting, shared with AHPSU for Annual Report



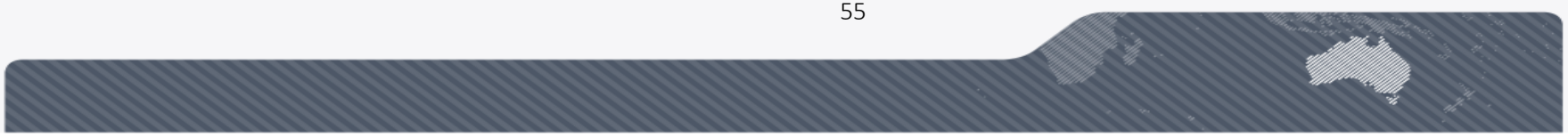
		food, water, sanitation, livelihood, training, employment)			
2.3 AHP NGO partner responses in Disaster READY countries demonstrate increased local leadership, coordination, and capacity.	Basic data set	• Number and description of coordination events attended by CSO and communities, led by national and sub-national governments • Number of men, women, PWDs, youth and other forms of disadvantage participating in coordination events • Number of men, women, youth, children, PWDs and other identified vulnerable groups participating in response activities	6 monthly	ANGOs	ANGO internal reporting, shared with AHPSU for Annual Report
3. AHP Partners and other humanitarian stakeholders strengthen policy and practice through collaboration and lessons learnt in Australia and the region.	**Independent End of Program Evaluation** (conducted through DT analysis and interviews with key informants from international humanitarian community, PGs, civil society, and regional organisations)	• What lessons for policy and practice were generated through the Partnership and shared amongst humanitarian actors and other stakeholders? • To what extent have Australian humanitarian actors engaged regionally and global, and what influence on policy and practice has resulted? • To what extent has Australia's reputation as a good humanitarian actor supported bilateral and regional relationships? What other benefits or impacts have accrued from Australia's humanitarian actions?	End of Program	DFAT commissioned Independent Evaluation	Independent Evaluation Report
	Partnership Health Check - independently facilitated participatory analysis on value-add and contribution of the partnership approach by all AHP partners	• What lessons for policy and practice were generated through the Partnership and shared amongst humanitarian actors and other stakeholders? • To what extent have Australian humanitarian actors engaged regionally and global, and what influence on policy and practice has resulted?	Annual	Steering Committee and/or AHPSU	Annual Report

3.1 AHP Partners learn and adapt through reflection, monitoring, evaluation, learning and research.	AHPSU analysis and reporting of ANGO/AHP MEL systems, through collective participatory review by M&E Community of Practice, led by M&E Manager	What strengths, constraints, challenges, and lessons for strengthening a continuous improvement culture were experienced in this period?	Annual	AHPSU	Annual Report
3.2 AHP partners enhance program quality through joint activity in key cross-cutting areas, including localisation, accountability to affected populations, and GEDSI.	AHPSU activity reporting	• Number and description of joint activities conducted by AHP partners • Lessons learnt and recommendations arising from joint activity implementation	Annual	AHPSU	Annual Report
3.3 AHP partners (including ANGOs, DFAT and AHPSU) engage effectively with external stakeholders at country, regional and global levels.	AHPSU activity reporting	• Number and type of external events and engagements involving AHP partners • Number and description of communications materials and products published and disseminated in the period	Annual	AHPSU	Annual Report

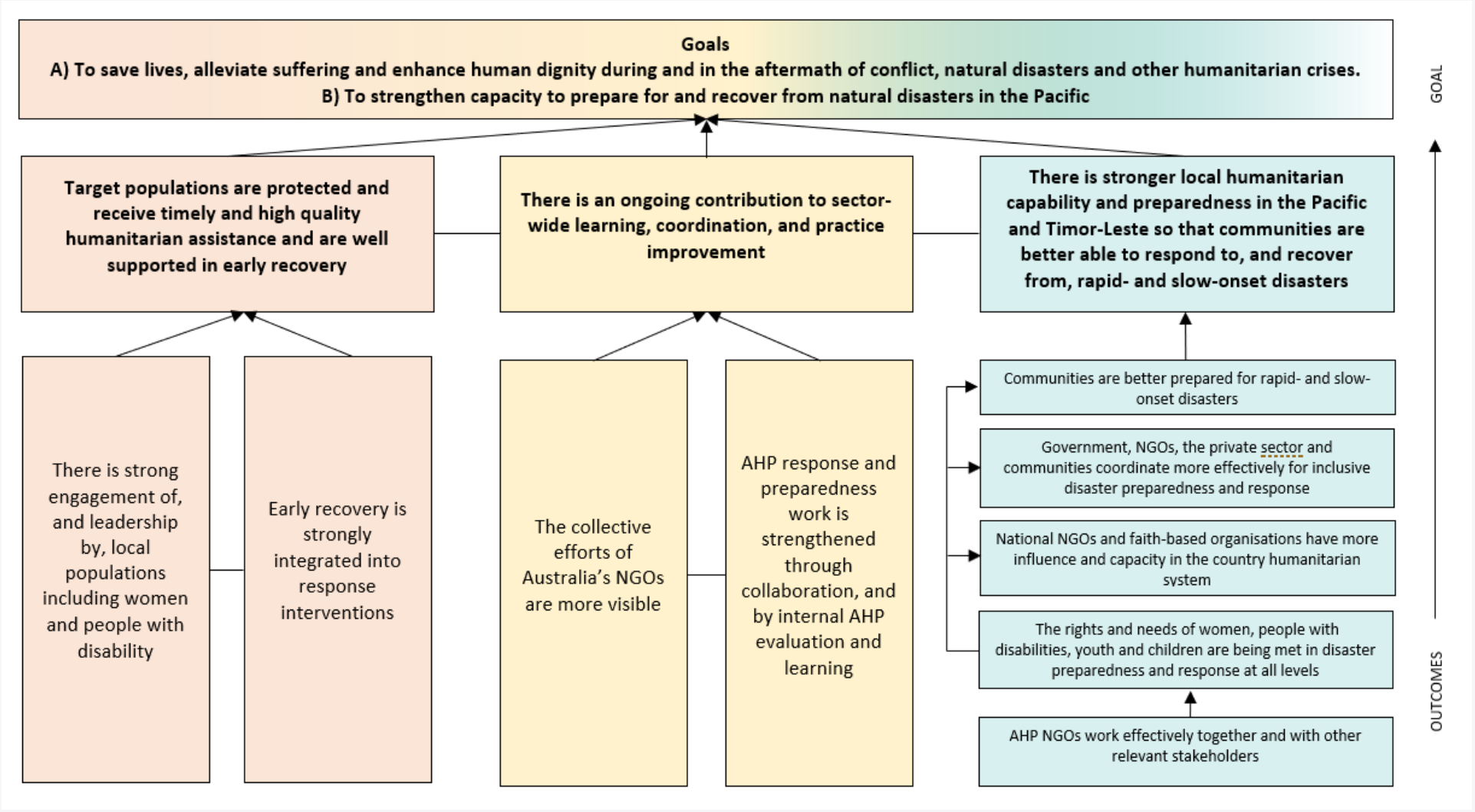
Output monitoring and reporting	Methodology	Indicators/deliverables	Frequency	Responsibility	Report/product
Component 1					
1. Disaster Ready Country Coordination Committees and support arrangements established and function effectively.	AHPSU reporting	Country Planning process completed, and DR Country Plans approved	6 mo.	AHPSU	Six monthly and exception reporting to DFAT HPD
2. Country-level Plans agreed, monitored, and evaluated.	AHPSU reporting	Annual Reports on DR Country Plans submitted to posts and DFAT HPG	6 mo.	AHPSU	Six monthly and exception reporting to DFAT HPD



3. Localisation strategy and Learning Action Agenda agreed and implemented by Partners.	AHPSU reporting	Localisation Plans reported by DRCCs and Learning Action Agenda plans implemented	6 mo.	AHPSU	Six monthly and exception reporting to DFAT HPD
4. ANGOs and local Partners implement approved Activity Plans	ANGO internal reporting	ANGOs maintain internal M&E reporting records available upon request, and available for AHP evaluations	ongoing	ANGOs	as required
Component 2					
1. SOPs updated in consultation with stakeholders and agreed with the Steering Committee	AHPSU reporting	SOPs approved by DFAT	6 mo.	AHPSU	Six monthly and exception reporting to DFAT HPD
2. Panel of technical specialists established by the AHPSU	AHPSU reporting	Recruitment completed and strategy for Partnership support approved	6 mo.	AHPSU	Six monthly and exception reporting to DFAT HPD
3. AHP NGO Partners submit activation proposals that are in accordance with the Program Principles and MELF.	AHPSU reporting	# and value of protracted responses designs and proposals approved	6 mo.	AHPSU	Six monthly and exception reporting to DFAT HPD
4. AHP NGO Partners implement and monitor approved proposals in accordance with the Program Principles and MELF.	ANGO internal reporting	ANGOs maintain internal M&E reporting records available upon request, and available for AHP evaluations	ongoing	ANGOs	as required
Component 3					
1. Partnership principles and practices maintained through the Steering Committee and effective working relationships between ANGOs and DFAT.	AHPSU reporting	Partnership Charter agreed and Partnership Health Checks undertaken annually	6 mo.	AHPSU	Six monthly and exception reporting to DFAT HPD
2. Coordination and technical support for MEL, reflection and research at partnership and country level supported by AHPSU.	AHPSU reporting	AHPSU reporting on activity against budget in line with the SoR	6 mo.	AHPSU	Six monthly and exception reporting to DFAT HPD
3. Partners actively contribute to communications and public diplomacy efforts coordinated by the AHPSU.	Steering Committee review	DFAT feedback to SC on public diplomacy and comms	3x/year	Steering Committee	Minutes
4. DFAT provides policy direction and facilitates engagement with existing programs and partners.	Steering Committee review	Feedback from AHP Partners to DFAT in SC meetings	3x/year	Steering Committee	Minutes



ANNEX 5: AHP PHASE I PROGRAM LOGIC



ANNEX 6: AUSTRALIAN HUMANITARIAN PARTNERHSIP MID-TERM EVALUATION MANAGEMENT RESPONSE

The Australian Humanitarian Partnership (AHP) is five-year (2017–2022) partnership between DFAT and six peak Australian NGOs designed to save lives, alleviate suffering, and enhance human dignity during and in the aftermath of conflict, disasters, and other humanitarian crises. The AHP has three key pillars – response, preparedness, and sectoral learning.

AHP has two major areas of work. The first revolves around response to protracted and rapid onset disasters, which continues the utilisation of Australian NGO expertise in Australia's disaster responses. The second program component is Disaster READY, a sub program that focuses on disaster risk reduction in Timor-Leste, Fiji, PNG, Solomon Islands and Vanuatu.

To date, DFAT has committed more than $200 million (including Disaster READY) through the AHP, responding to more than 40 humanitarian responses with over four million people projected to be reached.

DFAT holds an overarching contract with Alinea-Whitelum for the AHP Support Unit (AHPSU) who in turn enters into contractual agreements with the six Australian NGOs and facilitates all contractual, administrative, and funding requirements. The AHPSU also assists with the management of Disaster READY and undertakes a range of support functions for the partnership on behalf of DFAT, including monitoring and evaluation, operations, grants, and communications.

An independent Mid Term Evaluation (MTE) of AHP was undertaken through 2020 (March to December) to provide an evidence-based assessment of the progress of AHP and recommendations for future planning. The independent review team comprised two consultants (Linda Kelly and Anna Roche) with the MTE managed by the Humanitarian, NGOs & Partnerships Division within DFAT. The MTE addressed six evaluation questions exploring the effectiveness of the AHP mechanism, the Disaster Ready sub-program, the extent of progress in the cross-cutting issues of localisation, gender & disability inclusion and the contributions AHP has made to learning and improvements in the humanitarian sector, DFAT humanitarian programming and to the NGO community. The review team consulted with:

- DFAT Posts;
- AHP partners and their consortium partners in Australia and in-country;
- AHPSU staff; and
- in-country Government officials, Civil Society Organisation staff and local community members.

DFAT's response to the Independent Mid Term Evaluation: DFAT welcomes and accepts the review's key overall findings that:

- AHP provides an effective way for DFAT to utilise Australian organisations to contribute to response and recovery in the area of rapid and slow onset disasters, noting some possible areas for improvement in the activation mechanisms;
- there is evidence of progress against all five Disaster READY end of program outcomes; and
- the current program modality, a partnership between DFAT and six accredited Australian NGOs supported by an administrative and contracting mechanism, has provided for efficient and timely use of Australian funds.

The Mid Term Evaluation made ten recommendations based on their findings and posed a number of further AHP and Disaster READY program level considerations to inform future planning. DFAT supports 8 of the 10 recommendations in full and partly supports the remaining 2 recommendations.

DFAT commits to implementing recommendations where possible through the AHP design refresh process (through 2021) and the Disaster READY refresh (through mid-2022).

RECOMMENDATIONS AND RESPONSES

Question 1: To what extent has AHP enabled Australia to address the needs of affected populations in rapid and slow onset disasters?

Overall findings: AHP has been a highly effective mechanism to enable Australia to address the needs of affected populations in rapid and slow onset disasters.

Recommendation	Response	Action	Timeframe
Recommendation 1 DFAT, supported by AHPSU, increase or include criteria around participation and localisation in assessments for both rapid onset and protracted activations.	Agree	Update templates to embed additional criteria or weighting for participation and localisation where relevant in activations during remainder of AHP Phase I. Recommendation 1 to be addressed through the AHP Phase II design refresh.	Current June – October 2021
Recommendation 2 DFAT, supported by AHPSU, make transparent the steps in its decision-making process for both rapid onset and protracted activations.	Partly agree	DFAT supports accountability and transparency in humanitarian response programming. However, rapid activations are assessed by NGO partners and often response priorities are driven by partner governments and DFAT post priorities in rapidly changing contexts. DFAT will seek to provide further certainty to AHP partners where possible by sharing Assessment Criteria and a Decision Summary for all protracted crises activations. As part of the design refresh for AHP Phase II, DFAT will also update the standard operating procedures for rapid and protracted activations in consultation with AHP partners.	Current June – October 2021

Question 2: What progress has Disaster READY made towards increasing the capacity of Pacific communities and their representative organisations to prepare for and respond to disasters?

Overall findings: Disaster READY has made a demonstrable contribution towards increasing the capacity of Pacific communities and governments to prepare for and respond to disasters. However, the complexity of the program, together with its utilisation for disaster response as well as disaster preparedness, and its varied implementation in different country contexts, makes it difficult to provide a simple assessment across all of its intended outcomes. On the other hand, the diverse experience and experimentation of Disaster READY, provides considerable learning for any possible future programs of support.

Recommendation	Response	Action	Timeframe
Recommendation 3 The AHPSU explore and identify how the Disaster READY in-country committees can be more effectively resourced to enhance collaboration within Disaster READY and across other DFAT programs and development actors.	Agree	Recommendation 3 to be addressed through the AHP Phase II and Disaster READY Phase II design refresh.	June 2021 – June 2022
Recommendation 4 AHP partners design and implement mechanisms, relevant to their consortia arrangements, to provide communities, in-country partners and local government representatives the opportunity to provide feedback and commentary on the value and quality of disaster ready activities.	Agree	AHP partners to consider and implement as part of the design refresh for AHP Phase II and Disaster READY Phase II.	June 2021 – June 2022

Question 3: To what extent is the overall modality of AHP including the Support Unit, the partnership arrangements and the respective roles played by NGOs, the local partners and DFAT, fit for purpose?

Overall findings: The Disaster READY modality has met the needs of DFAT and AHP partners and has largely been fit for purpose. There is opportunity for further development of the modality in future phases of the program.

Recommendation	Response	Action	Timeframe
Recommendation 5 Review and update the Terms of Reference for the AHPSU to match the current services provided, noting adjustments since the commencement of the AHP.	Agree	Recommendation 5 to be addressed as part of the AHP Phase II design refresh.	June-October 2021
Recommendation 6 Adjust the Monitoring Evaluation and Learning Framework (MELF) and reporting requirements for Disaster READY, to require AHP partners to provide evidence-based reporting on progress against outcomes.	Agree	Recommendation 6 to be addressed as part of the AHP Phase II and Disaster READY Phase II design refresh.	June 2021 – June 2022

Question 4: To what extent have the activities of AHP supported and advanced the localisation of Australia's humanitarian response?

Overall findings: Some AHP activities have supported good practice in localisation at community level. However, Disaster READY shows very slow progress in shifting decision making and resources to local organisations

Recommendation	Response	Action	Timeframe
Recommendation 7 Require all AHP partners to report on progress towards localisation against an agreed set of program wide indicators.	Agree	Recommendation 7 to be addressed as part of the AHP Phase II and Disaster READY Phase II design refresh.	June 2021 – June 2022

Question 5: To what extent have the activities of AHP supported and advanced leadership and participation of women, people living with disability and other marginalised people in disaster preparation and disaster response?

Overall findings: AHP results show that the program has worked to include women and people living with disability. Results show that overall, gender inclusion has been more effective than inclusion of people living with disability.

Recommendation	Response	Action	Timeframe
Recommendation 8 AHP partners to identify and implement a strategy to increase inclusion of people living with disability in program decision-making and program implementation, utilising the guidance and ideas from country DPO.	Agree	Recommendation 8 to be addressed through the AHP Phase II and Disaster READY Phase II design refresh.	June 2021 – June 2022
Recommendation 9 AHP partners and their consortia members to ensure that at least 15% of Disaster READY program beneficiaries are people living with disability.	Partly agree	ANGOs and DFAT are committed to strengthening disability-inclusive development through holistic program approaches. An evaluation of disability inclusion in Disaster READY has been undertaken concurrent to the mid-term evaluation which sets out a number of recommendations including a more holistic approach to strengthen disability inclusion. DFAT will prepare and implement a management response to respond to these recommendations, and implement them as part of the design refresh for Disaster READY Phase II.	July 2021

Question 6: To what extent have AHP activities and approaches contributed to learning and improvements in the humanitarian sector, DFAT humanitarian programming and that of the NGO community?

Overall findings: AHP has good information for wider sector learning but there are currently limited opportunities to share this learning.

Recommendation	Response	Action	Timeframe
Recommendation 10 The AHPSU to identify a process to capture relevant program learning and together with AHP partners, ensure this is communicated regularly through the existing program and other learning forums.	Agree	Recommendation 10 to be addressed through the AHP Phase II and Disaster READY Phase II design refresh.	June 2021 – June 2022

Future considerations beyond AHP

AHP as a whole	Action	Timeframe
In any future phase of AHP, consider the inclusion of a mechanism that regularly reviews program innovations and relevant new policy or practice ideas, and identifies the implications for the program, as part of ongoing program adaptation and improvement.	For consideration and implementation as part of the design refresh for AHP Phase II.	June 2021 – October 2021
Disaster READY specific	**Action**	**Timeframe**
Any future phases of Disaster READY should limit the number of program objectives in order to ensure one clear overall purpose for the program.	For consideration and implementation as part of the design refresh for Disaster READY Phase II.	June 2021 – June 2022
Sustainability, specifically including pathways towards localisation, ought to be a major consideration for any future phases of Disaster READY.	For consideration and implementation as part of the design refresh for Disaster READY Phase II.	June 2021 – June 2022
Activities under any future phase of Disaster READY ought to be framed within an understanding of resilience relevant to the country and regional context.	For consideration and implementation as part of the design refresh for Disaster READY Phase II.	June 2021 – June 2022
Any future phase of Disaster READY, should shift to a country focus, while retaining opportunity for regional exchange, learning and cooperation. That is, the program should become a multi country program.	For consideration and implementation as part of the design refresh for Disaster READY Phase II.	June 2021 – June 2022
In line with the current Disaster READY rationale, any future phase of the program should consider expansion to countries in the Pacific and beyond that are highly disaster prone. In the Pacific this would likely include Tonga (the remaining Pacific country among the world's most 15 disaster prone countries) and the small island states of Kiribati, Tuvalu and Nauru (all countries at particular risk of impact by disasters due to the growing influence of climate change).	For consideration and implementation as part of the design refresh for Disaster READY Phase II.	June 2021 – June 2022

Any future phase of Disaster READY should consider inclusion of monitoring systems that provide information about the value of different consortium models in relation to program implementation and outcomes.	For consideration and implementation as part of the design refresh for Disaster READY Phase II.	June 2021 – June 2022
Any future phases of Disaster READY should require a costed and time bound plan for achieving localisation as part of the selection criteria for participating Australian NGOs. The new phase should require that the selected NGOs to report against this plan throughout the life of the program.	For consideration and implementation as part of the design refresh for Disaster READY Phase II.	June 2021 – June 2022

ANNEX 7: AHPSU DRAFT TORS

The final TORs will be negotiated with the Contractor and approved by the relevant DFAT delegate.

1. SERVICES

1.1 The Contractor will deliver the following Services to deliver the AHPSU and support achievement of the AHP investment EOPOs.

2. GENERAL SERVICES

2.1 The Contractor will facilitate the partnership between DFAT, ANGOs and other AHP stakeholders through development and maintenance of strong and enduring formal and informal working relationships with all parties.

2.2 The Contractor will support DFAT to manage the AHP investment and promote continuous improvement by:

(a) facilitating timely and accurate communication and information sharing between DFAT and ANGOs;

(b) undertaking a technical review of ANGO reports, plans and strategies, including specifically for gender and disability inclusion to ensure compliance with DFAT quality standards, policies and guidelines, and for financial and budget issues; and

(c) proactively identifying and highlighting key implementation issues to DFAT along with recommendations and advice for continuous improvement and issue resolution, and implementing remedial actions as required.

2.3 The Contractor will provide secretariat functions for any and all AHP meetings as required including a minimum of two (2) AHP Steering Committee meetings per year between ANGOs and DFAT to discuss strategic and operational issues, provide updates on AHP activities, report on AHP activation reviews, and provide a forum for practical coordination, collaboration, information exchange and sharing of lessons.

2.4 The Contractor will maintain an understanding of the humanitarian system and operating context as relates to the AHP and provide operational analysis to DFAT HPD as requested.

2.5 The Contractor will deliver activities as approved in AHPSU Work Plans or as otherwise agreed with DFAT in writing to support the achievement of AHP end of program outcomes as detailed in Clause 4, on time, within budget and structured to meet reporting requirements.

2.6 When delivering Services outside Australia, the Contractor will encourage coordination and collaboration in country with DFAT posts, other donors, partner governments and ACFID Humanitarian Reference Group (HRG) members as appropriate.

3. PARTNERSHIP SUPPORT

3.1 The Contractor will undertake and facilitate annual independent partnership brokering processes for DFAT, ANGOs, the AHPSU and key humanitarian stakeholders to review and update the AHP partnership agreement and arrangements and identify areas for improvement. The partnership agreement should set out partner expectations, their roles and responsibilities, and identify partnership outcomes and measures of success.

4. ADMINISTERED GRANT AGREEMENTS

4.1 The Contractor will establish, maintain and manage Administrative Grant Agreements with ANGOs selected by DFAT in accordance with Clause 36 of the Deed of Standing Offer. In addition to all other matters required to be included in Administered Grant Agreements

under the Contract, the Contractor will ensure that Administered Grant Agreements require Administered Grant Recipients to perform all obligations assigned to them under this Services Order or as otherwise agreed with DFAT; and support the outcomes in of the AHP.

5. EOPO1: DISASTER READY

5.1 The Contractor will deliver the following Services to support the achievement of EOPO 1:

(a) facilitate the ANGO country-level planning process for Disaster READY Phase II commenced in Phase I, including by managing a facilitation team with design, partnership brokering, monitoring and evaluation and climate change adaptation expertise.

(b) The planning process must deliver a Disaster READY Country Plan, Localisation Strategy and Learning Action Agenda for each focus country, and Activity Plans for each ANGO for each country as outlined in the IDD;

(c) facilitate 'sense checks' of the Activity Plans, Learning Agendas and Localisation Strategies if required after 12 months and 24 months of implementation to provide ANGOs the opportunity to change targets, activities, and approaches based on experience;

(d) facilitate and participate in country and regional review, learning and planning processes in each Disaster READY country as required by the Monitoring, Evaluation and Learning Framework (MELF) to support achievement of the EOPOs;

(e) maintain an understanding of Disaster READY implementation progress, risks, and issues, including through regular contact with the Disaster READY Country Committees (DRCCs), and highlight issues to DFAT along with recommendations and advice for continuous improvement and issue resolution;

(f) support the promotion of Disaster READY, including by:

(g) identifying and/or developing public diplomacy and communications opportunities and material;

(h) promoting the Disaster READY program through the AHP website, social media, media visits, and thematic reports and evaluations; and

(i) providing communications support to DFAT including organising media/journalist field visits (subject to DFAT approval) and producing communications material for social media and other purposes.

6. EOPO2: HUMANITARIAN RESPONSE

6.1 The Contractor will deliver the following Services to support the achievement of EOPO 2:

(a) update the response activation Standard Operating Procedures (SOPs) in consultation with relevant stakeholders for approval by the AHP Steering Committee on a need's basis, and implement the AHPSU responsibilities outlined in the SOPs as approved;

(b) ensure appropriate Personnel are available to work out-of-hours at short notice should crisis information or a rapid AHP humanitarian response ('activation') be required;

(c) facilitate timely information sharing between DFAT and the ANGOs regarding humanitarian crises, including rapid 3W (Who, What, Where) reporting on ANGO capacity, sitreps and requests to pivot existing funds in emerging disaster and emergency contexts;

(d) convene, provide all necessary secretariat and logistics services for, and chair (if required) meetings for efficient and effective activations as required in the SOPs. This may include:

(e) Pre-activation teleconferences for DFAT to engage ANGOs on the possibility and parameters of potential activations; and

(f) ANGO Rapid Response Committee meetings and DFAT Assessment Committee Meetings to allow members to assess response proposals;

(g) maintain a panel of humanitarian, country and sector specialists and engage them as required to independently appraise response proposals as part of the selection process;

(h) participate in DFAT design processes for large value/multi-year response activations as required;

(i) if required, draft dedicated governance frameworks for large value/multi-year response activations and facilitate endorsement among relevant stakeholders prior to activities commencing;

(j) maintain and update relevant ANGO response proposal and reporting templates to ensure they are fit-for-purpose;

(k) proactively provide advice to DFAT on opportunities, risks and other issues relating to response activations, including opportunities for continuous improvement of processes, and strengthening synergies with other relevant investments such as the Australian NGO-Cooperation Program (ANCP);

(l) support DFAT and the ANGOs to explore opportunities for innovation, including anticipatory action, local partner-led responses, and greening humanitarian response;

(m) draft AHPSU Services Orders for activations in accordance with the template agreed with DFAT;

(n) draft, issue, and monitor ANGO Grant Orders, including reporting requirements, for activations in accordance with the template agreed with DFAT.

7. EOPO3: PARTNERSHIP LEARNING AND PRACTICE

7.1 The Contractor will deliver the following Services to support the achievement of EOPO 3:

(a) Develop and implement a process to administer flexible Activity Funds to support program-relevant research, learning needs and joint action activities to stimulate innovation, collaboration, continuous improvement, and lesson learning. Activities may be proposed by the AHPSU and/or ANGOs and must be approved by DFAT.

(b) Any research and learning activities must add value to the individual activities of AHP Partners in Disaster READY or response activations (i.e., not be ad hoc, isolated activities), and include embedded learning and uptake strategies and/or products. The AHPSU may sub-contract/grant Activity Funds to ANGOs or other organisations for implementation as appropriate to the needs.

(c) proactively seek and administer opportunities to broker knowledge and share lessons and expertise within the AHP, and between the AHP and external stakeholders important to the Partnership and the humanitarian sector in-country and in Australia.

8. MONITORING, EVALUATION AND LEARNING

8.1 The Contractor will deliver the following Services to support effective monitoring, evaluation and learning for the AHP:

(a) develop, implement, and update a program-wide MELF for the AHP Phase II in consultation with DFAT and the ANGOs which:

(b) assesses the effectiveness, efficiency, relevance, and sustainability of AHP activities;

(c) supports consolidated reporting to convey the collective impact of the partnership across the three EOPOs;

(d) informs strategies and processes to support evidence-based learning within the partnership and sector;

(e) is aligned with the AHP response SOPs;

(f) includes a core data set for activity implementation for Disaster READY and response activations; and

(g) provides data disaggregated by sex, disability, age, and indigenous person.

(h) provide monitoring and evaluation technical advice to ANGOs to ensure their MEL Frameworks are in alignment with the AHP MELF and contribute results into country and program-level outcomes;

(i) coordinate, consolidate and synthesise ANGO reporting as required to provide an overview of results at country and overarching program level;

(j) maintain a management information system (MIS) for data collected as part of the Disaster READY program and AHP response activations, and respond to requests for information from DFAT on program activities;

(k) action (where appropriate), monitor and keep DFAT apprised of the implementation of recommendations from evaluations and reviews;

(l) commission an independent body to undertake a participatory data collection and analysis process, using qualitative judgements and political economy analysis, to monitor and assess progress against EOPO3. This may include monitoring the policy and operating landscape, reviewing changes in humanitarian policy and practice, and assessing the role and impact of AHP experience and lessons on country, regional and international stakeholders;

(m) in consultation with DFAT and ANGOs, commission other meta and strategic reviews as required to deepen the assessment of key aspects of the Partnership;

(n) organise program learning and reflection events at country, regional or program level as required;

(o) support and facilitate a mid-term and final independent evaluation of the Partnership when commissioned by DFAT.

8.2 Specifically, for EOPO 1: Disaster READY, the Contractor will:

(a) coordinate a MEL Community of Practice with AHP Partners, with particular attention to developing and implementing methods and processes for ensuring accountability to local communities in Disaster READY country performance monitoring;

(b) support DRCCs to undertake a participatory analysis of achievements, challenges, and lessons against each of the Disaster READY Intermediate Outcome areas, through:

(c) six-monthly Activity Reporting and Synthesis (ARS); and

(d) annual Program Reporting and Reflection (PRR).

(e) commission a series of thematic and country evaluations for Disaster READY as agreed with DFAT and the Steering Committee to assess progress towards EOPO 1 and performance against the AHP Principles;

8.3 Specifically, for EOPO 2: Humanitarian Response, The Contractor will:

(a) commission and facilitate evaluations of all activations over $3 million as requested by or otherwise agreed with DFAT. The specific evaluation requirements will be determined on a case-by-case basis in consultation with DFAT, and may include;

(b) a joint evaluation being conducted if there is more than one lead NGO;

(c) the evaluation being led by an independent team leader; and

(d) close engagement with DFAT (and the Contractor) in the development of the evaluation Terms of Reference (TOR) and team leader selection.

9. COMMUNICATIONS AND PUBLIC DIPLOMACY

9.1 The Contractor will deliver communication, visibility and public awareness activities as required to promote the AHP, including:

(a) developing and maintaining branding or a 'look-and-feel' of AHP documents;

(b) developing and maintaining an AHP website that is kept up to date with relevant program information, reports and content to highlight outcomes and achievements, share lessons and research, and analyse implications for humanitarian action;

(c) maintaining a productive relationship with DFAT's communications officer/s (within the Humanitarian Division) and AHP NGOs' media teams to:

(d) source and/or create and provide a steady flow and library of content available for distribution by DFAT, the AHPSU and AHP NGOs as part of visibility opportunities that shows:

(e) achievement against or contribution towards DFAT's policy priorities and objectives;

(f) the impact of Australia Government-funded humanitarian assistance; and/or

(g) the joint/collective impact of the AHP and the benefits of its coordination and broader influence;

(h) Leverage the media and communication channels of all Parties including to increase in-country visibility of AHP and Disaster READY initiatives in line with the public diplomacy objectives of DFAT Posts.

(i) participating in domestic, regional, and international events to showcase Australian policy interests and perspectives as well as achievements and lessons learned from AHP activities and practice;

(j) providing information and briefing material for DFAT officials and elected representatives as required, including for formal policy dialogue at bilateral and regional events, in language suitable for distribution within DFAT, between departments and with other donors;

(k) developing research reports that draw on monitoring and evaluation data;

(l) managing and supporting media field visits to AHP projects;

(m) developing and maintaining a central AHP database accessible by all partners; and

(n) supporting communications capacity of AHP partners and local organisations.

9.2 The AHPSU will develop an AHP Communications and Knowledge Brokering Strategy in consultation with DFAT and the ANGOs. The Strategy will include a summary of key communications and knowledge brokering objectives for the AHP (consistent with EOPO 3), an analysis of audiences, stakeholders and communication channels, clear roles, responsibilities and ways of working, key messages, and a forward content and activity plan. The Strategy must also include a communications pack with communication protocols to guide communication activities in the lead up to, during and after a humanitarian response, and branding, case study and photography guidelines.

9.3 During a response, the AHPSU will gather information from AHP NGOs as responses are assembled and provide comprehensive materials to DFAT to enable informed reporting internally and externally.

10. RISK MANAGEMENT

10.1 The Contractor will comply with all DFAT policies and reporting requirements relating to the management of risks and safeguards.

10.2 The Contractor will be responsible for monitoring Partnership-level risks, including governance, coordination, relationship, operating risks, and will:

(a) Develop and maintain a Partnership-level risk register and management plan, which is reviewed on a minimum six (6) monthly basis using safeguard screening and monitoring protocols;

(b) keep DFAT regularly informed of emerging risks and risk escalation; and

(c) monitor and/or manage delivery of mitigation measures to reduce risks (as appropriate depending on the risk owner).

(d) This risk management plan must be discussed with AHP NGOs and relevant stakeholders through the AHP meetings as required.

10.3 The Contractor will implement an Administrative Controls Framework to monitor Administrative Grant Recipient compliance with DFAT's risk management and safeguarding requirements in accordance with the Deed.