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SAMOA DISABILITY PARTNERSHIP PROGRAM (SDPP)

## End of Investment Evaluation

November 2023 – March 2024

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## ACRONYMS

<b>Acronym</b>	<b>Definition</b>
AGO	Attorney General's Office
APTC	Australian Pacific Technical Coalition
AUD	Australian Dollar
CBO	Community Based Organisation
CDSP	Community Development Sector Plan
CEO	Chief Executive Officer
CSO	Civil Society Organisation
CRPD	Convention on the Rights of Persons with Disabilities
DAS	Deaf Association of Samoa
DFA	Direct Funding Agreement
DFAT	Department of Foreign Affairs and Trade
DRRM	Disaster Risk Reduction and Management
ENT	Ear Nose and Throat
EoPO	End of Program Outcome
FGD	Focus Group Discussion
GEDSI	Gender Equality Disability and Social Inclusion
GoA	Government of Australia
GoS	Government of Samoa
IDD	Investment Design Document
IEC	Information Education Communication
IO	Intermediate Outcome
LTS	Loto Taumafai Society
MCIL	Ministry of Commerce Industry and Labour
MEC	Ministry of Education and Culture
MOF	Ministry of Finance
MOH	Ministry of Health
MOU	Memorandum of Understanding
MTR	Mid Term Review
MWCSD	Ministry of Women Community and Social Development
NDP	National Disability Policy
NGO	Non-Government Organisation
NOLA	Nuanua O Le Alofa
OH	Outcome Harvest
OPD	Organisation of Persons with Disabilities
PPDAS	Persons with Physical Disabilities Association of Samoa
PDF	Pacific Disability Forum
PIF	Pacific Islands Forum
PMC	Project Management Committee
RACS	Royal Australasian College of Surgeons
SAT	Samoa Tala
SBH	Samoa Business Hub
SBPA	Samoa Blind Persons Association
SBS	Samoa Bureau of Statistics
SDG	Sustainable Development Goals
SDP	Samoa Disability Program (Phase 1)
SDPP	Samoa Disability Partnership Program (Phase 2)

<b>Acronym</b>	<b>Definition</b>
SENESE	Special Needs Education Society
SMFAT	Samoa Ministry of Foreign Affairs and Trade
SQA	Samoa Qualifications Authority
SSN	Samoa Spinal Network
ToC	Theory of Change
TTM	Tupua Tamasese Meaole hospital
UN	United Nations
WGQs	Washington Group Questions

## ACKNOWLEDGEMENTS

The Evaluators would like to thank everyone who was consulted and the members of the Evaluation Reference Group for giving their time and for providing valuable insights which informed the findings and recommendations made in this report. Special thanks are extended to Quandolita Enari, Project Manager SDPP (MWCSD) and to Papali'i Alexandra Iakopo-Ah Tong, and Soraya McGinley of the Australian High Commission, Apia for their support in providing advice and guidance, relevant documents, and ensuring that the Evaluators had access to a broad range of views and information.

# EXECUTIVE SUMMARY

## Introduction

The Samoa Disability Partnership Program (SDPP) was an AUD 4.3 million four-year partnership (2019-2023) between the Government of Australia (GoA) and the Government of Samoa (GoS). The goal of the SDPP was the realisation of “disability-inclusive policy and implementation across Government, Organisations of Persons with Disabilities (OPDs), service providers and communities”. The SDPP had three End of Program Outcomes (EoPOs): EoPO1 GoS policies and plans are increasingly compliant with the Convention on the Rights of Persons with Disabilities (CRPD); EoPO2 Diverse voices, leadership, and participation of people with disabilities in national, sector and community development are evident; EoPO3 Mainstream and disability-specific services are more accessible for people with disabilities. The EoPOS together contribute to progress in accessibility, economic empowerment, and social protection for people with disabilities in Samoa.

The Ministry of Women, Community and Social Development (MWCSD) was the implementing agency, with the Ministry of Finance (MoF) acting as the executing agency responsible for disbursement and acquittal of funds channelled via GoS systems. The Samoa Hearing Program was part of SDPP but implemented through a separate Direct Funding Agreement between the GoA, the Royal Australasian College of Surgeons (RACS) in partnership through a memorandum of understanding (MoU) with the Ministry of Health (MoH).

In June 2022 GoS and GoA mutually agreed to end the SDPP program early, reducing the timeframe of the agreement from 30 June 2023 to 10 February 2023. This decision was made in recognition of ongoing quality and performance issues, including challenges to the timely completion of implementation activities and the provision of quality and substantive program and financial reporting.

## Evaluation

The stated purpose of the independent end of investment evaluation is three-fold: (1) to evaluate the extent that the SDPP partnership modalities and management arrangements offered a suitable approach for achieving the governments’ shared objectives of delivering positive social change that is inclusive in ends and means, and of building local capabilities and collaboration; (2) to determine consistency with the GoA’s long term commitment to supporting government systems in Samoa; and (3) identify forward-looking lessons across different aspects of the program including the modality, the quality of partnership, governance and delivery. The findings in each of the areas is intended to inform the design of any future bilateral disability inclusion programming in Samoa.

The main limitation of the evaluation was the availability of monitoring and evaluation outcome evidence. This constrained assessment made of the progress towards achievement of the end of program outcomes, and the scale of the activities due to lack of baseline data and targets as the monitoring evaluation and learning (MEL) framework for the program was not refined by the MWCSD or implemented. The quality of data particularly disaggregated for sex and disability is weak. This gap was managed through the mixed methods used in the evaluation, and contributions of partners in the consultations.

## Relevance

Overall, the purpose and objectives set in the SDPP investment design document (2019) have retained a high level of relevance. The SDPP was framed around supporting Samoa to progress implementation of the commitments made to the CRPD and the objectives of the National Disability Policy (2021- 2031). Stakeholders consistently identified these as the key guiding documents for the program. The lack of program monitoring and learning meant the ongoing relevance of the program strategies and activities employed in the changing operating context (COVID-19, measles epidemic) was not managed.

## Effectiveness

While there are positive examples of practice and elements of strong progress made in each of the three EoPOs, overall the SDPP did not achieve the results to the extent anticipated, particularly in outcome areas one and three. The contextual factors external to the program (COVID, measles epidemic) adversely impacted on the program's scale and scope of activities in the first two years. Organisational restructuring and limitations of leadership capacity of the MWCS D had significant adverse impact on the progress and the results achieved. The weakness of program management led to early closure of the program, which has reduced the time and resources available to partners to deliver the activities that were planned

The SDPP provided financial and technical support in the formulating of key sectoral policies for the MWCS D. Very little progress was made on advancing legislative compliant CRPD or on disability equity budgeting, and the recommendations made in the CRPD Legislative Review (2015) are yet to be addressed.

OPD representatives in line with Article 4.3 of the CRPD, were consulted in the development of policies and plans. However, frequently they faced constraints (accessibility of information and consultation processes and insufficient time) that limited meaningful contributions could take place. While they were generally present "at the table", the extent to which they experienced equitable opportunities to have "a meaningful voice at the table" was inconsistent. There were significant gaps and missed opportunities to effectively engage with people with disability. Compared to the previous SDP key commitments to effectively facilitate meaningful contributions by OPDs were not in established in this second phase of the SDPP.

The core flexible funding provided through the SDPP has contributed to the enhanced of capacity of the OPD NOLA and its affiliates. The OPD representatives demonstrate high quality of knowledge and expertise on progressing CRPD compliance, and on improving awareness and understanding of stakeholders and supporting implementation through project activities. The OPDs, within the constraints of capacity and resources, demonstrated highly effective advocacy, awareness and action that is contributing to progressing equity and rights of people with disability in a wide range of program areas including, social protection, elections, gender based violence, sexual and reproductive health, communication and physical access, built infrastructure and information communication technology, education, employment and livelihoods. The OPDs effectively represent a broad diversity of views and priorities from their members who include a diversity of people with disabilities, village/ rural people, youth and children.

The SDPP support to inputs of training, procurement of materials and equipment has improved participation, accessibility and inclusion by people with disabilities. Examples of improved services are wider use of sign language and braille for communication materials, and in the areas of livelihoods, participation in elections, access to sexual and reproductive health and in disaster risk management. The SDPP enabled the MoH with MWCS D to provide community outreach services for mobility, prosthetics and orthotics, and screening and testing of hearing. Delays in setting up partnership and funding arrangements, and delays in approving plans and releasing funds resulted in significant underspend in outcome 3. Overall, the potential to improve service access and quality through the SDPP was not fully realised.

## Efficiency

An analysis of the SDPP budget and expenditure established significant underspend of 30 percent below the budget (to June 2023). The most significant underspend was for outcome 3 that addressed improved access and quality of services. While under-utilisation of GoS program budgets commonly occurs, the rate of SDPP's under-expenditure was much higher than the GoS average of 5 percent. Slow delivery in part can be attributed to operating context that delayed activities and restrictions of movement and meetings changed delivery modalities. However, other significant factors related to government systems and management of the program by MWCS D contributed to the delays (setting up MOU and partnership arrangements by MWCS D, approving funds) and the constrained capacity of some implementing partners (to manage proposals, submit activity reports and financial acquittals).



Partnerships was a key feature of the SDPP design. The intent being to increase collaboration and cooperation between the diverse range of participating actors and contribute to efficiency in advancing disability inclusion across the breadth of priority areas the program sought to address. The scope and depth of partnerships between the different actors engaged in the SDPP has not been developed as was anticipated in the design. Whilst there are several positive examples of collaboration around specific 'one-off' activities and events, and there is alignment with national programs and links to regional initiatives, inconsistent management and governance of the SDPP did not support maximising program efficiency through leveraging the potential of partnerships and wider collaboration.

## **Sustainability**

The SDPP has enhanced some of the factors required to advance sustainability and continued progress on disability equity and rights in Samoa. Overall, there is strong commitment and motivation of all engaged in the SDPP – government, civil society, service providers and the OPDs. To realise action on advancing disability rights and equity, further awareness and education is needed, particularly of personnel in government, and of mainstream service providers (government and private), and progress on legislative and regulatory reform is required.

The level of resourcing needs to be maintained and the level of contribution of the national budget provided by the GoS although recently increased since financial year 2022, is still lower than optimal. The GoS while contributing significant national budget on a range of disability inclusive programs, it does also receive external donor assistance. The level of investment by government, as is the situation in many Pacific nations, has been determined as less than what is needed to effectively and meaningfully progress programming and delivery of the commitments made to the CRPD and the NPD (based on research undertaken by Pacific Disability Forum, and noting information from the MoF was not available beyond that provided publicly from national budget papers). The sustainability of the OPDs and their ability to continue to meet the growth in demands for their assistance and advice is reliant on long term core funding for their organizational expenses.

## **Recommendations**

A series of recommendations is made addressing the key findings of the evaluation and informing the next phase of assistance provided by the GoA on disability equity and rights.

### **1. Delivery modality**

- 1.1 DFAT draws on the areas of program focus and the capacity of both the Tautai and Tautua facilities<sup>1</sup> to cooperatively manage the design and implementation of Australia's future assistance on disability rights and equity in Samoa.
- 1.2 The Tautai and Tautua facility managers jointly develop a capacity statement that identifies their respective capabilities to deliver disability equity and rights. The capacity statement should articulate a proposed approach on how the two facilities will cooperatively work together with government and civil society stakeholders to facilitate a co-design of a disability assistance investment.

### **2. Design process and timeframe**

- 2.1 DFAT resources a cooperative design process facilitated through the facilities of Tautua and / or Tautai.
- 2.2 The design will be facilitated locally through the Tautua and/ or Tautai facility. Additional specialist external capacity on disability rights and equity may be required to support the design process.

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<sup>1</sup> The evaluators were specifically asked to assess suitability of these facilities that provide bilateral assistance by the GoA to GoS in human development (Tautua) and on governance and economic development (Tautai)

Ideally, this capacity should be procured from appropriately experienced personnel within the Pacific region.

- 2.3 A very limited and targeted consultation and research is required to inform the design. There is already a strong evidence base on disability needs and priorities that has been and a diverse range of stakeholders have previously shared their perspectives through extensive consultations.
- 2.4 The design methodology offers an opportunity to contribute to further capacity building on disability rights and equity, and strengthening collaboration, networks, and trust between the different stakeholder groups.
- 2.5 The timing and duration of the design process needs to be determined by participating stakeholders and the facilities. Ideally, it should be completed during the calendar year 2024, and up to 6 months allowed for the design process.

### **3 Investment design focus and features**

- 3.1 The overriding purpose and objectives from the SDPP phase 2 retain relevance, with modifications to accommodate the current context, the current design offers a useful framework to guide design of the next phase of assistance..
- 3.2 The program should align with and contribute to achievement of commitments of the GoS in key disability focused policies and programs including the objectives of Samoa's National Policy on Disability, and the GoS commitments to the CRPD, SDG, the Pacific Regional Framework on the Rights of Persons with Disabilities 2016-2025, the 2050 Strategy for the Blue Pacific Continent and the Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities 2023-2032, and the Pathway for Development Samoa and the Community Sector plan.
- 3.3 The GoA Disability Rights and Equity Strategy (due to be released in 2024) should inform and guide Australia's support of the new program, respecting the design will be led by the priority, needs and requirements in the Samoan situation.
- 3.4 Progress action on legislative reform to comply with CRPD commitments as a state party to the CRPD, recognising that to fulfil this specialized task, external specialist capacity maybe required. One priority identified is the drafting of a Disability Act for Samoa, however priorities to address should be determined through consultation with the GoS.
- 3.5 Strengthen evidence on cost benefits and opportunities loss related to disability service provision to help inform disability equity program and budget planning.
- 3.6 Commit multi-year flexible core funding to OPDs to enable them to continue to develop their organisational capacity and fulfil their responsibility as rights holders to represent, advocate and provider of services for their members.
- 3.7 Provide flexible and stable funding to non-government service providers, recognising the critical gaps in government service provision they fill, particularly in providing outreach and home-based services. Ideally seek to link the NGO funding to existing CSO funding mechanisms established in government (for example the OGG in MEC and the NGO funding and the DDP in MWCSD). MoF should be engaged in discussion on this matter.
- 3.8 Invest in human resource capacity development by focusing on meeting immediate and longer-term skill gaps (for example in education, podiatry, prosthetics, orthotics, and audiology). Explore options for locally designed and delivered accredited training and invest in opportunities for overseas education qualifications. MoF should be engaged in discussion on this matter.
- 3.9 Locate preventative medical services, for example hearing and visual assessment and early intervention services in the mainstream health program rather than a program advancing disability equity and rights.
- 3.10 Review the previous Disability Taskforce (ToR, makeup) and determine enhancements for it to be reinvigorated to provide leadership, be a point of coordination, and hold advisory, accountability and monitoring responsibilities for government on advancing disability equity and rights policy, programs, and investments.

- 3.11 Fill the advisory position (that was part of the SDPP phase 2 but recruitment did not take place) within the MWCSD on disability and equity that is senior in level and visible and is filled by suitably experienced person with disability who possess the correct credentials to focus on disability equity measures . The position should work closely for and report to the disability taskforce, and be properly resourced with a salary commensurate with responsibilities and experience of the postholder, and a budget provided for reasonable accommodation as required by the postholder to support equity of access and contribution in the workplace. Consideration for other advisory positions designated for people with disability within the public service in other line ministries maybe considered.
- 3.12 Strengthen and develop leaders within the OPD through targeted courses, mentoring and attachments to UN agencies or philanthropic groups and foster connections and cooperation with well-established OPDs globally.
- 3.13 Allocate budget and capacity to provide reasonable accommodation and accessible systems and processes that support equity of participation and contribution by people with disability in all aspects of the program.

# INTRODUCTION

## Background to the Evaluation

The Samoa Disability Partnership Program (SDPP) was designed as an AUD 4.3 million four-year partnership (2019-2023) between the Government of Australia (GoA) and the Government of Samoa (GoS). The SDPP was Phase 2 of Australia's bilateral disability inclusion support, following on from the six-year Samoa Disability Program (SDP) as Phase 1 (2012-2019).

The Investment Design Document (IDD) of May 2019 envisaged a program that would support active implementation of the Convention on the Rights of Persons with Disability (CRPD) and showcase Samoa as a state party to the CRPD being a model for how other Pacific Island Countries that are also state parties to the CRPD might successfully implement the CRPD's principles and articles.

The goal of the SDPP was the realisation of "disability-inclusive policy and implementation across Government, Organisations of Persons with Disabilities (OPDs), service providers and communities".

The program had three End of Program Outcomes (EoPOs) that are interlinked and therefore intended to be mutually supporting:

EoPO1 GoS policies and plans are increasingly compliant with the Convention on the Rights of Persons with Disabilities (CRPD) [led by the Ministry of Women, Community and Social Development].

EoPO2 Diverse voices, leadership, and participation of people with disabilities in national, sector and community development are evident [led by Nuanua O Le Alofa].

EoPO3 Mainstream and disability-specific services are more accessible for people with disabilities [led by the Ministry of Health].

It was expected that achievement of these outcomes will significantly progress the cross-cutting priorities of accessibility, economic empowerment, and social protection for people with disabilities in Samoa.

Phase 2 emphasised collaborative ways of working that featured two modalities: (1) Working through partner government systems, drawing on a Direct Funding Agreement (DFA) between the Australian Department of Foreign Affairs and Trade (DFAT) and GoS; and (2) Working through DFAT grant funds specifically for the activities delivered by the Royal Australasian College of Surgeons (RACS) within EoPO 3.

The Ministry of Women, Community and Social Development (MWCSD) was the implementing agency, with the Ministry of Finance (MoF) acting as the executing agency responsible for disbursement and acquittal of funds channelled via GoS systems. MWCSD was responsible for providing governance, management, and coordination across partners and outcome areas, and providing narrative reporting to DFAT. The MWCSD was also responsible for the disbursement of funds to partners in line with the annual workplans that are endorsed by the Project Management Committee (PMC).

In June 2022 GoS and GoA mutually agreed to end the SDPP program early, reducing the timeframe of the agreement from 30 June 2023 to 10 February 2023. This decision was made in recognition of ongoing quality and performance issues, including challenges to the timely completion of implementation activities and the provision of quality and substantive program and financial reporting. The value of the SDPP agreement was also reduced. Part of the remaining unspent funds (AUD 1.7 million) was reallocated to a one-year direct funding agreement between GoA and GoS to ensure the maintenance of critical disability services and support while design of the next phase of disability support is determined.

GoA is one of the key development partners in the disability sector in Samoa and as such is keen to ensure any future phases of programming in disability support are set up for success. Both the GoS and GoA recognise that DFAT's newly established Tautua: Human Development for All Program (2021-2029) presents an opportunity to design a new phase of disability programming in Samoa that is fit for purpose. GoA is now exploring as one option for the next phase of bilateral disability support through the Tautua Program. Tautai, the governance for economic growth facility also offers potential as a modality to provide future assistance.

The stated purpose of the evaluation is three-fold: (1) to evaluate the extent that the SDPP partnership modalities and management arrangements offered a suitable approach for achieving the governments' shared objectives of delivering positive social change that is inclusive in ends and means, and of building local capabilities and collaboration; (2) to determine consistency with the GoA's long term commitment to supporting government systems in Samoa; and (3) identify forward-looking lessons across different aspects of the program including the modality, the quality of partnership, governance and delivery. The findings in each of the areas is intended to inform the design of any future bilateral disability inclusion programming in Samoa.

## Report Structure

This document sets out the findings of the SDPP Phase 2 end evaluation conducted over November 2023 – March 2024. The primary audience and end-users of the report are the SDPP partners DFAT (Deputy High Commissioner and Tautua Program Team Leader), the Ministry of Finance (Chief Executive Officer), MWCSD (Chief Executive Officer), NOLA (General Manager) and the Ministry of Health (Chief Executive Officer). The report is intended for wider readership by other SDPP stakeholders and other program areas of DFAT. It responds to the two guiding evaluation questions: (1) How effective and efficient was the SDPP Phase 2 as an investment under DFAT's Official Development Assistance to Samoa? (2) What has been learned from Phase 2 that will inform the design and implementation of next phase of Australia's bilateral assistance to Samoa on disability? The evaluation posed seven key evaluation questions<sup>2</sup>. Findings for the evaluation questions are presented against the evaluation criteria of relevance, effectiveness, efficiency and sustainability<sup>3</sup>. The emphasis of the evaluation is on delivering a formative report that provides evidence based recommendations for GoA's future investment in disability rights and equity in Samoa.

## Evaluation Methodology

The evaluation was conducted by four independent consultants whose Terms of Reference is set out in Annex 1. The detailed evaluation methodology is in the Evaluation Plan (Annex 2). The methodology and tools for delivering the evaluation were developed cooperatively in consultation with SDPP partners and approved by the Evaluation Reference Group (ERG)<sup>4</sup>.

## Approach to Data Collection

To answer the evaluation questions, the methodology applied a mixed-methods approach involving: 1) a review of project documentation provided by DFAT and the MWCSD, and with reference to other international policy and development aid program documents on disability rights and equity and specific to the Pacific region; 2) consultation consisting of 6 focus group discussions (FGD) involving 57 participants, and 13 semi-structured interviews with 18 project partners and stakeholders (Annex 3 provides list) mainly in person during the in-country evaluation visit, and three remotely using Teams or Zoom; 3) analysis of program finances (budget expenditure<sup>5</sup>), application of Outcome Harvest methodology and use of a

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<sup>2</sup> Annex 2. – Approved Evaluation Plan

<sup>3</sup> Drawn from the [six OECD Evaluation Criteria](#)

<sup>4</sup> ERG members listed in the Evaluation Plan

<sup>5</sup> Annex 4.

sustainability framework. Three meetings took place with the ERG over the duration of the evaluation. The ERG engaged in the development of the evaluation methodology, the in-country consultation program, and discussed the evaluation findings and recommendations presented in the Aide Memoire<sup>6</sup>.

### Limitations and Reliability of the Data Obtained

The main limitation is the availability of monitoring and evaluation evidence which constrained the assessment that evaluators could complete on the progress towards achievement of the end of program outcomes. The data provided in annual monitoring reports and the program completion report done by the MWCSO, provides activity and output data, but reporting on outcome level, specifically regarding progress made in achievement of intermediate outcomes (IOs) and EoPOs is scant. An additional constraint is inadequate baseline data and no clear targets provided in the design document against which to assess progress. The lack of a program monitoring evaluation and learning (MEL) framework, and overall inconsistent quality of reporting by MWCSO and the implementing partners (discussed further in Efficiency section) and has constrained the validity of the evaluative analysis as it is not clear what constitutes “success” regarding scale and scope of activities delivered and type of outputs and outcomes achieved.

The evaluators have managed this gap by augmenting the data available from program reports through mixed methods and multiple sources to broaden scope of informant opinions and to help triangulate evidence, however heavy reliance on anecdotal/ opinions which is not consistently supported by disaggregated and reliable sources of quantitative information (about participants, beneficiaries and resource allocation and expenditure). Additional reports, the *Draft* third CRPD Samoa State Report, and an outcome case study report on livelihood projects, completed by the MWCSO in February 2024 provided useful supplementary information.

### Ethical Considerations

The Evaluators started each interview with a clear description of the purposes of the evaluation and that their participation was voluntary. The Evaluators emphasised that information provided would be treated confidentially, and that there would be no direct attribution of views to any individual. Attribution of information shared by specific partners or organisations was also minimised. Given that most stakeholders were very open about their views and were prepared to provide a critical assessment of the project, the Evaluators consider that this approach was successful, and stakeholders provided valid perspectives and thoughtful advice.

## KEY FINDINGS

### Relevance

Overall, the purpose and objectives set in the SDPP investment design document (2019) have retained a high level of relevance. The SDPP phase 2 was framed around supporting Samoa to progress implementation of the commitments made to the CRPD and the objectives of the National Disability Policy (2021- 2031). Stakeholders consistently identified these as the key guiding documents for the program.

Most stakeholders consulted agreed that the level of awareness on disability inclusion had increased however the need remains to continue to raise awareness on disability rights and the CRPD with personnel in government and mainstream service providers, and more widely in the community which is an objective of the program. The OPD representatives agreed the level of understanding and awareness around disability equity and human rights still needs to be improved, however given Samoa has for over a decade made commitment to the CRPD implementation after signing in September 2014 and ratification in December 2016, the OPDs felt that to ensure that the future program retains relevance, in addition to awareness

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<sup>6</sup> Annex 5

raising, greater emphasis now needs to be made on 'taking action' and on delivering the commitments to disability equity and rights articulated in Samoa's national policies and plans.

SDPP commenced in July 2019. The early stages of implementation were significantly impacted by a series of unpredicted and unheralded events – the measles outbreak (September 2019) COVID-19 (March 2020) resulting in public health orders that limited gatherings of people, movement and closing of borders for extended period, and there was a period of political impasse in 2021. These factors contributed to delays and cancellation of activities planned, and appropriately meant there was a shift in focus of GoS and partners to manage the operating environment and emergent issues required in the new context, for example remote / online engagement, providing sign language interpretation for media awareness and education announcements about COVID, and ensuring there was distribution of protective materials (mask and sanitizer) and to people with disability and their families.

Modifications to the program's implementation in response to the operating context did take place, for example changes in resources allocated, delay / rescheduling of certain activities, however there is no indication that substantive adaptive program management at a strategic and operational level took place. Reports reviewed do not indicate that key relevant strategic documents released during 2022 – 2023 were taken into account to ensure ongoing relevance of the program, for example at the Pacific regional level the [2050 Strategy for the Blue Pacific Continent \(2022\)](#); [Samoa Social Protection Policy framework \(2023\)](#) [Pathway for the Development of Samoa 2021- 2025](#) [Samoa – Women and young people with Disabilities: A needs assessment on sexual and reproductive health needs, gender based violence and access to services](#) [Partnerships for Recovery: Australia's COVID-19 Response \(2020\)](#)).

Routine program management processes that support both the ongoing relevance and effectiveness of the program did not take place, for example the Theory of Change (ToC) and the investment risk management matrix were not reviewed or updated, and the scheduled mid-term review (MTR) of the program was not completed. Given the significant change in operating environment these fundamental program management processes would have helped to determine the ongoing relevance of the program's objectives and implementation arrangements in the new operating environment. The significant gap in fundamental program management is attributed to lack of leadership and capacity of the lead implementing partner, the MWCSO.

DFAT as the donor partner had responsibilities for management of the program implementation in line with investment design and the funding agreement. DFAT demonstrated positive efforts to try and support MWCSO to establish the required capacity to deliver the fundamental and required program management deliverables around MEL and reporting, and communication and coordination with partners. Various challenges were experienced with leadership and changes of staff at the MWCSO and of the program's governance arrangements which adversely impacted on the working relationship between DFAT and the MWCSO. This was further compounded by sensitivities associated with the political impasse which made it very difficult for DFAT to follow up on the non-deliverables with the MWCSO. At the time that planning for the MTR was being discussed at the beginning of 2022, early closure of the program was being considered. It was mutually agreed by GoS and DFAT to undertake an evaluation rather than the MTR.

DFAT with the GoS determined to include the Samoa Hearing Program as an activity under outcome 3 of the SDPP (noting it was managed outside GoS systems, under a direct funding arrangement between RACS that had a MoU with MoH. DFAT staff interviewed understood that the decision to locate the hearing program that primarily focused on impairment prevention (population screening and assessment of hearing) in the SDPP was driven by considerations of program management capacity rather than relevance to the SDPP focus on disability inclusion. The evaluators question the relevance and given the objectives of the Samoa Hearing Program and the partnership arrangements with the MoH and suggest it would have been more appropriately located within a primary and preventative health care program. The evaluators note that DFAT has earlier precedence for not including prevention in program that focuses on disability rights and

equity. The preventable blindness initiative was initially included in DFAT's first disability inclusion strategy (Development for All 2009), however during the early years of implementation of the strategy it was removed in recognition that strategically preventative and early intervention services are more relevant and best located as part of health programming.

## Effectiveness

### Overview

This section presents evaluation findings on the progress made in key results areas that relate to each of the three end of program outcomes (EoPOs), and provides an assessment of the enabling factors, barriers and challenges that influenced the extent to which the program's results were achieved. While there are positive examples of practice and elements of strong progress made in each of the three EoPOs, overall, the SDPP did not achieve the results to the extent anticipated, particularly in outcome areas one and three. The contextual factors external to the program (COVID, measles epidemic) adversely impacted on the program's scale and scope of activities in the first two years. The constraints caused by organisational restructuring and limitations of leadership capacity of the MWCSO was found to have had significant adverse impact on the progress and the results achieved. The weakness of program management led to early closure of the program, which has reduced the time and resources available to partners to deliver the activities that were planned.

### Progress made by the GoS in developing and/or amending laws, policies and plans to comply with CRPD

At the time of the design (2019) significant progress had been made in setting the foundations for progressing GoS commitment to the CRPD (ratified in 2016). The intent was that SDPP would advance active implementation of the CRPD specifically in compliance of policy and planning and legislative reform.

#### **Policy Development - National Policy for Persons with Disabilities**

The development of the new NPPD was a major focus of the SDPP 2019/2020 annual work plan. The work was undertaken by a Samoan consultancy firm. Support was provided by the MWCSO and additional assistance from staff and financial resources from SDPP. Public consultations involving the OPDs, and service providers took place in 2020 and the final document was approved by Cabinet in March 2021, and launched on 4th June 2021 in printed and braille versions.

The SDPP provided financial and technical support in the formulating of key sectoral policies for the MWCSO including the National Policy for Persons with Disabilities (NPD) 2021-2031 and on ensuring critical policies comply with the CRPD - the National Policy on Gender Equality & Rights of Women and Girls 2021 – 2031, National Policy on Inclusive Governance 2021 – 2031, National Policy on Family Safety: Elimination of Family Violence 2021 – 2023, and the National Policy on Community Economic Development 2021 – 2031<sup>7</sup>.

SDPP resources supported the MWCSO to draft five plans (two are still pending approval by GoS<sup>8</sup>): Community Development Sector Plan 2021 – 2026, the MWCSO Strategic Plan 2021 – 2026, the Samoa Disability Employment Action Plan, the Disaster Risk Management (DRM) Plan; and the National Community Disability Inclusive Education Plan<sup>9</sup>.

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<sup>7</sup> Samoa Disability Partnership Program (2019 – 2023) Completion Report, MWCSO (February 2024)

<sup>8</sup> Community Development Sector Plan, DRM Plan

<sup>9</sup> Ibid 1



## **Disaster Risk Management (DRM) Plan**

In 2021, the MWCSD undertook development of the DRM plan. This was done in collaboration with UN Women that provided training to MWCSD staff who held responsibility for drafting the report. SDPP resources supported community engagement including consultation with persons with disabilities in both Upolu and Savaii. A braille version of the plan was produced in collaboration with the Samoa Blind Persons Association (SBPA). The plan (including the braille versions) is yet to be officially launched.

## **National and Community Disability Inclusive Education Awareness Plan (NCDIEAP) 2022-2025**

The Ministry of Education and Culture (MEC) developed the NCDIEAP 2022-2025 that seeks to raise awareness and shift the attitudes of community and educational stakeholders towards inclusion of all children in the Samoa educational systems. OPD representatives, service providers and teachers were part of consultations held in Upolu and Savaii.

The representatives of the OPDs consulted for the evaluation endorsed that they had in line with Article 4.3 of the CRPD been consulted in the development of these policies and plans. They did comment that although they have the skills and knowledge to assess compliance, frequently they faced constraints that limited the extent to which they were able to complete the assessment and provide advice. They cited a range of reasons including limited time given to review concept papers and draft documents and to consult their members. Barriers of inaccessible document formats, and some communication and attitudinal barriers had been experienced during the consultation processes. An additional constraint was the high demand made for OPD participation not being matched by their limited capacity that at times has weakened the extent that they were able to genuinely participate and fully support CRPD compliance processes. No specific assessment has been completed to assess extent to which the policies and plans comply with the CRPD.

All state parties to the CRPD are required to provide regular update progress reports to the Committee on the rights of persons with disabilities. Samoa is fulfilling its reporting obligation, although the process has been delayed. OPDs, and service providers have been consulted and contributed to the preparation of the report.

## **CRPD Progress Report**

The third State report on the CRPD is now ready for submission through the Ministry of Foreign Affairs (MFAT). A Samoan consulting firm was contracted in 2021 using SDPP funds to conduct the review consultations and compile the report. The report was reviewed and approved by the MWCSD Community Development Committee (CDC) and validated in a one day workshop with OPDs and NGO / service providers in December 2021. COVID-19, competing work priorities and high staff turn-over have contributed to delays in MFAT submitting the report. A further review and validation workshop with OPD and NGO stakeholders was facilitated by MWCSD in February 2024. The information from the workshop is being sent back to MFAT soon for conveyance and the report should then be submitted.

The OPDs shared examples of effective advocacy on regulatory reform including achieving tax exemption act for imported medical and disability materials and equipment, and the drafting of the National Social Protection Act. Overall, though limited, progress has been made in advancing CRPD compliant legislation. This has been attributed to the capacity constraints of MWCSD which meant engagement with Attorney Generals and Ombudsman did not take place to the extent envisaged in the SDPP design. Whilst the evaluators are aware that knowledge and technical skills on CRPD compliance legislation is a specialist area, and one that is not readily available in Samoa, the lack of capacity could have been addressed through the

SDPP by seeking external expertise to support the legislative review process to ensure that the country's laws are in fact compliant with CRPD.

The recommendations made in the CRPD Legislative Review (2015) are yet to be addressed. This gap is acknowledged in the draft State report on progress made in implementation of the CRPD<sup>10</sup>, however the report takes the position that existing laws and the constitution of Samoa adequately recognises and protects the rights of persons with disability. This view is not fully endorsed by the OPD representatives, who cited examples of non-compliance of laws that limit protection and permit discrimination against persons with disability. This view is also not supported by the evaluators who agree that whilst the Constitutional rights of people with disabilities are listed as being protected against discrimination, but the actual reality reflects circumstances that should cause serious concern to the Government. The examples that were shared are of multiple discrimination faced by women with disabilities around forced sterilisation, and there are compliance gaps in the areas of education, health and labour where the rights of persons with disabilities, particularly women are not adequately protected by law. The delay in implementing the provisions of the CRPD by passing effective national legislation which fully covers and protects the daily lives of persons with disabilities is of deep concern, as is the lack of any meaningful contact with the Ombudsman's Office, or the agency responsible for drafting the country's laws: the Attorney General's Office to progress passage of the Bill.

The evaluators determine that legislative reform remains a critical priority for the GoS to address in the immediate future by building on the evidence base from the strong review undertaken in 2015 now nearly a decade ago, with additional and stronger evidence available in current times. A refresh of the original review would provide useful insights and inform GoS on actions to consider to take forward.

### Contribution by people with disabilities to public policy, program and budget decision-making

GoS, NGO, UN partners and other donors demonstrate strong commitment to include people with disabilities in their consultations around policy and planning. No opportunities were shared where OPDs have contributed to disability equity budget decision-making.

The commitment to "nothing about us without us" was often mentioned during the evaluation consultations by both OPD representatives and other government, non-government and development partners and stakeholders. Positive examples of consultation and contributions made by persons with disability have been shared in the section immediately preceding. An additional example shared by OPD representatives during our consultations was their engagement and contribution to the development of the National Social Protection Framework, and continued presence through NOLA's membership of the social protection taskforce.

People with disability were most often consulted through their participation in workshops, both disability specific with OPDs and their members, and by the inclusion of OPDs and people with disability in forums on mainstream policies and programs. We heard many examples of participation of people with disability (men and women) is taking place in urban and in rural and more remote locations in the districts and villages (examples shared above). There is strong representation at these forums by the OPD affiliate groups representing a diversity of disabilities.

The OPDs shared an example of the President of the Samoa Spinal Network who was elected as Mayor in his district. This opens opportunities to raise community awareness and to advance action on disability equity at a local level. The importance of local visibility and representation at district level of people with disability was raised in many interviews to help ensure disability inclusion is considered as part of locally led decision-

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<sup>10</sup> This draft report was shared with evaluators

making on priority projects funded through the District Development Program (DDP). So far there no specific action has taken locally to take up this opportunity. There is potential for Tautai to contribute to this through their existing work on DDPs.

The evaluators heard from mainstream stakeholders about the benefits realised when people with disability contribute to their programs. For example, the Samoa Bureau of Statistics (SBS) employed a woman with disability to support data collection and analysis for the Samoa Demographic and Health Survey: Multiple Indicator Cluster Survey. The experience of employing this individual helped improve the awareness and understanding of management at the SBS on the importance of making reasonable accommodation to support equity of access and employment, and the need for adequate knowledge and resources to put in place the adjustments required. The SBS has designated a position for a representative from NOLA on the committee overseeing the survey. The SBS personnel noted the important insights made by this individual representative in providing advice and guidance on disability inclusion.

We heard of significant gaps and missed opportunities to engage with people with disability. The OPD representatives shared examples where policies and plans being developed, and programs were delivered without their inputs at all. They noted in the second phase of the SDPP compared to the previous phase that key commitments to effectively facilitate meaningful contributions were not established, for example:

- **Appointment of a staff person with disability in the SDPP management unit:** Although this position was approved and budget was allocated in the SDPP, MWCSO leadership at the time (2020 – 2021) determined not to go ahead with the appointment. The decision was made without consultation with the OPDs.
- **Sector committees and SPDD project management committee that has OPD representation did not meet consistently:** People with disability through the OPDs are represented in the various sector and program management committees of MWCSO, however due to changes in leadership and organisational restructuring that changed the location of the SDPP within the ministry during the program on three occasions, consistent, systematic coordination and decision-making processes involving people with disability did not effectively function.
- **Engagement with NOLA as part of implementation of the Samoa Hearing Program:** The design document determined that NOLA as the lead body for persons with disability in Samoa would contribute insights from persons with disability to the program, however this did not take place. The implementing partners (RACS and MoH ENT unit) had not engaged NOLA, but there was some interaction with the Samoa Blind Persons Association (SBPA). RACS acknowledge this is a gap in their delivery and commented that in future programming they would benefit from advice and guidance from the OPDs particularly on better understanding issues related to community attitudes towards disability and the experience of stigma by people with visual impairment and blind people in Samoa.

We heard from the people with disability that the quality of meaningful and equitable consultation varies. While they are generally present “at the table”, the extent to which they experience equitable opportunities to have “a meaningful voice at the table” remains inconsistent. Examples were shared of barriers including inadequate time, communication, language, attitudinal and infrastructure that are present which reduce the contribution made by persons with disabilities and can further disempower and discourage their participation.

The OPD representatives recognise that their own organisations have capacity constraints that at times limits their ability to adequately meet the requests received to engage and contribute. There is a strong cadre of representatives who have completed regional and international training (facilitated through the Pacific Disability Forum) on CRPD compliance and disability responsive budgeting and public policy, who have the skills and tools required to undertake the work. This group in Samoa is still relatively small in

number and experience challenges in meeting the high demand for their inputs. The OPDs are facilitating a training of trainer's program to further increase capacity in Samoa. The OPD representatives identified that this is an area that needs further assistance to enable them to continue to enhance their capacity to a level that enables them to effectively meet the growing demand.

The evaluation team observed at times during discussions and interviews language and tone that reflected "unconscious bias" of some stakeholders (people without disability), and at times the language used was associated with a welfare/charity or medical approach to disability rather than of human rights. This form of unconscious bias influences communication and interactions and may result in unfairness and inequity in decision making. The OPDs representatives also spoke about assumptions being made by some decision-makers, relating this to limited quality of meaningful engagement and consultation. Disability equality awareness and education is helpful in shifting historically established language and behaviours, however increasing visibility and participation of a diversity of people with disability (for example as staff, members of committees and decision making bodies) and consciously making reasonable adjustments to support equity is more likely to help shift embedded bias<sup>11</sup>.

### OPD – Organisational capacity

NOLA as the umbrella organisation of people with disabilities It is made up of affiliate member organisations the Samoa Blind Persons Association (SBPA), the Deaf Association of Samoa (DAS) and Persons with Physical Disabilities Association of Samoa (PPDAS), the Samoa Spinal Network (SSN), and the more recently formed group representing people with intellectual psychosocial disability. There are also two affiliates representing youth and women with disability. While the OPDs represent the specific priorities and interests of their members, overall they work well together including, joint participation on consultations, trainings, and in recognition of significant days and other community awareness activities. They also collaborate with service providers, for example Aoga Fiamalamalama, Loto Taumafai and SENESE in their outreach work, provision of materials, equipment and teacher assistance, and in referral of adults and children with disability to appropriate services.

The SDPP has contributed to the enhancement of capacity of the OPD NOLA. The sections immediately prior provide examples of their wide ranging contribution to supporting CRPD compliance of policy and programs. The examples shared are only a select example of the many areas that the OPDs are contributing to and representing their members' interests and priorities (more examples are shared in this section and elsewhere in this report). The CRPD Resource team established by NOLA has enabled the breadth of participation and supported representatives from different affiliate OPDs. While still a relatively small team there is a growing depth of experience and expertise of OPD representatives who have the necessary capabilities to represent their members.

NOLA and affiliates have a very strong set of diverse networks and partnerships<sup>12</sup> through which they collaborate and jointly implement activities and projects. These forms of collaboration have contributed to their enhanced capacity and increase the breadth of and scope of their influence and reach and provide a channel for accessing resources through project and activity specific funding. The untied 'core organisational funding' provided by the SDPP has enabled NOLA and affiliates to effectively maximise the opportunities available through these partnerships and the collaborative activities implemented with other organisations in a range of sectors.

The flexibility nature of the funding modality provided by SDPP helped NOLA to be responsive to the COVID-19 pandemic in a range of ways including accessibility of communication, supporting access and inclusion of

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<sup>11</sup> <https://www.monash.edu/about/who/equity-diversity-inclusion/staff/equitable-decision-making/unconscious-bias>

<sup>12</sup> Examples shared in later sections of the report

people with disability of material, financial and food supplies. NOLA received a Human Rights Award in 2020 for the efforts made during the COVID pandemic.

### Examples of NOLA and Affiliates' COVID-19 Activities

- Collaboration on training and support to MWCSO on disability inclusive COVID-19 prevention and preparedness for community leaders.
- With Brown Girl Woke (BGW) during the COVID pandemic and since, in the distribution of reusable menstrual products and food supplies to women and girls.
- With UNDP and the NGO CARE international, reached 600 households of people with disability providing food supplies, information, and key communications about COVID in accessible formats.

The evaluators are impressed by the OPD representatives' high quality of knowledge and expertise on progressing CRPD compliance, and on improving awareness and understanding of stakeholders and supporting implementation through project activities. The OPDs, within the constraints of their capacity and resources, are demonstrating highly effective advocacy, awareness and action that is progressing equity and rights of people with disability. They are contributing to a wide range of program areas including, social protection, elections, gender based violence, sexual and reproductive health, communication and physical access, built infrastructure and information communication technology, education, employment and livelihoods, and are effectively representing a broad diversity of views and priorities from their members who include diversity of people with disabilities, village/ rural people, youth and children.

There is clear evidence that the funding modality of the SDPP, through providing flexible funding to deliver activities in line with the organisation's strategies and plans has been effective supporting the development of NOLA and its affiliates capacity. NOLA and affiliates have effectively used SDPP resources to support different aspects of organisational capacity, for example:

- **A capacity development program in the areas of leadership, reporting and planning:** that enabled NOLA to develop a new M&E system that includes updating the membership data base disaggregated for location, specific disability, access to services and other demographic information. The Samoa Social Protection disability registry used this data.
- **Financial management training for staff of SBPA:** that has helped the SBPA to establish a financial management system.
- **SBPA organisational capacity:** that has enabled a comprehensive data base to be established and association's constitution was revised.
- **Expanding youth program:** NOLA conducted a youth forum in Upolu and Savaii where the challenges and priorities of youth with disability were discussed. Following these forums an action plan was developed and a youth committee was established to support and monitor implementation.

The OPDs now have stronger and a diverse set of partnerships (NGO, private sector, government), connections, that provide opportunities to influence different types of activities in a wide range of sectors, and at national and local level. The increase in capacity and growth of the organisations has contributed to further increase in the demand for the services and support on disability rights and inclusion from the partners and from people with disability.

To be able to match the growing demand, ongoing investment in core capacity of NOLA and affiliate organisations, including in the areas of human resource capacity, governance, organisational and project management and administration and provision of core funding, equipment and materials, is needed. To meet this capacity needs access to ongoing flexible assistance for the foreseeable future from either GoS, or other donor sources is required.

## Improvements in participation, accessibility and inclusion

The SDPP support to providing training, procurement of materials and equipment has improved participation, accessibility and inclusion by people with disabilities. A select few of examples from the many shared in SDDP reports and discussions with stakeholders are:

- **Sign language and braille:** Significant progress made in socialising the use of sign language and braille in communication. That has advanced equity of access to information and contributed to sensitising and improving community awareness. Collaboration between NOLA with the affiliates SBPA and SDPP and the MWCS D has progressed training in sign language and its use in public events and media. MWCS D has engaged the Samoa Association of Sign Language Interpreters (SASLI) for interpretation services and the SBPA for translation of official documents (policies, election material, education, and public health information about COVID) and braille menus in private restaurants.
- **Participation in the 2020 elections:** NOLA and affiliates collaborated with the Office of the Electoral Commission (OEC) in promoting inclusion and accessibility for voting by people with disability in the 2020 election. The inputs provided were: NOLA and the DAS facilitated training on inclusion of people in voting with diversity of disabilities for OEC staff and polling office staff in Upolu and Savaii; production and distribution of information education communication (IEC ) materials to increase awareness on disability; specific visual materials about language and elections were produced by the DAS and included in the polling officials information package; and SBPA facilitated training for 40 people with diverse disabilities about the provisions for inclusion in the electoral act, and provided relevant information in accessible formats.
- **Access to sexual and reproductive health:** Access to SRH by women with disability was part of the National Women with Disabilities Forum conducted by NOLA in October 2020. As a result of this activity, the Samoa Family Health through a partnership with NOLA now have its resources translated in braille.
- **Airport Audit:** NOLA undertook an accessibility audit of the airport and provided guidance on adjustments needed to improve access.

These examples that were shared in the progress reports and the evaluation discussions are very positive. It is assumed that the people with disability benefited from these inputs, however the lack of follow up and any measurement of outcomes means that the effectiveness of these inputs cannot be determined. For example, have they contributed to improved participation, access and inclusion (i.e. the use of SRH services by women with disability, voting in the election, benefits from increased access to information by people who are blind or deaf) or changes in awareness and understanding by people without disability, and adjustments to practice by service providers. Discussions with stakeholders during the evaluation did not provide specific evidence of effectiveness of these inputs.

Providing outcome evidence on the benefits realised will help offer justification for future investments being made in these types of activities and inputs. Positively, the MWCS D in October to December 2023 completed a qualitative review of the 10 people with disability or family members who received livelihood assistance.

Between 2020 to 2022, 3 cohorts (a total of 42) people with disability or family members (12 from Savaii and 30 from Upolu) completed 3 day training on business management and financial literacy provided by the Small Business Hub or the Commercial Bank of Samoa and were then assisted to procure assets to help them start up or expand their businesses. The types of businesses varied, including agriculture, bakery, fishing, cattle farming, kindergarten and elei design. In October – December 2022 MWCS D undertook a qualitative impact review of 10 of the recipients. This review determined that 7 had succeeded in continuing the businesses. Whilst the income from the business was benefiting person with disability in the family, most enterprises did not involve the family member with disability.

The review of the livelihood was very helpful in identifying factors that had assisted the businesses to succeed (the training, and providing assets), and the challenges that had contributed to failure (COVID-19 restrictions, ill health of family members and financial demands that had diverted money away from the business). The review established that in the future participants would benefit from more training on business management, marketing and certain aspects of farming. These findings and lessons learned from the review were validated by two beneficiaries that were met by the evaluators.

### Improvements in access and quality of services, assistive devices and technology

SDPP supported service providers and OPDs to deliver a wide range of services and procure and distribute equipment and materials. Detailed examples of these inputs were shared in the SDPP completion report prepared by the MWCSO, and include provision of braille materials in schools, support to parent groups of children with disabilities, access to education and certificate training by people with disabilities through APTC, and opportunities to learn livelihood skills by young people in schools. The report only provided output level data. Discussions with partners during the evaluation provided anecdotal outcome evidence including increased enrolment and participation of children in schools; raised awareness of parents and increase in their demand for support for their children with disability; increased levels of confidence and leadership capacity of individual OPD members demonstrated increase in their advocacy and participation in community engagement and decision making-forums.

It is not possible to assess the extent to which the services supported by the SDPP contributed to improved access and quality, as there is no baseline data and targets for level of participation and reach of services were not set as part of the planning of activities.

#### **Mobility Device Service**

The Mobility Device Service (MDS) team that was part of the SDPP phase 1 and is now managed by the MoH was supported through SDPP to provide outreach mobility devices, prosthetic and orthotic services in Upolu and Savaii (total of three services in 2019 and in 2022 reaching an estimated total number of 132 clients of which 52 were new clients<sup>13</sup>). The MoH does not provide funds for MDS outreach services, meaning that these specific services were made possible by the SDPP. Cessation of the SDPP has meant no further MDS outreach has taken place.

The Director of the MDS provided clear anecdotal evidence of the importance of these outreach services, which took place at district hospitals, local health centres and in peoples' homes. He estimated that when the services were stopped due to the early closure of the SDPP that only 50% of the existing clients and very few new clients come to Apia to receive services. This is because of barriers of cost and time to travel and difficulties to physically move outside their home or immediate community. Many of these clients are children who will have outgrown their assistive device, and many (adults and children) will be managing with broken or unsuitable devices.

The lack of qualified staff is a further challenge limiting the accessibility and quality of services. There is a shortage of prosthetic technicians and orthotists (two trained in the previous program are no longer working- one has died, and one has left the service). This puts pressure on the remaining staff and technician and has meant that the diabetic foot clinic is unable to be appropriately staffed. At present there are no staff undertaking training to fill the gaps. Training for orthotists and prosthetists takes at least 3 years and is not available in Samoa. The current staff were trained in Cambodia over a four year period. There is no plan to manage the gaps in the short term, and there is no strategy articulated to address this in the longer term, however there is potential to include these specialised areas in the human resource development priority areas promoted by the Public Service Commission.

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<sup>13</sup> Details of the number of clients reached is provided in the MWCSO completion report and are not repeated in this report.

## Samoa Hearing Program

The Samoa Hearing Program was part of SDPP (outcome 3). Its purpose was *to increase the quality and accessibility of hearing services in Samoa to address hearing loss and preventable deafness in Samoa* through three outcome areas: 1) Improve hearing outcomes for people with hearing impairments; 2) Increase early identification of hearing impairment; and 3) Increase access for children with disability to screening and hearing services.

Although delayed, the activities planned (including locally led and accredited training, material and equipment assistance) took place. The support provided has helped to establish an operational ENT specialist service for the MoH and provided the resources (training and equipment) to support district screening and preventative treatment of hearing conditions.

Anecdotal evidence indicates there is improved screening nationally with SENESE and MEC and improved referral pathways for services. It is unclear the extent that access to services for children with disability has taken place. The extent to which this has happened cannot be validated due to the lack of baseline and monitoring data collected and reported on by partners.

A key gap is limited outreach services being provided. The mobile clinic provided through the program has not been used to the extent planned. This is due to capacity and time constraints of staff, and questions over its suitability as a facility by some of the MoH personnel. It has also not been made available to SENESE which is already undertaking outreach services and previously had their own mobile clinic.

Consistent communication and coordination between MOH with non-government provider SENESE and with NOLA has not occurred. The reasons for this are limited time, a lack of governance overseeing management of the program, and differing perspectives over roles and responsibilities. This has contributed to reduced program effectiveness and efficiencies, for example clarity over current and future roles and responsibilities, referral pathways for clients and access to and sharing of resources.

## Efficiency

Finding on the key elements influencing the efficiency of the SDPP are discussed in this section and assessment of the program's Value for Money (VfM) is provided.

## Policy and Program Alignment

The SDPP supports delivery of the GoS national development and disability specific policies and programs in place at the time the design was approved in 2019. Extensive consultation undertaken for the design ensured there is also alignment with the priorities of partners (OPDs and service providers). This alignment has supported the leveraging of human and financial resources made available from other programs, which has helped multiply the contribution from relatively modest SDPP investment.

The alignment with national programs and links to regional initiatives, has helped support greater coherence and efficiency in delivery and contributed to progress towards effective and durable outcomes, for example:

- **Progressing recognition of and the inclusion of persons with disabilities in Disaster Risk Management (DRM) planning and responses:** NOLA and its associate OPDs have been part of DRM program initiatives facilitated by the UN and with the Australian Humanitarian Partnership (AHP) Disaster Ready initiative with CARE international.
- **The technical capacity of the OPD representatives (NOLA and associates) on CRPD compliance, auditing, and training:** NOLA's CRPD Resource Team made up of OPD representatives that have



gained knowledge, expertise from training and experience gained from support provided regionally by the Pacific Disability Forum (PDF) in collaboration with international trainers.

- **Progressing equity and access to social protection:** NOLA and associates have contributed to compiling disability data that has supported improved access to welfare payments provided through the GoS Social Protection program, an initiative supported by the UN in Samoa. A representative from NOLA is a member of the multi stakeholder social protection taskforce.

These examples demonstrate the value of strategic alignment. There is potential for more strategic leveraging in the future through stronger coordination and cooperation between the GoS with development partners and stakeholders at both national and the Pacific regional level.

## Partnerships

Partnerships was a key feature of the SDPP phase 2 design. The intent of the design was to increase collaboration and cooperation between the diverse range of participating actors in different parts of government and civil society, recognising that each offers expertise, resources, and experiences. Taking a holistic, multi-stakeholder approach was expected to contribute to efficiency in advancing disability inclusion across the breadth of priority areas that program sought to address.

The scope and depth of partnerships between the different actors engaged in the SDPP has not been developed as fully as anticipated in the design. Whilst there are a few positive examples of collaboration around specific 'one-off' activities and events (training, celebration of significant days, and supporting outreach hearing and mobility services to communities and schools, including early screening). The inconsistent management and governance of the SDPP did not adequately support maximising the potential of partnerships and collaboration.

There are some positive examples of effective strategic partnerships and ongoing collaboration taking place across government or between government and civil society and private sector around disability inclusion. Many of these partnerships have already been shared in earlier sections of the report for example representation of OPDs on government taskforces and committees, collaboration with NGOs and the UN around project activities.

During consultations, both government and CSO partners consistently identified the need for stronger and more effective partnerships. They expressed the need to improve collaboration between partners and where feasible work cooperatively to reduce the risks of duplication of activities and services, and to moderate protectiveness of mandate and competitiveness between certain partners over resources. Partners frequently identified the lack of leadership and weak management by the MWCSO as contributing to the limited collaboration between partners, which was further compounded by, from their perspective, the slowness and opaqueness around decision making on activity approvals and release of funds for activities.

Efforts are now being made to improve communication and coordination between stakeholders. The MWCSO is currently updating its register of NGOs, and there is a client referral system in place between the CSO service providers which is contributing to easier and more efficient referral pathways for clients with disability between different service providers. The MoH has established an electronic medical data management system, which although is still in early stages of implementation appears to be helping monitor services accessed by patients and support easier sharing of information. However, partners noted that non-government providers do not have access to the government system, which means that there is a significant gap in communication and referral between non-government and government services that hampers efficient coordination on client referrals and treatment pathways, and access to information by providers.

Informants frequently reported that too many partners had been engaged in SDPP phase 2 compared to the first phase of the program. The level of the concern was heightened given the weak capacity of the MWCSO

to effectively manage the partnerships and the funding and activity arrangements. We heard from some partners that the combination of an increase in the number of partners combined with weak program management by MWCSO had contributed to competition between partners and heightened siloed approaches rather than support collaboration. Informants suggested that if there had been fewer partners and a different mechanism for coordination, and for project and funding approval (for example NOLA as the network OPD being responsible for the OPD partnership arrangements rather than each partner having an individual agreement with MWCSO), this would have supported stronger and more efficient delivery of program activities.

### Budget and expenditure

An analysis of budget and expenditure<sup>14</sup> was undertaken as part of the evaluation, however the limited availability of reliable financial, activity and program data significantly constrained the analysis completed. The findings presented are based on a combination of quantitative and qualitative evidence from program workplans, activity reports, financial transaction data, and insights from consultations:

- **Expenditure (up until February 2023) was 30 percent below the budget:** Expenditure of 3.5 million SAT of the 5.2million SAT budget.
- **The most significant under expenditure was for activities in outcome 3<sup>15</sup>:** While there was under-utilisation for the other two outcomes, only SAT 621,175 of the budget SAT 1,582,850 for outcome 3 that focused on improved access and quality of services was expended.
- **Program expenditure was underspent for three of four years of the program:** Only FY 2021-22 fully utilised the annual program budget, with realised expenditure for the year being ten percent higher than the budget allocated for the year, assumed to be associated with increased delivery rate and the delay in MOU approval being resolved.

While under-utilisation of GoS program budgets commonly occurs, the average figure of 5 percent is much lower than that of SDPP phase 2<sup>16</sup>. COVID 19 and the measles epidemic certainly contributed to slower delivery and changed the modality and focus of activities, leading to under expenditure.

Partners identified factors that had contributed to slow delivery and reduced expenditure:

- **Setting up MOU and partnership agreements by MWCSO:** There was considerable delay in the MWCSO obtaining the necessary agreements and MOUs from the Attorney General's Office (OAG). This was due to slow systems and the limited human resource capacity at MWCSO to manage the process that was further compounded by the increase in the number of partners. The changes in staff and delays and inability to recruit staff to key positions, and changes in the location of the program within the MWCSO organisational structure were further contributors. Staff were unclear about the requirements, and ultimately after significant delay it was determined that some partners that did not in fact require MOUs.
- **Management of the CRPD fund by MWCSO and approvals by the SDPP PMC:** Partners that did have the necessary agreements in place expressed concerns over the difficulty and delays in obtaining approval for activities, and then accessing funds even when activities had been approved. Late approval of activities, often led to short delivery timeframes to ensure that activities were completed, and funds were acquitted prior to the end of the financial year. The source of the delay

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<sup>14</sup> Annex Four.

<sup>15</sup> This does not include the Samoa Hearing Program that was managed under a DFA between DFAT and RACS

<sup>16</sup> World Bank data on "Primary government expenditures as a proportion of original approved budget (%)", indicator ID GF.XPD.BUDG.ZS, sourced from Public Expenditure and Financial Accountability (PEFA ) and the Ministry of Finance ( MoF ), <https://data.worldbank.org/indicator/GF.XPD.BUDG.ZS>

appears to be a combination of MOU approval (AGOs) and irregular meetings of the SDPP PMC. Partners frequently referred to the “red tape” they had to manage to get the funds to implement approved activities. The impact of this was some partners deferred and cancelled activities; partners covered the costs and then tried to claim reimbursements which were not routinely approved meaning some were left ultimately out of pocket; and partners having to dedicate excessive amount of time following up on activity approvals which added pressure to their already stretched human resource capacity.

- **Project and financial management capacity of partners:** Partners experienced challenges in satisfying the planning and reporting (narrative and financial) requirements. This was due to a number of factors including: limited human resource capacity and experience in project management; the planning and reporting templates not being accessible for persons with visual impairment or blind people; short time frames provided to complete plans and to deliver activities due late receipt of approvals from MWCSO and the need to acquit and report on activities and expenditure prior to the close of the financial year.

### Value for Money (VfM)

The paucity of reliable data available has significantly limited the extent to which a complete assessment of the VfM proposition of the SDPP can be made. Respecting these constraints overall we have assessed that the SDPP phase 2 offered a **poor value for money proposition**. The rationale for this rating is provided in the section immediately following.

#### **Criteria 1. Cost Consciousness – rated good**

The SDPP was managed adhering to GoS procurement guidelines and processes. Most inputs and services were locally procured. Some additional materials, assets and equipment were procured externally. This was only when there were not able to be sourced locally (for example hearing assessment equipment, static and mobile infrastructure for hearing testing, braille and materials for assistive devices). It is noted that while there was slowness in the approval decision-making process this has not created cost implications. An approval for a vehicle procured under the program did not follow procedures, and the approval decision made was rescinded.

#### **Criteria 2. Encouraging Competition – rated poor**

There were delays and lack of openness about the application and approval decision-making process used to manage the CRPD funding. The leadership and management constraints of the MWCSO, and the lack of coordination and communication encouraged siloing between partners and at times heightened negative forms of competition rather than drive and support collaboration between partners.

#### **Criteria 3. Evidence-Based Decision Making – rated poor**

Evidence has not informed decision-making on choice of activities, allocation of resources and modifying and enhancing strategy and delivery of the program. This is due to the lack of MEL framework for the SDPP being developed and poor data analysis, reporting and information sharing. Evidence available from other sources (for example the Disability Monograph 2018 and Household Income Survey 2020) does not appear to have informed strategic or operational decision-making. The lack of outcome monitoring overall for the program makes it difficult to determine the effectiveness of program activities meaning there is a weak evidence base to inform future program strategies and provide a rationale for the scale of resources required.

#### **Criteria 4. Proportionality – rated poor**

The delivery of the program was hampered by the poor administration of the GoS management systems. The system for gaining MOUs and for approving the release of funds, and reporting were slow and time consuming for all involved (those administering and for the partners) and disproportionately heavy given the

relatively small scale and value of most of the activities. In contrast, the DFA for the management of the Samoa Hearing Program demonstrated proportionality in terms of time and resource allocated to manage the scale and scope of the program.

#### **Criteria 5. Performance Risk Management – rated poor**

A risk management framework was developed as part of the SDPP design. During program implementation the risk framework and risk management strategies were not updated even though the risk profile of the program had altered given the significant changes in operating context.

#### **Criteria 6. Results Focused – rated poor**

The MWCSO were unable to fill the position of MEL Officer for the SDPP. The position was filled by a less experienced staff person with limited experience and knowledge of MEL. The MEL framework in the SDPP design guided to a certain extent the monitoring and reporting, however due to limited capacity within MWCSO and the quality of data collected by partners was largely limited to activity level (output) and there was virtually no reporting of program outcomes. The paucity of data and limited frequency of meetings of the PMC has meant that there was very little meaningful analysis or learning generated from the data to inform progress reporting or facilitate adaptive management.

#### **Criteria 7. Experimentation and Innovation – rated fair**

There are some examples of new and innovative partnerships and practice (for example working on access to livelihoods with the Small Business Hub, and the introduction of locally led and accredited training in hearing assessment). Overall, the opportunity to encourage and incentivise new and innovative activities was not proactively encouraged through the program. The lack of monitoring evaluation and learning meant that opportunities to share good practice, identify gaps in services and needs, and share lessons learned meant there were few drivers to encourage and support innovative practice. The CRPD fund provide an excellent source of funding to support testing and modelling of new practice. This resource was under-utilised due to challenges in its management.

#### **Criteria 8. Accountability and Transparency- rated poor**

The governance and management structures and systems established for the SDPP were inconsistently implemented. This was largely due to changes in staff and moving the location of the program unit multiple times within the organisational structure of the MWCSO. The sector coordination committees and the PMC did not meet routinely, which weakened the communication with partners and stakeholders on the program's progress and performance, and limited collaborative and transparent decision-making. There were delays and gaps in activity and financial reports submitted by partners which impacted on the quality and timeliness of delivering the SDPP program report.

### Gender Equality Disability and Social Inclusion (GEDSI)

Overall, the SDPP has sought to address the diversity of drivers of inequity and the compounded impact of exclusion created by different barriers experienced by people with disability and their families. The program has supported strategies to overcome these barriers in different ways:

- **Expanding the participation of a greater diversity of people with disability:** through the support to NOLA and affiliates, and by providing reasonable accommodations that give consideration to accessibility of physical infrastructure, information, and communication.

- **Supporting outreach services:** To enable people in remote areas to have access to service and to reduce the cost and time burden to family members and carers incurred when travelling to Apia to receive services.
- **Partnerships with organisations that work with at risk and vulnerable groups:** The OPDs have engaged with the organisations and jointly implemented activities with the Samoa Victims Support Group around gender-based violence and disability, and the Goshen Trust around mental health and psychosocial disability, and a partnership with Brown Girl Woke (BGW) that focuses on youth.
- **Contributing to policy and program development:** OPDs were consulted on the development of National Policy on Gender Equality & Rights of Women and Girls 2021 – 2031, and through being the SDPP being located in the MWCSO it has created opportunities for disability to be included in the ministries activities around women and girls.

The lack of outcome data limits the extent an assessment of the effectiveness of the strategies employed can be made. There have been some gaps in delivering effective GEDSI in the SDPP. The weak monitoring and reporting already discussed, has led to limited and inconsistent disaggregated sex and disability data about participants and beneficiaries.

There are also gaps in the management of gender equality and disability equity in the Samoa Hearing Program. On the whole sex disaggregated data of clients and participants in training has been collected and reported. The program did not undertake a thorough analysis on factors contributing to gender inequality and disability inequity and the impact this has on participation and benefit of clients accessing and receiving services and participation in training and professional development activities. There is no evidence of reasonable accommodations being considered to support equity and fairness of program implementation.

As noted previously RACS and the MoH have not engaged with NOLA during the implementation of the program. Positively RAS have expressed interest in future programs to engage with the OPDs to better understand the drivers of exclusion and stigma.

## Sustainability

The evaluators applied a Sustainability Framework<sup>17</sup> (Annex E Evaluation Plan) to analyse the extent to which progress has been to support sustainability of the SDPP phase 2 outcomes. The framework provides four conditions (commitment, capabilities, investment and resourcing, roles and responsibilities being fulfilled) that support sustainability. The intent had been to apply the framework in our discussions with partners. This only took place formally in the discussions around the Samoa Hearing Program. The other interviews and FGDs did explore each of the conditions. The analysis presented in the section immediately below draws on the data collected from the discussions with the informants.

### Condition 1. Commitment

The SDPP has supported the continued strong commitment to progressing equity and progressing the realisation of all human rights of all persons with disabilities in Samoa. Overall, the GoS remains committed to progressing the commitments made in ratifying the CRPD. This is demonstrated by the development of the NDP (2021 – 2031) and recognising the rights to inclusion of people with disability in a range of national policies and plans. The advocacy by the OPDs has been instrumental in supporting increased commitment across many parts of the government, however due to limitations of knowledge and understanding on disability, and competing priorities the commitment remains inconsistent particularly to taking action and committing resources to policies and plans which were key objectives of the SDPP.

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<sup>17</sup> Adapted from [Ostrom](#) (2009)

The OPDs and service providers in disability remain committed and motivated. They understand the needs and are clear about the strategies needed to continue to improve equity and access. Their strong engagement with community through providing awareness and education about disability rights and on services, has helped to increase the understanding of people with disabilities, their families and community on disability rights.

Awareness and commitment by private sector employers to engage people with disability and to make their services and work place more accessible and inclusive has also increased through community awareness and stronger engagement that the SDPP has supported. Development partners (UN and NGO) have demonstrated a high level of interest and commitment to the inclusion of disability in their policies and programs and to working with OPDs.

To embed meaningful commitment to advancing disability rights and equity, further awareness and education is required, particularly of personnel in government, and of mainstream service providers (government and private). Progressing legislative and regulatory reform and establishing structural and system changes in government will support stronger and more consistent commitment to planning and resourcing of accessible, quality services.

### **Condition 2. Capabilities**

The SDPP has contributed to improvements in capabilities that are needed to progress disability rights and equity in Samoa. Most notably the increase in capability of the OPD NOLA and affiliate members to effectively advocate, represent and provider of services for their members. They have stronger organisational capabilities (systems, partnerships, and staff) that them to respond to the growing demands for their assistance and advice.

Service providers have been helped to increase the quality and outreach of their services. Training on disability rights, and accessible translated information resources and access to sign language services has contributed to improved capability of disability specific and some mainstream providers to provide greater access and be more inclusive in their practice. These inputs if applied should contribute to progressing durable positive change.

Training has been provided to government personnel, and the contribution of people with disability on committees, taskforces and in (a few) staff positions, has helped improve their ability to incorporate disability into their work responsibilities. The level of capability on disability rights and inclusion overall in government (including in MWCSO that is the lead ministry on disability) still needs to be significantly strengthened to deliver the CRPD commitments. At present capability of government relies on a few knowledgeable and motivated individuals. The accredited training on CRPD compliance (that was part of the SDPP design) to provide a recognised qualification and certification for public sector workers did not take place. There is also a shortage of suitably qualified and experienced experts in the workforce to support advancing CRPD compliance and to deliver quality services. Progressing professional development remains a high priority and need to support improved capability.

### **Condition 3. Investment and Resourcing**

The level of investment made by the GoS on disability is difficult to accurately assess. While the SDPP is a substantive disability specific program that was funded through Australian development assistance, the GoS does invest from national budget in a number of other disability targeted programs (for example inclusive education, social protection disability benefits, and mobility services) and through other 'mainstream' programs that also reach people with disability. Based on research undertaken in the region, overall domestic resource allocation for the inclusion of persons with disabilities is still below 0.15%<sup>18</sup> of the GDP for

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<sup>18</sup> [http://www.pacificdisability.org/What-We-Do/Research/FINAL\\_SDG-Report\\_Exec-Summary\\_2018.aspx](http://www.pacificdisability.org/What-We-Do/Research/FINAL_SDG-Report_Exec-Summary_2018.aspx)

most countries. There is still strong reliance on overseas development assistance (ODA) to invest in development of required disability-specific and disability-inclusive services. The perspective of CSO and government stakeholders interviewed for the evaluation is that the level of investment is less than what is needed to effectively and meaningfully progress programming and delivery of the commitments made to the CRPD and the NPD.

The GoS financial reports do not disaggregate disability budget and expenditure. The National Budget (2023-2024) provides for 2 million SAT for payment of the disability benefits (100 SAT per person) to 1820 people with disability through the Social Protection scheme introduced in 2022. There is no other reference to specific disability investments in the GoS budget papers, however investment is being made in other parts of government, including the MWCSD, MEC and MoH for programs and services. These investments are not specifically identified in the budget papers<sup>19</sup>.

Samoa has a very strong and experienced, albeit small in number, cadre of people with disability who are contributing a significant amount of knowledge, expertise, and commitment to improving disability rights and equity both in Samoa and internationally – they are powerful and passionate advocates who are knowledgeable and have expertise in the disability sector drawn from their personal experiences and the exchange with their global peers. There is also a very strong group of experienced service providers mainly in the non-government sector. These actors have benefited from the support from the SDPP. While they do have access to other resources, they remain heavily dependent on ongoing assistance either from GoS or external funders to sustain their organisations, and support delivery of their programs.

Many of the local experts with disabilities are active contributors in the region. There is a risk that if resources to support their work in Samoa such as the type and scale provided through the SDPP is not maintained this much needed expertise will be lost.

#### **Condition 4. Roles and Responsibilities**

The roles of the different actors (government, OPDs and service providers) contributing to advancing CRPD compliance of program and policies is clear. Overall, there is strong commitment to fulfill their responsibilities. The OPDs and non-government service providers are within the constraints of resources and their organisational capacity fulfilling their responsibilities well. Whilst many individuals in government are demonstrating strong commitment and taking positive action to progress disability rights, overall, the perspective of CO stakeholders who contributed to the evaluation interviews is that there remains more that the GoS may still do as part of fulfilling its obligations as a state party to the CRPD. Greater trust, ensuring accessibility when discussions and consultations take place, would ease the practical logistics and offer opportunities for positive and meaningful participation by persons with disabilities. OPD's need the opportunity to lead their policy making and implementation and not simply be the recipients of others' ideas about what is needed. There is a need to recognise the leadership which has been within OPD's from the outset and provide opportunities for the leaders from OPDs to lead in disability area rather than simply be asked to comment on reports and appear for consultations and when assessments are being made.

#### **Samoa Hearing Program**

The sustainability framework was completed by two partners<sup>20</sup> in the Samoa Hearing Program. The MoH although offered opportunity to contribute by email following the focus group discussions, did not provide their ratings which limits the extent that the ratings are representative. Overall, RACS gave higher ratings to each element compared to SENESE (noting maximum rating possible is 15). The ratings given by RACS are Commitment 12; Capabilities 11; Investment 10; and Roles and Responsibilities 9. SENESE gave the following

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<sup>19</sup> [Ministry of Finance Budget Address 2023- 2024 \(May 2023\)](#)

<sup>20</sup> RACS and SENESE completed, MoH did not return the assessment

ratings: Commitment 8; Capabilities 8; Investment 7; and Roles and Responsibilities 9. The ratings given are shown figure 1.



**Figure 1. Sustainability Rating for Samoa Hearing Program**

Explanation for the ratings given by both partners is:

- **Commitment:** MOH contributed facilities and are seeking training opportunities for clinicians. The community is supportive and participate in the community outreach and school-based screening. The service providers (government and non-government) show strong commitment to deliver comprehensive services.
- **Capabilities:** The MoH has built capability at all levels of the health system which is reducing the referrals to the national hospital. The school and outreach services, and SENESE's repair of hearing aids, are responsive to the demand for services from community and the people and families with disability. The combined capabilities of the government and non-government service providers together is high.
- **Investment and Resources:** The investment by GoS remains low and heavily reliant on GoA assistance. There is good information available from the national screening and services, but this information is not yet being used as evidence to inform future program planning and budgeting. There are strong champions and experts locally on which the growth and quality of services is heavily reliant. The limited sharing of resources by government with non-government services providers (mobile screening, the booths) and lack of coordination is depleting the maximizing of the resources available.
- **Roles and Responsibilities:** The MoH under the leadership of the Director of Clinical Services have fulfilled their responsibilities. Community members remain more passive recipients of services than actively seeking them. The service providers fulfill their clinical responsibilities well but responsibilities for MEL and program reporting are not being consistently met. There is need to clarify the roles and responsibilities of between government and non-government providers and improve coordination and cooperation.

## Conclusions

### i. Progress and Performance

Overall, the SDPP did not achieve the results to the extent articulated in the investment design. There are examples of positive practice and elements of progress made towards each of the end of program outcomes, the progress made in outcome 2 around the capacity of the OPDs was highest. There was least expenditure in outcome 3 (enhanced quality and access to services), an area of great need, and one where service providers (non-government and government) and the OPDs were very well placed to deliver more.



The program was implemented in a very challenging context (COVID and the measles epidemic) that meant adaptation of the focus of some activities and implementation timing and modalities were required. While these factors contributed to reduced performance and progress as was experienced in other sectors, however the evaluators have determined from the evidence shared, that the gaps in organisational capacity of the MWCSO contributed to less than effective implementation and management of the program in delivering desired outcomes.

Fundamental elements to deliver effective and efficient program management (MEL, risk management, governance, reporting and accountability) were not established. The extreme challenging operating environment heightened the need for these essential elements, and their absence in a complex context further compounded the impact of the challenges experienced in implementing the program, and to the poor performance, factors which led to the mutually agreed decision between GoS and DFAT of early closing of the program.

## **ii. Realising Broader Commitment to Disability Inclusion**

The SDPP phase 2 built on from over a decade of targeted assistance on disability inclusion in Samoa from Australia and more widely in the Pacific through bilateral and regional assistance to governments, regional bodies (PIFS and SPC) and to civil society organisations and UN partners. While many aspects of the SDPP did not deliver the results expected, the wider commitment and support to disability equity and inclusion from development partners that were not formally part of the SDPP helped progress, particularly in creating opportunities for OPDs to contribute and influence CRPD compliant policies and plans in a range of sectors, and to be part of design and delivery of project activities.

The wider network of contributors beyond the immediate SDPP partners helped to progress policy reform in a context where GoS leadership and coordination across government was limited, ineffectual and inconsistent. While progress was made in some regulatory reform, substantive progress on CRPD compliant legislative reform and budget influencing simply did not take place. This has been attributed to the capacity constraints of MWCSO and the capacity and commitment of the relevant ministries (MoF, AGO, but in reality, it reflects the ongoing 'ebb and flow' where 'disability' is prioritised at certain times, for example when the country is about to undergo a UN assessment or an important international day or celebration, or it is time to prepare the country's treaty report.

The multiple changes of location of the SDPP, and the inconsistent lack of leadership for disability within the MWCSO, has further compounded and stymied positive and broader engagement and commitment across government to take direct action on progressing CRPD compliance. The recent change of both political and administrative leadership at the Ministry offers the prospect of movement and progress for long awaited structural change.

## **iii. Capacity of OPDs**

This phase of the SDPP has demonstrated the depth and breadth of organisational capacity of the OPDS (NOLA and affiliates) to effectively contribute to guiding development and reform of CRPD compliance policy and plans. The OPD network have competent and well informed leaders from a diversity of lived experience of disability. Their knowledge has added value to significant policy and program reforms (social protection, education, employment, disaster risk reduction and management, accessibility of public places, data and statistics and on gender based violence and sexual and reproductive health). This cadre of personnel provides a well-informed voice to advocate on disability rights and equity for people with disability in Samoa. While their contributions are on the whole recognised and valued, and there is high demand for their inputs, frequently the structures and systems in place and embedded prejudices and unconscious bias limits their equitable and the opportunities for meaningful participation and contribution.

The OPDs rely on flexible core funding for their operations. While they do receive project specific funds from a range of development partners and donors, it is likely that will for the immediate and longer term remain reliant on the GoS and / or GoA for core funds to cover their operational costs. The flexible nature of the core funding enables the OPDs to continue to grow their organisational capacity and be responsive to the growing demand for their services from government, development partners, private sector and their primary stakeholders of people with disability and their family members.

#### **iv. Equitable Access to Services**

There are considerable gaps in the provision of services for people with disabilities and their families. NGO service providers are filling many of the gaps, particularly outreach and community based services, which are not resourced by government.

While there have been positive steps taken to increase the knowledge and skills of the workforce through both locally based accredited training and by supporting personnel to complete studies overseas, a critical shortfall in capacity remains which adversely impacts the reach and quality of services accessible (for example prosthetics, orthotics, mobility, and hearing and in education). Outreach services are being provided and there is training of staff at district hospitals and health centres, however these services do not routinely take place, which means people still need to travel to Apia to have reliable access to services. The cost and time are barrier that prevents many people accessing the service that they require.

There has been progress in improving the referral system between NGO and OPD service providers, and in electronic data management of client data by the MoH. However, there is no system in place to streamline coordination and communication between the government and non-government services, which further impedes the equity of access.

Collaboration between mainstream service providers in a range of areas (education, skills training, livelihoods and sexual and reproductive health) and OPDs have taken place. This has focused on improving communication and mutual understanding between the provider and people with disability. It is expected that this will improve ease of access and uptake of services. For this to be effective there is need to continue the awareness and education and to ensure reasonable accommodation measures are in place to support the equity in quality of services received.

#### **V. Evidence Base**

Samoa has made considerable progress in capturing data on the situation of persons with disability. International standardised tools (Washington Group) are used by the SBS in surveys supported by other UN development partners. The analysis and reports produced are not yet consistently being applied to inform policy and programs to remove barriers and increase participation or influence budget decision making.

The SDPP was not effective in advancing the evidence base on disability and facilitating its application in policy and planning reform. The monitoring data generated from the SDPP is weak, and opportunities to capture and analyse outcome data from the program's activities have not been realised.

There is growing commitment and understanding about the disability rights and equity, however the lack of evidence to help inform government in setting meaningful plans, budgets, and for long term forecast expenditure, and indicators of return from equitable inclusion, and the cost of continued exclusion is not strongly featuring in advocacy on disability policy and planning.

## Recommendations

A series of recommendations is made to the ERG and DFAT in addressing the key findings of the evaluation. The recommendations that are intended to inform next phase of assistance provided by the GoA on disability equity and rights are divided into: 1) the delivery modality; 2) the design process for the next phase; 3) investment design focus and features.

There is strong commitment from both the GoS and GoA, civil society in Samoa to continue to progress disability rights and equity. The objectives of the SDPP phase 2 overall remain relevant and provide a good basis to inform the next phase of assistance. Stakeholders have provided clear advice on the specific area of focus for the next phase of assistance. These are based on the experience and lessons learned from the SDPP and on current opportunities and needs.

### **3. 1. Delivery modality**

The Tautua: Human Development for All Program has been proposed by DFAT as an option through which to work with and in support of the GoS under the leadership of MWCS and the involvement of other line ministries to implement future assistance on disability. Based on the evaluation findings and consultations with Tautua, the evaluation team supports in part this proposal.

The purpose and objectives of Tautua align well with many of the priorities that the evaluation determined need to be addressed in the next phase of assistance. Tautua's emphasis is on supporting change in human development through multi-sectoral and innovative approaches that promote more inclusive and better-quality service in health, education, community and social development and social protection. It seeks to respond to immediate gaps and needs through engaging both civil society and government, and by supporting capacity development in a range of ways including research, M&E and applying lessons learned and evidence-based decision making to improve access and quality of services. The program has a specific objective to support equitable access for people with disability.

Tautua is a relatively new facility. The staff have a strong commitment to progressing disability equity and rights in their program, and a GEDSI strategy and plan has been developed. The Tautua team is realistic about constraints of its current level of capacity and expertise to implement a substantive disability program. Respecting these constraints, Tautua offers potential for implementation of key areas of future assistance, particularly in the areas of CSO capacity development, collaboration between different parts of government and CSO service providers, and in generating evidence through research and MEL to inform policies and programs.

The evaluation team also met with staff from the Tautai facility. Tautai provides GoA assistance in response to identified needs of the GoS in areas of governance and economic development. This facility, in line with Australia's overriding policy commitment, has a strong focus on progressing disability equity and rights in its programs. Tautai have engaged with NOLA and have introduced aspects of equity and inclusion in activities undertaken with government partners. The Tautai team have identified possible pathways which would enable implementation aspects of future programming on disability, particularly in the areas of GoS structural reform and enhancing disability equity in budgeting and economic planning. The scoping and planning of the options relies on the guidance and advice of the GoS.

## Recommendations

- 1.1 DFAT draws on the areas of program focus and the capacity of both the Tautai and Tautua facilities and to cooperatively manage the design and implementation of Australia's future assistance on disability rights and equity in Samoa.
- 1.1 The Tautai and Tautua facility managers jointly develop a capacity statement that identifies their respective capabilities to deliver disability equity and rights. The capacity statement should

articulate a proposed approach on how the two facilities will cooperatively work with government and civil society stakeholders to facilitate a co-design of a disability assistance investment. The concept note will be presented to DFAT and GoS (SMFAT, MWCSO and MOF) for comment and approval. The final investment design and implementation arrangements will be determined through the design process (see Recommendation 2).

## **2. Design process and timeframe for next phase of assistance**

The SDPP was closed a year ago in February 2023. Transition funding has been provided but there has been a loss of momentum and partners have scaled back their activities. The new leadership (Minister and CEO) at the MWCSO and a commitment to restructure and reform the ministry provides an excellent opportunity to design a new phase of assistance and regain momentum building on the experiences and lessons learned from the SDPP. Both of the GoA facilities Tautua and Tautai are well placed to facilitate a cooperative design process with government, OPDs and service providers.

### **Recommendations**

- 2.1 DFAT resources a cooperative design process facilitated through the facilities of Tautua and Tautai.
- 2.2 The design will be facilitated locally through the Tautua and/ or Tautai facility. Additional specialist external capacity on disability rights and equity may be required to support the design process. If feasible this capacity should be procured from within the Pacific region.
- 2.3 A very limited and targeted consultation and research is required to inform the design. There is already a strong evidence base on disability needs and priorities that has been established (from this evaluation and other MWCSO documentation, CRPD state report and SBS reports) and a diverse range of stakeholders have shared their perspectives through extensive consultations.
- 2.4 The design methodology offers an opportunity to contribute to further building capacity on disability rights and equity, and strengthening collaboration, networks, and trust between the different stakeholder groups.
- 2.5 The timing and duration of the design process needs to be determined by participating stakeholders and the facilities. Ideally, it should be completed during the calendar year 2024, and up to 6 months allowed for the design process.

## **3. Investment design focus and features**

The evaluation findings and the advice of stakeholders provides the basis for developing the design of the phase of the assistance on disability equity and rights.

### **Recommendations**

- 3.1 The overriding purpose and objectives from the SDPP phase 2 retain relevance, with modifications to accommodate the current context, the current design offers a useful framework to guide design of the next phase of assistance.
- 3.2 The program should align with and contribute to achievement of commitments of the GoS in key disability focused policies and programs including the objectives of Samoa's National Policy on Disability, and the GoS commitments to the CRPD, SDG, the Pacific Regional Framework on the Rights of Persons with Disabilities 2016-2025, the 2050 Strategy for the Blue Pacific Continent and the Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities 2023-2032, and the Pathway for Development Samoa and the Community Sector plan.
- 3.3 The GoA Disability Rights and Equity Strategy (due to be released in 2024) should inform and guide the design of the new program.

- 3.4 Progress action on legislative reform to comply with CRPD commitments as a state party to the CRPD, recognising that to fulfil this specialized task, external specialist capacity maybe required. A priority to address is the drafting of a Disability Act for Samoa.
- 3.5 Strengthen evidence on cost benefits and opportunities loss related to disability service provision to help inform disability equity program and budget planning.
- 3.6 Commit multi-year flexible core funding to OPDs to enable them to continue to develop their organisational capacity and fulfil their responsibility as rights holders to represent, advocate and provider of services for their members.
- 3.7 Provide flexible and stable funding to non-government service providers, recognising the critical gaps in government service provision they fill, particularly in providing outreach and home-based services. Ideally seek to link the NGO funding to existing CSO funding mechanisms established in government (for example the OGG in MEC and the NGO funding and the DDP in MWCSD). MoF should be engaged in discussion on this matter.
- 3.8 Invest in human resource capacity development by focusing on meeting immediate and longer-term skill gaps (for example in education, podiatry, prosthetics, orthotics, and audiology). Explore options for locally designed and delivered accredited training and invest in opportunities for overseas education qualifications. MoF should be engaged in discussion on this matter.
- 3.9 Locate preventative medical services, for example hearing and visual assessment and early intervention services in the mainstream health program rather than a program advancing disability equity and rights.
- 3.10 Review the previous Disability Taskforce (ToR, makeup) and determine enhancements for it to be reinvigorated to provide leadership, be a point of coordination, and hold advisory, accountability and monitoring responsibilities for government on advancing disability equity and rights policy, programs, and investments.
- 3.11 Fill the advisory position (that was part of the SDPP phase 2 but recruitment did not take place) within the MWCSD on disability and equity that is senior in level and visible and is filled by suitably experienced person with disability who possess the correct credentials to focus on disability equity measures. The position should work closely for and report to the disability taskforce and be properly resourced with a salary commensurate with responsibilities and experience of the postholder, and a budget provided for reasonable accommodation as required by the postholder to support equity of access and contribution in the workplace. Consideration for other advisory positions designated for people with disability within the public service in other line ministries maybe considered.
- 3.12 Strengthen and develop leaders within the OPD through targeted courses, mentoring and attachments to UN agencies or philanthropic groups and foster connections and cooperation with well-established OPDs globally.
- 3.13 Allocate budget and capacity to provide reasonable accommodation and accessible systems and processes that support equity of participation and contribution by people with disability in all aspects of the program including consultations and meetings, program documentation, proposal, and reporting (narrative and financial) formats.

## Annex – SDPP Evaluation Report

<b>Annex 1</b>	Evaluation Terms of Reference
<b>Annex 2</b>	Evaluation Plan and Annex
<b>Annex 3</b>	Participants List
<b>Annex 4</b>	Finance Management Analysis
<b>Annex 5</b>	Aide Memoire

## Annex 1 Evaluation Terms of Reference

# Terms of Reference

## Samoa Disability Partnership Program End of Program Evaluation November 2023 – February 2024

### Introduction

The Government of Australia is seeking to engage consultant services to undertake an independent end of program evaluation of the Samoa Disability Partnership Program (SDPP), through which it provided support for disability inclusive development to the Government of Samoa (GoS). This evaluation will critically inform GoA considerations for future disability support in Samoa.

### Background and Context

The Samoa Disability Partnership Program (SDPP) was designed as an AUD 4.3 million four-year partnership (2019-2023) between the Government of Australia (GoA) and the Government of Samoa (GoS). The SDPP was Phase 2 of Australia's bilateral disability inclusion support, following on from the six-year Samoa Disability Program (SDP) as Phase 1 (2012-2019).

The goal of the SDPP was the realisation of “disability-inclusive policy and implementation across Government, Organisations of Persons with Disabilities (OPDs), service providers and communities”. The program had three End of Program Outcomes (refer to the theory of change contained in the attached SDPP investment design document):

1. GoS policies and plans are increasingly compliant with the Convention on the Rights of Persons with Disabilities (CRPD) [led by the Ministry of Women, Community and Social Development]
2. Diverse voices, leadership and participation of people with disabilities in national, sector and community development are evident [led by Nuanua O Le Alofa].
3. Mainstream and disability-specific services are more accessible for people with disabilities [led by the Ministry of Health].

The Investment Design Document of May 2019 envisaged a program that would support active implementation of the *Convention on the Rights of Persons with Disability* (CRPD, ratified by GoS in 2016) and showcase Samoa as a model for how other Pacific Island Countries might successfully implement the CRPD's principles. To reflect findings from phase 1 of the program that a wider, more inclusive approach to disability-inclusive development was required, the word “partnerships” was added to the program name for phase 2; an addition that was intended to signal more collaborative ways of working in 2019-23.

The program took a partnership approach that featured two modalities: working through partner government systems, drawing on a Direct Funding Agreement between the Australian Department of Foreign Affairs and Trade (DFAT) and GoS (originally AUD 3.25 million and reduced to AUD 1.54 million); and working through DFAT grant funds (AUD 0.99 million), specifically for the activities delivered by the Royal Australian College of Surgeons within Component/Outcome 3. Key program outputs and activities are outlined in the attached investment design documents.

SDPP was led by the GoS through the Ministry of Women, Community and Social Development (MWCSO) as the implementing agency, with the Ministry of Finance (MoF) acting as the executing agency responsible for disbursement and acquittal of funds channelled via GoS systems. MWCSO was responsible for providing governance, management, and coordination across partners and outcome areas, and providing narrative reporting to DFAT. The MWCSO was also responsible for the disbursement of funds to partners in line with the annual workplans that are endorsed by the Project Management Committee. The Project Management Committee was comprised of representatives from GoS, GoA and the national disability advocacy



organisation, Nuanua o le Alofa (NOLA). An additional governance mechanism – the MWCSO's Community Development Sector Steering Committee – provided strategic oversight to ensure that the Program was delivered in line with the Community Development Sector Plan for 2016-2021. For component/outcome 3, the Royal Australian College of Surgeons provided infrastructure and training to support the Ear, Nose & Throat Unit at the MoH sought to establish hearing services for people with disabilities.

In June 2022 GoS and GoA mutually agreed to end the SDPP program early, reducing the timeframe of the agreement from 30 June 2023 to 10 February 2023. This decision was made in recognition of ongoing quality and performance issues, including challenges to the timely completion of implementation activities and the provision of quality and substantive program and financial reporting. GoS and GoA also recognised that DFAT's newly established *Tautua: Human Development for All Program* (2021-2029), announced by Australia's Foreign Minister in June 2022, presented an opportunity to design a new phase of disability programming in Samoa that was fit for purpose.

In addition to reducing the timeframe of the agreement with GoS, the value of the SDPP agreement was also reduced. Part of the remaining AUD 1.7 million of unspent funds was reallocated to a one-year direct funding agreement between GoA and GoS to ensure the maintenance of critical disability services and support throughout the 2022-2023 financial year, whilst GoA and GoS considered what the next phase of disability support under the Tautua Program could be. Contracting and financial management issues have delayed implementation of this direct funding agreement from June 2022 until February 2023, and it is possible that this transitional agreement will be extended until the end of the 2023-2024 financial year to provide additional time for expenditure.

GoA is now exploring options for the next phase of bilateral disability support through the Tautua Program, and undertaking an independent evaluation is a key step. In principle, SDPP's arrangements offered a suitable approach and modality for achieving the governments' shared goals of delivering positive social change that is inclusive in ends and means, and of building local capabilities and collaboration. It was also consistent with GoA's long-establishment commitment to supporting government systems in Samoa. Whether SDPP's arrangements and approach achieved on its objectives is to be determined through this evaluation.

GoA is one of the key development partners in the disability sector in Samoa and as such, is keen to ensure any future phases of programming in disability support are set up for success.

## Purpose of the Evaluation

The evaluation will seek to assess the effectiveness and efficiency of the program and identify forward-looking lessons with specific attention given to the chosen modality, quality of the partnership, governance arrangements, and delivery of programming. The evaluation will help inform the design of any future bilateral disability inclusion programming in Samoa through the Tautua Program.

The program partners themselves are the primary users of the evaluation, specifically DFAT (Deputy High Commissioner and Tautua program Team Leader), the Ministry of Finance (Chief Executive Officer), MWCSO (Chief Executive Officer), NOLA (General Manager) and the Ministry of Health (Chief Executive Officer). Other users would include DFAT's thematic and Pacific disability and budget support policy areas and other development staff at the Australian High Commission (First Secretary, Third Secretary and Program Managers for Gender and Disability, Education, and Governance) and staff at the Tautua Program. Specific user needs will be further identified as part of the evaluation plan.

## Key Evaluation Questions and Scope

The evaluation seeks to respond to the following key evaluation questions with a credible evidence base. The consultants will be expected to finalise and agree on more specific evaluation questions with program partners when preparing the evaluation plan.

1. To what extent has the program delivered on its three end-of-program outcomes (refer to key performance questions and indicators in annex 4 of the Investment Design Document)?
  - a) What is known and what is not known about program effects (intended/unintended effects, positive/negative effects; effects on specific organisations and populations)?
2. To what extent was the partnership approach, program management and governance arrangements and program culture conducive to supporting the program's intended beneficiaries and rights holders?
3. To what extent was the theory of change and information generated through the monitoring, evaluation and learning framework used to reflect, learn and adjust program strategy and delivery?
4. To what extent was the program delivered in an efficient manner?
  - a) To what extent was the design of the investment (including partnership approach) and the use of resources (economic, operational, timeliness) enough to help realise the potential of the program?
5. To what extent was the program sustainable?
  - a) Did the program remain relevant to the priorities and ambitions of GoS?
  - b) To what extent will the program's achievements endure?
6. What lessons from the program and the partnership would be beneficial for the program partners, DFAT disability and budget support policy areas, and DFAT's Samoa development program to take into consideration in future programming?

## Evaluation Process

### Roles

#### Evaluation Team

Given the complex and multi-layered nature of the program involving government, non-government organisations and civil society actors, a team of consultants will carry out the evaluation. The team is expected to include individuals with relevant experience and proven background in undertaking end-of-program evaluation, experience in civil society partnership, partnership brokering and facilitation, disability-inclusive development, and public financial management. Experience working in Samoa, or using expertise based in Samoa, is explicitly encouraged, and will be highly regarded. Otherwise, experience working in the Pacific and and/or with partners active in the region. The Evaluation Team is required to collectively have the following skills and experience:

- Impact assessment and monitoring and evaluation skills from relevant program design, disability inclusion, political economy, and public financial management perspectives;
- Critical thinking, broad evaluation, analytical and research skills;
- Consultative skills and participatory research methods;
- Comprehensive report writing skills.
- Strong knowledge of socio-economic issues and the role of CSOs in the development context and strong knowledge of gender and social inclusion issues;
- Organisational capacity assessment and development;
- Experience working in Samoa and/or the Pacific;
- Sound knowledge and understanding of aid effectiveness.

The Evaluation Team will be led by a Team Leader who is an experienced evaluator, who will have the following responsibilities:

- Communicate regularly with program partners and evaluation team members;
- Guide and develop the overall approach and methodology for the evaluation;

- Ensure that the evaluation meets the requirements of the Terms of Reference and contractual obligations;
- Manage and direct evaluation activities;
- Allocate and assign evaluation tasks as appropriate;
- Facilitate meaningful conversations/consultations with evaluation participants;
- Collate and analyse data collected during the evaluation;
- Lead team discussions and reflection;
- Lead on the development of each deliverable;
- Manage, compile and edit inputs from the other team members to ensure high quality of reporting outputs;
- Ensure that the evaluation process and report aligns with DFAT's M&E Standards;
- Ensure all contract deliverables are finalised in a high quality and timely manner.

DFAT will also seek to include a staff member in the evaluation team from DFAT's Development Evaluation and Assurance Section.

#### Evaluation Reference Group

An Evaluation Reference Group (ERG) will oversee the evaluation process and quality assure the deliverables of the evaluation team. The ERG will be comprised of representatives of MWCSO, the Samoan Ministry of Finance, NOLA and DFAT (Australian High Commission, and potentially thematic and/or Pacific policy areas for disability), and optionally the Samoan Ministry of Foreign Affairs and Trade and Ministry of Health. The Tautua Program Team, who will lead the design of any future disability programming, will be an observer to the ERG. The reference group will be convened and chaired by DFAT. The DFAT Evaluation Manager will act as the conduit between the evaluation team and ERG. DFAT will lead the formalisation of the Evaluation Reference Group, with input from the Evaluation team.

#### DFAT Evaluation Manager

The DFAT Evaluation Manager will be the Third Secretary Development at the Australian High Commission in Apia, supported by the Locally Engaged Staff member responsible for GoA Gender, Disability and Social Inclusion programs in Samoa. The evaluation team will report to the DFAT Evaluation Manager throughout the evaluation process on any contractual matters and for the submission and review of deliverables.

## Deliverables

The evaluation team are expected to deliver the following outputs:

### 1. Draft Evaluation Plan – approx. November 10, 2023

The evaluation plan must comply with [DFAT's Monitoring and Evaluation Standards](#). It must define the scope of the evaluation, identify specific information needs of respective partners, articulate evaluation questions and the appropriate evaluation methodology to collect and analyse data. The evaluation plan must include an implementation and deliverables timeline, a draft in country schedule of meetings and field visits, along with a list of stakeholders (individuals, communities and organisations) to be consulted, and detailed breakdown of responsibilities of all team members. The consultants will develop the evaluation plan in close consultation with program partners and must be approved by the ERG prior to the commencement of the in-country mission. The evaluation plan should be no more than 10 pages (excluding annexes). Ethical considerations for the evaluation as set out in [DFAT's Ethical Research and Evaluation Guidance](#) must be articulated.

## 2. Final Evaluation plan – approx. November 17, 2023

The final Evaluation Plan should address all comments and questions on the draft by the ERG.

## 3. Aide Memoire – three working days from the conclusion of the in-country mission (sometime in December 2023)

Upon completion of in country mission, the consultants shall produce an aide memoire. The aide memoire will present initial findings, seek verification of facts and assumptions, and discuss the feasibility of initial recommendations in the program and country context. The aide memoire should be no more than 5 pages (excluding annexes).

## 4. Draft Independent End of Program Evaluation Report – approx. February 9, 2024

The Draft End of Program Evaluation Report should meet the DFAT Monitoring and Evaluation Standards, address the evaluation questions and targeted to the needs of intended users. The report should have a succinct and clear executive summary and be written in plain English that can be read as a stand-alone document. Key achievements and challenges should be clearly presented in the executive summary, throughout the report and should be evidence-based. The conclusions and recommendations should be practical and strategic; judgements should be clear and unambiguous. The report will be reviewed by the ERG to ensure the evaluation findings are robust, applicable to the operative environment and relevant to program stakeholders. The report should be no more than 20 pages (excluding annexes).

## 5. Final Independent End of Program Evaluation Report – approx. February 29, 2024

The final report must incorporate comments on the draft report from the ERG. The final report will be published online including on the DFAT website in line with its Transparency Charter.

## Timelines

An indicative schedule of activities is in the table below.

Date	Activities
November 2023	<ul style="list-style-type: none"><li>Initial virtual briefings with the Australian High Commission Samoa</li><li>Undertake review of relevant documentation (approx. 5 days)</li><li>Develop draft Evaluation Plan (approx. 3 days)</li><li>Primary partners review draft Evaluation Plan (allow 5 business days for review)</li><li>Finalise evaluation plan following partners review (approx. 3 days)</li><li>DFAT Evaluation Manager to schedule data collection activities for field work/consultation (approx. 10 days, timing in conjunction with review of draft evaluation plan)</li><li>In-country mission for fieldwork/consultation. Exact dates to be determined with partners (approx. 7-10 days)</li></ul>
December 2023 – January 2024	<ul style="list-style-type: none"><li>Develop aid memoire (approx. 3 days)</li><li>Virtual validation workshop to validate findings and feedback on aide memoire before development of draft evaluation report (10 days on completion of fieldwork)</li><li>Develop draft evaluation report (approx. 15 days).</li></ul>
February 2024	<ul style="list-style-type: none"><li>Submit draft evaluation report for DFAT and partners' review, with DFAT evaluation manager collating comments (review approx. 15 days typically, however, flexibility will be provided given overlap with the Christmas period).</li></ul>

	<ul style="list-style-type: none"><li>• Evaluation report finalised with feedback from DFAT and partners incorporated (approx. 5 days after review received).</li><li>• DFAT and partners discuss potential management responses to the report (How would each partner take forward the recommendations/findings).</li><li>• Final report published with agreed management responses on public domain.</li><li>• Report dissemination and learning – presentation by evaluation team on building learnings into other relevant activities (e.g. design of future phase of support).</li></ul>
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#### Annex A: Key Documents

- Samoa Disability Partnership Program Investment Design Document
- Samoa Hearing Program Design Document

## **Samoa Disability Partnership Program (SDPP)**

### **End of Program Evaluation Plan November 2023**

#### **EVALUATION SUMMARY**

##### **Background to the evaluation**

The Samoa Disability Partnership Program (SDPP) was designed as an AUD 4.3 million four-year partnership (2019-2023) between the Government of Australia (GoA) and the Government of Samoa (GoS). The SDPP was Phase 2 of Australia's bilateral disability inclusion support, following on from the six-year Samoa Disability Program (SDP) as Phase 1 (2012-2019).

The Investment Design Document (IDD) of May 2019 envisaged a program that would support active implementation of the Convention on the Rights of Persons with Disability (CRPD, ratified by GoS in 2016) and showcase Samoa as a model for how other Pacific Island Countries might successfully implement the CRPD's principles.

**The goal of the SDPP** was the realisation of "disability-inclusive policy and implementation across Government, Organisations of Persons with Disabilities (OPDs), service providers and communities".

##### **The program had three End of Program Outcomes (EoPOs):**

- a) GoS policies and plans are increasingly compliant with the Convention on the Rights of Persons with Disabilities (CRPD) [led by the Ministry of Women, Community and Social Development]
- b) Diverse voices, leadership and participation of people with disabilities in national, sector and community development are evident [led by Nuanua O Le Alofa].
- c) Mainstream and disability-specific services are more accessible for people with disabilities [led by the Ministry of Health].

The program in phase 2 took a stronger partnership approach through collaborative ways of working that featured two modalities:

- 1) Working through partner government systems, drawing on a Direct Funding Agreement between the Australian Department of Foreign Affairs and Trade (DFAT) and GoS
- 2) Working through DFAT grant funds specifically for the activities delivered by the Royal Australian College of Surgeons within Outcome 3.

The SDPP was led by the GoS through the Ministry of Women, Community and Social Development (MWCSO) as the implementing agency, with the Ministry of Finance (MoF) acting as the executing agency responsible for disbursement and acquittal of funds channeled via GoS systems. MWCSO was responsible for providing governance, management, and coordination across partners and outcome areas, and providing narrative reporting to DFAT. The MWCSO was also responsible for the disbursement of funds to partners in line with the annual workplans that are endorsed by the Project Management Committee.

The Project Management Committee comprised of representatives from GoS, GoA and the national disability advocacy organisation, Nuanua o le Alofa (NOLA). An additional governance mechanism – the MWCS D’s Community Development Sector Steering Committee – provided strategic oversight to ensure that the Program was delivered in line with the Community Development Sector Plan for 2016-2021. For outcome 3, the Royal Australian College of Surgeons provided infrastructure and training to support the Ear, Nose & Throat Unit at the MoH sought to establish hearing services for people with disabilities.

In June 2022 GoS and GoA mutually agreed to end the SDPP program early, reducing the timeframe of the agreement from 30 June 2023 to 10 February 2023. This decision was made in recognition of ongoing quality and performance issues, including challenges to the timely completion of implementation activities and the provision of quality and substantive program and financial reporting. The value of the SDPP agreement was also reduced. Part of the remaining unspent funds (AUD 1.7 million) was reallocated to a one-year direct funding agreement between GoA and GoS to ensure the maintenance of critical disability services and support throughout the 2022-2023 financial year while design of the next phase of disability support is determined. It is possible that this transitional agreement will be extended until the end of the 2023-2024 financial year to provide additional time for expenditure.

GoA is one of the key development partners in the disability sector in Samoa and as such, is keen to ensure any future phases of programming in disability support are set up for success. Both the GoS and GoA recognise that DFAT’s newly established Tautua: Human Development for All Program (2021-2029), announced by Australia’s Foreign Minister in June 2022, presents an opportunity to design a new phase of disability programming in Samoa that is fit for purpose. GoA is now exploring options for the next phase of bilateral disability support through the Tautua Program, and this independent evaluation is a key step towards informing whether Tautua is a suitable modality.

### **A collaborative approach to developing the evaluation plan**

This evaluation plan has been developed collaboratively by the evaluators and with advice and information provided by DFAT. DFAT has engaged with the Evaluation Reference Group (ERG) made up of representatives of MWCS D, the Samoan Ministry of Finance, NOLA and DFAT (Australian High Commission, and potentially thematic and/or Pacific policy areas for disability), and the Samoan Ministry of Foreign Affairs and Trade and Ministry of Health. The Tautua program manager and Tautua GEDSI technical team have been included as ERG observers, given Tautua’s mandate to deliver any future disability programming following this evaluation. A draft of the evaluation plan was shared and an opportunity for comment and advice was given to the ERG members to inform on the final plan.

### **Current state of knowledge about the effectiveness of the SDPP**

An independent review of phase 1 was completed (2017 / 18) that informed on the design of phase 2 (SDPP. No independent reviews have been conducted of SDPP (noting in the investment design a mid-term review had been proposed), giving rise to a need for a robust assessment of performance to inform any future Australian support. The evaluation has been designed to respond to this gap in knowledge.

A final program completion report prepared by the MWCS D was approved and accepted by DFAT in August 2023. This report provides a comprehensive outlook into SDPP Phase 2 over the life of the program from July 2019 to February 2023. It reports on the achievements and lessons learnt from

the implementation of the activities, and offers recommendations for future program design, taking into account the risks and challenges experienced in the implementation of Phase 2, and the operating environment including systemic reforms within the GoS and of the GoA's bilateral development assistance program in Samoa.

Partners and stakeholders through participation in a validation workshop, contributed to the findings and recommendations made in the completion report. The completion report is a critical reference and starting point for the independent evaluators. The information provided in the report will be further interrogated and validated during the evaluation process.

Constraints have been experienced in consistently reporting on program progress and performance, and the availability overall of monitoring and evaluation data for the program for both accountability and learning purposes is limited and is of mixed quality, particularly for outcome areas 1 and 2. There is a significant lack of outcome level data against which to measure progress and achievement in all outcome areas.

A set of program documents (list provided in Annex B) from MWCSD, partners, and DFAT's own internal processes (reports, work plans, budgets, and expenditure, and correspondence) that the evaluation team will review thoroughly has been provided. The information available in these documents offer insights into the areas the evaluation is expected to assess including: relevance of the design and delivery; effectiveness in regard to the progress made towards the program goal and achievement of end of program outcomes; sustainability of the program results beyond the timeframe and scope of the Phase 2 investment; and gender equality and disability inclusion. The documentation will inform on areas of enquiry for the evaluation of: partnerships, governance, management including financial management and monitoring, evaluation and learning (MEL). It is expected that additional documents will be reviewed over the course of the evaluation process.

## **PURPOSE OF THE EVALUATION**

In principle, SDPP's arrangements offered a suitable approach and modality for achieving the governments' shared goals of delivering positive social change that is inclusive in ends and means, and of building local capabilities and collaboration. It was also consistent with GoA's long-establishment commitment to supporting government systems in Samoa. Whether SDPP's arrangements and approach achieved on its objectives is to be determined through this evaluation.

The evaluation will seek to assess the effectiveness and efficiency of the program and identify forward-looking lessons with specific attention given to the chosen modality, quality of the partnership, governance arrangements, and delivery of the program. The evaluation will help inform the design of any future bilateral disability inclusion programming in Samoa through the Tautua Program.

## **SCOPE OF THE EVALUATION**

### **In-scope**

The evaluation will assess performance of the SDPP phase 2 from its inception in July 2019 through to early completion February 2023, considering:

- **The expected results** of the SDPP described in the Theory of Change (ToC) through the EoPOs and the intermediate outcome (IOs)
- **Key outputs and deliverables** articulated in the investment design and the annual work plans



- **Partnership arrangements and delivery modalities** for each of the three outcome areas in place across key partners and target stakeholders for each of the three outcome areas
- **The governance and management arrangements** articulated in the design and the processes applied in implementing the program
- **Public finance management (PFM)** systems of the GoS used to allocate SDPP funds to government departments and non-government partners, and the level of program and funds from other sources allocated by GoS for resourcing of disability focused and mainstream policy and program activities

### **Out-of-scope**

The performance of previous Phase 1 of the program (2012 – 2018). However, the evaluation may consider the legacy and impact of previous and current complementary investments supported by DFAT and other development partners including NGO, UN and other bilateral and multilateral investments and regional assistance on disability equity, inclusion and rights in Samoa and more widely in the Pacific.

### **AUDIENCE / END-USERS OF THE EVALUATION**

The SDPP partners are the primary end-users of the evaluation: DFAT (Deputy High Commissioner and Tautua program Team Leader), the Ministry of Finance (Chief Executive Officer), MWCSO (Chief Executive Officer), NOLA (General Manager) and the Ministry of Health (Chief Executive Officer).

Other users include DFAT's thematic and Pacific disability and budget support policy areas and other development staff at the Australian High Commission (First Secretary, Third Secretary and Program Managers for Gender and Disability, Education, and Governance) and staff at the Tautua Program.

### **EVALUATION QUESTIONS**

The two guiding questions prompting the evaluation are:

- i. **How effective and efficient was the SDPP Phase 2 as an investment under DFAT's Official Development Assistance to Samoa?**
- ii. **What has been learned from Phase 2 that will inform the design and implementation of next phase of Australia's bilateral assistance to Samoa on disability?**

Within the framework of these guiding questions, the evaluation is expected to address the following key questions and sub questions, which will be directed to specific informants from the different partner and stakeholder groups. These questions provided immediately below draw on the performance questions in the SDPP investment design performance assessment framework:

1. **To what extent has the program delivered on its three end-of-program outcomes?**
  - a) What progress has GOS made in developing and/or amending laws, policies and plans to comply with CRPD?
  - b) How have people with disabilities and their family members gained improvements of participation, accessibility and inclusion through the program at village, district, national and at organisational level?
  - c) How has the provision of accessibility and reasonable accommodations for people with disabilities been improved?
  - d) What has been NOLA's and subgroups contribution to advocacy, training, advice and support to people with disabilities, the GoS, civil society, private sector and communities?

- e) How has access to opportunities in economic empowerment, livelihood and social protection for people with disabilities improved?
  - f) What impact has coordinated ear health services had on children in Samoa?
  - g) How has the access to assistive devices/ technologies and alternative communication improved?
  - h) In what ways have people with disabilities been consulted and contributed to public policy, program and budget decision-making?
- 2. What is known and what is not known about program effects (intended/unintended effects and positive/negative effects)?**
- a) At an organisational level (GoS, disability specific and mainstream service providers, OPDs, civil society organisations, other development partners / donors, and private sector employers in areas including: staff capacity and resourcing, application of the principles of the CRPD, accessibility and participation by persons with disabilities?
  - b) For specific population groups (including rural/ urban, women / men, youth, children and older people, type of disability, service providers, government personnel, employers and workplace colleagues ) including in participation, access and quality of services and resources?
  - c) In advancing public policy, planning and budgeting through incorporating principles of the CRPD ?
- 3. To what extent was the partnership approach, program management and governance arrangements and program culture conducive to supporting the program's intended beneficiaries and rights holders?**
- a) To what extent did the approach and arrangements articulated in the design meet the expectations and preferences of partners, beneficiaries and stakeholders?
  - b) To what extent was the management and governance adequately resourced and implemented?
  - c) To what extent did the management and governance processes promote and support gender and disability equity, accessibility and were inclusive?
  - d) In what ways did the program enable respectful and empowering collaboration between partners.
  - e) What (if any) unintended harmful consequences resulted from the approach and arrangements implemented?
- 4. To what extent was the theory of change (ToC) and information generated through the monitoring, evaluation and learning (MEL) framework used to reflect, learn and adjust program strategy and delivery?**
- a) What factors (present / absent) contributed to the quality of MEL data generated and used by the program?
  - b) In what ways were opportunities made for open reflection and learning between partners?
  - c) What evidence based adaptive program management (to support relevance, effectiveness, and efficiency) took place?
  - d) To what extent were the assumptions underpinning the ToC monitored and adapted over the life of the program?
- 5. To what extent was the program delivered in an efficient manner?**
- a) To what extent did the design of the investment, including partnership approach and implementation arrangements, contribute to efficiency?
  - b) In what ways were type and scale of resources (economic, operational, timeliness) sufficient and used to help realise the potential of the program?

**6. To what extent and what aspects and results of the program are sustainable and why?**

- a) In what ways do the results of the program align with and support the priorities and ambitions of GoS (MWCSO, MoH, and other ministries)?
- b) In what ways do the results of the program align with and support the priorities and ambitions of NOLA and subgroups?
- c) In what ways do the results of the program align with and support the priorities and ambitions of service providers (public, not for profit and private sector)?
- d) In what ways do the results of the program align with and support the priorities of persons with disabilities and families?
- e) To what extent has the program enhanced budget commitment on disability by GoS at national, district and village level?
- f) To what extent has the program enhanced the leadership and contribution of people with disabilities (consideration for age, gender and location) through NOLA and subgroups in advocacy, influencing, and in informing public policy and programming?

**7. What lessons have been generated from the program (including the design focus and approach, partnership, management and governance arrangements and the type and level of resourcing)?**

- a) What are the implications for GoS and partners to take into account in future partnership arrangements and programming with Australia and other development partners and donors
- b) What are the implications for DFAT's Samoa development program to take into consideration in future programming?

## **EVALUATION METHODOLOGY**

To answer the evaluation questions, the evaluation employs the following mixed-methods approach:

- a) **Document review:** review and analysis of relevant Project documentation. See list of documents for review Annex B and specific Public Financial Management (PFM) documents in Annex F.
- b) **Small focus group discussions (FGD):** with partners and stakeholders in country will take place (see list of recommended informants Annex C). The number of FGDs and broader partner consultation forums, and the makeup of participants will be determined during initial more detailed planning meetings that are scheduled to take place with NOLA and MWCSO during January 2024. It is expected that the number of participants will vary but a maximum of 20 people (multi-stakeholder) and ideally smaller groups of 8 to 10 people. The process will be participatory and be tailored to be accessible for different participants. Prior to the FGD a simple guiding framework will be shared with participants, and advice will be sought about any specific preferences and requirements to ensure the process is accessible for all. It is anticipated that the FGD will take place for between 90 mins up to 2 hour maximum (with short break and refreshments offered).
- c) **Qualitative, semi-structured interviews:** with partners and stakeholders (see list of recommended informants Annex C). Interviews will be approximately 45 minutes to maximum one hour in duration. It is anticipated that the majority of interviews will take place in person. Some interviews may be hybrid – facilitated by an in-country evaluation team member and involving an internationally located team member through web based or phone. A few interviews may take place remotely but where possible this approach will be avoided and will mainly be for any Australia located stakeholders and DFAT. The interview guiding framework will be shared with all informants prior to the interview and if necessary written responses may be submitted instead of an interview, or to complement or provide additional information shared at the time of interview.

- d) **Outcome Harvest (OH) methodology** will be applied as a framework to guide the collection, analysis and validation of information collected through enquiry undertaken. A set of outcomes will be selected for each of the three EoPOs. This will be done drawing on existing information (primarily the completion report) and in consultation with DFAT, the MWCSD SDPP Program Manager and with the advice of the ERG. OH methodology is a simple and systematic way that enables informants and stakeholders to identify, formulate, verify, analyse and interpret outcomes, particularly in programming contexts where relations of cause and effect are multi factorial and may not be readily clear or easily understood. Short simple OH case studies on critical successful outcomes, and poor or negative unexpected results will be prepared. The case studies will provide the basis for validating emergent findings, conclusions, and testing of preliminary evaluation recommendations through discussions that will take place with DFAT and with partners and the ERG during the analysis and initial preparation of the draft evaluation report. Case studies will be framed in terms of results, impact, or issues.
- e) **Sustainability Framework** may be developed and incorporated into the interview process and possibly the FGDs. The Framework (adapted from Ostrom<sup>21</sup>) facilitates assessment of critical factors that provide a measure of the current status of sustainability and assists with identifying gaps and areas to strengthen to progress the elements contributing to sustainable changes in the short to medium term in disability equity and inclusion and access to services in Samoa. The components of the framework will be developed as part of design of engagement / consultation tools once the evaluation plan and questions have been approved by DFAT. The design will be done collaboratively in January with the MWCSD, SDPP Program Manager and reviewed for advice by ERG members.
- f) **Periodic, informal, short discussions between DFAT, ERG and the evaluators.** Purpose is for evaluators to update DFAT and the ERG on evaluation progress, emergent findings and to raise any questions, concerns, or risks early. The timing of these meetings will be determined by DFAT and included in the final evaluation plan timeframe / inputs.
- g) **Validation meeting(s):** interactive, participatory approach with DFAT staff, ERG and partners to share and validate OH case study findings that involves an interactive, group-discussion to test and validate early findings. This could be one meeting with multiple stakeholders or a few smaller meetings during the field visit or through a hybrid (remote, and in-person) immediately following the visit and prior to drafting the evaluation report. Decisions on the timing and participation in this process will be determined with advice from DFAT and the ERG.

#### Evaluation tools

- **The focus group discussion and interview guide frameworks** containing questions and probes for respondents will be developed once this evaluation plan is accepted by DFAT. The frameworks will be shared with DFAT for inputs and approval and shared with ERG prior to being used.
- **The Outcome Harvest** template is provided in Annex D.
- **An example of the Sustainability Framework** is provided in Annex E, the elements will be developed once the evaluation plan is approved and then will be shared with DFAT for inputs and approval and with the ERG prior to being used.
- **PFM specific** data analysis approach is provided in Annex F.

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<sup>21</sup> Governing the Commons: The Evolution of Institutions for Collective Action, Elinor Ostrom, (New York: Cambridge University Press, 1990)

## Coherence between evaluation questions and methodology

Evaluation Question	Specific Considerations/Issues to Probe	Methods
<b>Q1. To what extent has the program delivered on its three end-of-program outcomes?</b>	The level to which the results in each of the 3 EoPOs was achieved. Factors that have supported, hindered or prevented successful outcomes.	Document review (reports) FGD Interviews OH Sustainability framework Validation discussion ERG
<b>Q2. What is known and what is not known about program effects?</b>	Evidence and examples of expected (intended) outcomes and unintended outcomes for target beneficiaries and partners. Identify any negative or harmful outcomes (unintended).	FGD Interviews OH Document review (reports)
<b>Q3. To what extent was the partnership approach, program management and governance arrangements and program culture conducive to supporting the program's intended beneficiaries and rights holders</b>	Relevance and appropriateness of the design to cultural context, expectations and government and partner systems. Inclusivity and accessibility of the arrangements. Resources and capacity available and used.	FGD Interviews OH Document review (design, plans reports)
<b>Q4. To what extent was the theory of change (ToC) and information generated through the monitoring, evaluation and learning (MEL) framework used to reflect, learn and adjust program strategy and delivery?</b>	Application and adaptation of the design ToC (capacity, resources). Accountability and learning (capacity, resources, systems). Adaptive evidence based program management (partnerships, governance).	Document review (design, plans, reports) FGD Interviews OH
<b>Q5. To what extent was the program delivered in an efficient manner?</b>	Resource (budget, personnel, time) utilisation. Implementation arrangements (systems, partnerships, MEL , reporting). Adaptive evidence based management.	Document review (policy, budget, plans, reports) FGD Interviews OH Validation discussion ERG
<b>Q6. To what extent and what aspects and results of the program are sustainable and why?</b>	Areas where sustainability has been progresses and achieved. Contributing factors that have supported durable outcomes.	Document review (policy, budget, plans) FGD Interviews OH Sustainability framework Validation discussion ERG

Evaluation Question	Specific Considerations/Issues to Probe	Methods
Q7. What lessons have been generated from the program?	Lessons learned and implications for future program in the areas of Investment focus and design, partnership arrangements, management, governance, resources and risks.	Document review (reports) FGD Interviews OH Sustainability framework Validation discussion ERG

### Connection between evaluation questions and DFAT Aid Quality Check requirements

<b>Relevance</b>	Evaluation question Q3 Q4 Q6
<b>Effectiveness</b>	Evaluation question Q1 Q2 Q3 Q4
<b>Efficiency</b>	Evaluation question Q4 Q5
<b>Impact</b>	Evaluation question Q1 Q2 Q3 Q6
<b>Sustainability</b>	Evaluation questions Q6
<b>Gender equality and social inclusion</b>	Evaluation question Q1 Q2 Q3 Q4 Q6

### A flexible methodological approach

The methodology is designed to be sufficiently flexible to allow changes where necessary to respond to new or unexpected issues and ideas as they emerge. For example, the list of recommended informants is not intended to be exhaustive. The evaluators may determine to request some additional interviews with people not listed (below), where recommended through the course of the evaluation (snowballing technique).

### Triangulation of methods

The mixed-methods approach (combining document review and FGD and interviews with a subsequent participatory approach to validation) is intended to garner more nuanced, reliable, and valid evaluation findings through the triangulation of data. The combination of evaluation methods goes towards enhanced confidence in the ensuing findings. Moreover, the conduct of interviews with a diverse array of informants representing different partners and stakeholder groups is intended to allow for triangulation of interview findings and so heightened reliability.

### SAMPLING STRATEGY AND RECOMMENDED RESPONDENTS

The sampling strategy used will be ‘stratified sampling’, capturing a diversity of perspectives of people representing a mixture of organisations and having different roles in the project:

- DFAT representatives – Deputy High Commissioner and staff responsible for policy, programming including Tautau, social protection, health , education and gender
- GoS representatives – MCWSD, MoF, MoH, MFAT
- NOLA and subgroups
- Service providers in Samoa
- RACS
- Persons with disabilities and family members (beneficiaries)
- Community members and leaders

- Private sector partners and contributors
- Other donors and development partners providing support on disability in Samoa (UNDP, UNICEF, WB)

The sample size of informants to be contribute by FGD and. / or interview is intended to allow for a diversity of views and experiences to be canvassed. Approximately 20 interviews are proposed (final number to be determined in January 2024 with partners) to be conducted. This number is expected to lead to the point of data saturation whereby similar messages are heard repeatedly and few new insights are gained by continuing to consult.

### **DOCUMENTS FOR REVIEW**

DFAT has provided a range of documents including the program design (SDPP and the hearing program component and MELF) work plans, budgets, reports (narrative and financial), and respective correspondence on progress and management matters (refer Annex B). The evaluation team has also accessed other publicly available documents from GoS, and partners. From the evaluation consultations, additional documents for review will be identified. The final list of documents reviewed will be provided in the evaluation report.

### **DATA PROCESSING AND ANALYSIS**

The evaluators will use a simple and organised system of data processing and analysis as follows: for FGD a summary transcript of discussion supplemented by any written artefacts produced by participants; for all interviews, an interview transcript will be created. Additional observations will be made for both the FGDs and interviews including comments on the bottom of the transcript capturing initial reactions and observations, key points, as well as any important contextual factors that may have affected the validity of the discussion or interview.

The transcripts from the FGDs and interviews will then be coded, with data entered in an Excel spreadsheet. Coding will be kept simple as an overly complicated coding system may result in less usable data. Coding will be done by the placement, in the margins of the transcript, of a number from one through seven next to interview data, the numbers representing the seven overriding evaluation questions (set out above). Where interview data goes towards answering one or more of the questions, the corresponding number(s) will be placed in the margin next to the relevant text.

The same coding process will be applied to analysis of documents. Next, coded data will be interpreted and synthesised according to the evaluation questions, manipulating Excel to provide any quantitative measure of the themes and issues raised. Illustrative quotations will be used to make further meaning of the data and to enhance the narrative of the evaluation report.

The OH findings will be shared as case studies in the annex of the report, and referenced in the narrative in the relevant sections of the report (quotations, vignettes and examples). It is anticipated that the OH analysis will provide critical information to inform lessons learned and evaluation recommendations.

### **RISKS FOR THE EVALUATION**

Critical evaluation risks that have been identified, with management responses are:

Risk	Level	Response
<p><b>Time to complete in-person consultations</b> is limited and is taking place over a week to ten day period, which may create some constraints in undertaking meaningful, respectful consultations that foster genuine trust from informants.</p>	Medium	<p>Draw on existing positive relationships established by the evaluation team members with key in-country partners and stakeholders, and through remote engagement as part of the collaborative planning seek to form effective and trusting work relationships between evaluators and partners.</p> <p>Focus on in-person engagement and only use hybrid, and remote engagement modalities only where it is determined appropriate with few informants.</p>
<p><b>Participation of key personnel from partners and stakeholder groups may be limited</b> due to other pressing commitments within the timeframe proposed, recent changes in personnel, and recruitment processes for new appointments taking place at this time. This will limit the quality of some of the information obtained, particularly the formative forward looking areas that will guide articulation of the evaluation recommendations, and reduce ownership and commitment overall to the evaluation findings.</p>	Moderate	<p>Modifying the timing of the evaluation (to February 2024), will allow time for new personnel to be appointed and settle into their positions, and for planning consultation meetings.</p> <p>Flexibility in approaches and timing for engagement with key personnel to increase likelihood of their prioritising and being available.</p> <p>Allowing time in the evaluation process for genuine feedback and validation of findings. Draw on locally based evaluation team member and existing positive relationships to engage formally and informally with critical informants.</p>
<p><b>Gaining genuine perspectives and views from a diversity of partners and stakeholders</b> that provides insights in to the successes and challenges of the program beyond that already shared in reports, particularly hearing less popular and more controversial views of what took place and why, ways to make changes in the future.</p>	Medium	<p>A range of safe and confidential engagement approaches will be offered, including multiple opportunities will be provided for informants to share information.</p> <p>The evaluators will use their knowledge and existing relationships and trust with key partners and stakeholder groups to support open and constructive engagement.</p> <p>Confidential management of information shared and anonymity of informants ensured.</p> <p>Processes will be adapted and reasonable adjustments made to support equitable participation, particularly from those less often heard.</p> <p>Triangulation of information gained from different types and sources of data and through use of a variety of methods will support access to a variety of perspectives and strengthen reliability and validity of evaluation findings.</p>



## ETHICAL CONSIDERATIONS

The evaluation plan addresses the critical areas Full consideration and management of the design and delivery of the evaluation will apply DFAT's four principles (articulated in [DFAT's Ethical Research and Evaluation Guidance Note \(2021\).](#) ) of: i) Respect for human beings; ii) Beneficence; iii) Research merit and integrity; and iv) Justice to ensure that the minimum standard to "do no harm" is adhered to. The key features of the evaluation that address these principles is summarised immediately below:

- **Collaborative approach** whereby the evaluators work closely with DFAT and through DFAT with the ERG and partners at all stages of the evaluation including in the design of methodology; development of evaluation questions and tools for enquiry and analysis; and contributing to validation of findings and articulation of evidenced based recommendations. The results of the evaluation will be shared with all who participate in the evaluation.
- **Inclusive and accessible methodology and tools** including the use of gender, age, culturally and linguistically appropriate methods and communication, and applying reasonable adjustments.
- **Equitable and culturally located consultation** through recruitment and participation of diversity and representative range of stakeholders, and by applying methodologies and tools that enables and values contributions, particularly from individuals and groups who may less opportunity to express and share their experiences and perspectives.
- **Respect and safety of all participants** through ensuring informants prior to giving consent to participate, are well informed about the purpose, process and how the information they provide will be used, securely stored and shared. The evaluators will start each engagement (FGD and interview) with a clear and concise description of the purpose of the evaluation and the use of information and opinions provided, including confidentiality/non-attribution as applicable. All evaluation participants will be informed that their participation in the evaluation is entirely voluntary and can be terminated at any time. Informants will be thanked for their time and willingness to participate in the evaluation as an important courtesy, demonstrating appreciation of effort.

## EVALUATION OUTPUTS/PRODUCTS

- Final evaluation report that is no longer than 30 pages and that complies with DFAT monitoring and evaluation standards (standard 6).
- Short summary version of the final evaluation report for distribution by DFAT to all evaluation participants. This is intended to support wide readership of the report's key messages, and knowledge of key evaluation findings. It also aligns with ethical evaluation practice whereby findings are shared with participants.
- Results in both the final evaluation report and the summary version will be fully de-identified for online publication.
- All reports produced and shared will meet [DFAT's accessibility requirements](#).

## APPROACH TO THE USE OF EVALUATION FINDINGS

### Intended users of the evaluation

The evaluation findings will support the information needs of stakeholders, as follows:

- DFAT and GoS to inform on future programming focus and on partnership, governance and implementation arrangements
- Partners to inform on likely future direction of the program and implementation and for accountability and transparency
- Contributing stakeholders and beneficiaries for transparency and accountability

- Other donors in support of harmonisation and to avoid duplication

#### EVALUATION TEAM

The evaluation will be conducted jointly by a team of four independent evaluators.

#### EVALUATION SCHEDULE AND ALLOCATION OF DAYS

Completion Date	Output/Activity	Sarah Dyer (Team Lead)	Setareki Macnawai (Senior Strategic Advisor)	Brenda Heather-Latu (Senior Strategic Advisor)	Giles Dickenson-Jones (Public Financial Management Specialist)
14/12/23	Inception meetings with DFAT and partners	0.5	0.5	0.5	0.5
15/12/23	Evaluation Plan (final)	1	0.25	0.25	0.25
31/01/24	Evaluation Tools (final)	1	0.25		
29/02/24	Document Review and Analysis	4	0		2.5
06/02/24	Remote / Hybrid and any in Australia consultations	1	2		0.5
22/02/24 – 1/03/24	In-country consultations	9	7	1.5	
01/03/24	Aide Memoire (including validation workshop)	2	1	0.5	1
15/03/24	Draft Report	8	3	1	2
30/03/24	Final Report	4	1	0.5	0.5

## Evaluation Plan: Annex

- Annex A.** Evaluation Terms of Reference *(DFAT provided)*
- Annex B.** Documentation for Review
- Annex C.** Informants List *(indicative to be finalised January 2024)*
- Annex D.** Outcome Harvest Template
- Annex E.** Sustainability Template *(example- codesign final template with partners January 2024)*
- Annex F.** PFM Approach
- Annex G.** Evaluation Reference Group Members

# Annex A. Evaluation Terms of Reference

## Terms of Reference

### Samoa Disability Partnership Program End of Program Evaluation November 2023 – February 2024

#### Introduction

The Government of Australia is seeking to engage consultant services to undertake an independent end of program evaluation of the Samoa Disability Partnership Program (SDPP), through which it provided support for disability inclusive development to the Government of Samoa (GoS). This evaluation will critically inform GoA considerations for future disability support in Samoa.

#### Background and Context

The Samoa Disability Partnership Program (SDPP) was designed as an AUD 4.3 million four-year partnership (2019-2023) between the Government of Australia (GoA) and the Government of Samoa (GoS). The SDPP was Phase 2 of Australia's bilateral disability inclusion support, following on from the six-year Samoa Disability Program (SDP) as Phase 1 (2012-2019).

The goal of the SDPP was the realisation of “disability-inclusive policy and implementation across Government, Organisations of Persons with Disabilities (OPDs), service providers and communities”. The program had three End of Program Outcomes (refer to the theory of change contained in the attached SDPP investment design document):

1. GoS policies and plans are increasingly compliant with the Convention on the Rights of Persons with Disabilities (CRPD) [led by the Ministry of Women, Community and Social Development]
2. Diverse voices, leadership and participation of people with disabilities in national, sector and community development are evident [led by Nuanua O Le Alofa].
3. Mainstream and disability-specific services are more accessible for people with disabilities [led by the Ministry of Health].

The Investment Design Document of May 2019 envisaged a program that would support active implementation of the *Convention on the Rights of Persons with Disability* (CRPD, ratified by GoS in 2016) and showcase Samoa as a model for how other Pacific Island Countries might successfully implement the CRPD's principles. To reflect findings from phase 1 of the program that a wider, more inclusive approach to disability-inclusive development was required, the word “partnerships” was added to the program name for phase 2; an addition that was intended to signal more collaborative ways of working in 2019-23.

The program took a partnership approach that featured two modalities: working through partner government systems, drawing on a Direct Funding Agreement between the Australian Department of Foreign Affairs and Trade (DFAT) and GoS (originally AUD 3.25 million and reduced to AUD 1.54 million); and working through DFAT grant funds (AUD 0.99 million), specifically for the activities delivered by the Royal Australian College of Surgeons within Component/Outcome 3. Key program outputs and activities are outlined in the attached investment design documents.

SDPP was led by the GoS through the Ministry of Women, Community and Social Development (MWCSO) as the implementing agency, with the Ministry of Finance (MoF) acting as the executing agency responsible for disbursement and acquittal of funds channelled via GoS systems. MWCSO

was responsible for providing governance, management, and coordination across partners and outcome areas, and providing narrative reporting to DFAT. The MWCSO was also responsible for the disbursement of funds to partners in line with the annual workplans that are endorsed by the Project Management Committee. The Project Management Committee was comprised of representatives from GoS, GoA and the national disability advocacy organisation, Nuanua o le Alofa (NOLA). An additional governance mechanism – the MWCSO’s Community Development Sector Steering Committee – provided strategic oversight to ensure that the Program was delivered in line with the Community Development Sector Plan for 2016-2021. For component/outcome 3, the Royal Australian College of Surgeons provided infrastructure and training to support the Ear, Nose & Throat Unit at the MoH sought to establish hearing services for people with disabilities.

In June 2022 GoS and GoA mutually agreed to end the SDPP program early, reducing the timeframe of the agreement from 30 June 2023 to 10 February 2023. This decision was made in recognition of ongoing quality and performance issues, including challenges to the timely completion of implementation activities and the provision of quality and substantive program and financial reporting. GoS and GoA also recognised that DFAT’s newly established *Tautua: Human Development for All Program (2021-2029)*, announced by Australia’s Foreign Minister in June 2022, presented an opportunity to design a new phase of disability programming in Samoa that was fit for purpose.

In addition to reducing the timeframe of the agreement with GoS, the value of the SDPP agreement was also reduced. Part of the remaining AUD 1.7 million of unspent funds was reallocated to a one-year direct funding agreement between GoA and GoS to ensure the maintenance of critical disability services and support throughout the 2022-2023 financial year, whilst GoA and GoS considered what the next phase of disability support under the Tautua Program could be. Contracting and financial management issues have delayed implementation of this direct funding agreement from June 2022 until February 2023, and it is possible that this transitional agreement will be extended until the end of the 2023-2024 financial year to provide additional time for expenditure.

GoA is now exploring options for the next phase of bilateral disability support through the Tautua Program, and undertaking an independent evaluation is a key step. In principle, SDPP’s arrangements offered a suitable approach and modality for achieving the governments’ shared goals of delivering positive social change that is inclusive in ends and means, and of building local capabilities and collaboration. It was also consistent with GoA’s long-establishment commitment to supporting government systems in Samoa. Whether SDPP’s arrangements and approach achieved on its objectives is to be determined through this evaluation.

GoA is one of the key development partners in the disability sector in Samoa and as such, is keen to ensure any future phases of programming in disability support are set up for success.

### **Purpose of the Evaluation**

The evaluation will seek to assess the effectiveness and efficiency of the program and identify forward- looking lessons with specific attention given to the chosen modality, quality of the partnership, governance arrangements, and delivery of programming. The evaluation will help inform the design of any future bilateral disability inclusion programming in Samoa through the Tautua Program.

The program partners themselves are the primary users of the evaluation, specifically DFAT (Deputy High Commissioner and Tautua program Team Leader), the Ministry of Finance (Chief Executive Officer), MWCSO (Chief Executive Officer), NOLA (General Manager) and the Ministry of Health (Chief Executive Officer). Other users would include DFAT’s thematic and Pacific disability and

budget support policy areas and other development staff at the Australian High Commission (First Secretary, Third Secretary and Program Managers for Gender and Disability, Education, and Governance) and staff at the Tautua Program. Specific user needs will be further identified as part of the evaluation plan.

### **Key Evaluation Questions and Scope**

The evaluation seeks to respond to the following key evaluation questions with a credible evidence base. The consultants will be expected to finalise and agree on more specific evaluation questions with program partners when preparing the evaluation plan.

1. To what extent has the program delivered on its three end-of-program outcomes (refer to key performance questions and indicators in annex 4 of the Investment Design Document)?

a) What is known and what is not known about program effects (intended/unintended effects, positive/negative effects; effects on specific organisations and populations)?

2. To what extent was the partnership approach, program management and governance arrangements and program culture conducive to supporting the program's intended beneficiaries and rights holders?
3. To what extent was the theory of change and information generated through the monitoring, evaluation and learning framework used to reflect, learn and adjust program strategy and delivery?
4. To what extent was the program delivered in an efficient manner?

a) To what extent was the design of the investment (including partnership approach) and the use of resources (economic, operational, timeliness) enough to help realise the potential of the program?

5. To what extent was the program sustainable?
  1. a) Did the program remain relevant to the priorities and ambitions of GoS?
  2. b) To what extent will the program's achievements endure?
6. What lessons from the program and the partnership would be beneficial for the program partners, DFAT

disability and budget support policy areas, and DFAT's Samoa development program to take into consideration in future programming?

### **Evaluation Process**

Roles

Evaluation Team

Given the complex and multi-layered nature of the program involving government, non-government organisations and civil society actors, a team of consultants will carry out the evaluation. The team is expected to include individuals with relevant experience and proven background in undertaking end-of-program evaluation, experience in civil society partnership, partnership brokering and facilitation, disability- inclusive development, and public financial management. Experience working

in Samoa, or using expertise based in Samoa, is explicitly encouraged, and will be highly regarded. Otherwise, experience working in the Pacific and and/or with partners active in the region. The Evaluation Team is required to collectively have the following skills and experience:

- Impact assessment and monitoring and evaluation skills from relevant program design, disability inclusion, political economy, and public financial management perspectives;
- Critical thinking, broad evaluation, analytical and research skills;
- Consultative skills and participatory research methods;
- Comprehensive report writing skills.
- Strong knowledge of socio-economic issues and the role of CSOs in the development context and strong

knowledge of gender and social inclusion issues;

- Organisational capacity assessment and development;
- Experience working in Samoa and/or the Pacific;
- Sound knowledge and understanding of aid effectiveness.

The Evaluation Team will be led by a Team Leader who is an experienced evaluator, who will have the following responsibilities:

- Communicate regularly with program partners and evaluation team members;
- Guide and develop the overall approach and methodology for the evaluation; Ensure that the evaluation meets the requirements of the Terms of Reference and contractual obligations;
- Manage and direct evaluation activities;
- Allocate and assign evaluation tasks as appropriate;
- Facilitate meaningful conversations/consultations with evaluation participants;
- Collate and analyse data collected during the evaluation;
- Lead team discussions and reflection;
- Lead on the development of each deliverable;
- Manage, compile and edit inputs from the other team members to ensure high quality of reporting outputs;
- Ensure that the evaluation process and report aligns with DFAT's M&E Standards;
- Ensure all contract deliverables are finalised in a high quality and timely manner.

DFAT will also seek to include a staff member in the evaluation team from DFAT's Development Evaluation and Assurance Section.

#### Evaluation Reference Group

An Evaluation Reference Group (ERG) will oversee the evaluation process and quality assure the deliverables of the evaluation team. The ERG will be comprised of representatives of MWCSO, the Samoan Ministry of Finance, NOLA and DFAT (Australian High Commission, and potentially thematic and/or Pacific policy areas for disability), and optionally the Samoan Ministry of Foreign Affairs and Trade and Ministry of Health. The Tautua Program Team, who will lead the design of any future disability programming, will be an observer to the ERG. The reference group will be convened and chaired by DFAT. The DFAT Evaluation Manager will act as the conduit between the evaluation team and ERG. DFAT will lead the formalisation of the Evaluation Reference Group, with input from the Evaluation team.

## DFAT Evaluation Manager

The DFAT Evaluation Manager will be the Third Secretary Development at the Australian High Commission in Apia, supported by the Locally Engaged Staff member responsible for GoA Gender, Disability and Social Inclusion programs in Samoa. The evaluation team will report to the DFAT Evaluation Manager throughout the evaluation process on any contractual matters and for the submission and review of deliverables.

## Deliverables

The evaluation team are expected to deliver the following outputs:

### 1. Draft Evaluation Plan – approx. November 10, 2023

The evaluation plan must comply with DFAT's Monitoring and Evaluation Standards. It must define the scope of the evaluation, identify specific information needs of respective partners, articulate evaluation questions and the appropriate evaluation methodology to collect and analyse data. The evaluation plan must include an implementation and deliverables timeline, a draft in country schedule of meetings and field visits, along with a list of stakeholders (individuals, communities and organisations) to be consulted, and detailed breakdown of responsibilities of all team members. The consultants will develop the evaluation plan in close consultation with program partners and must be approved by the ERG prior to the commencement of the in- country mission. The evaluation plan should be no more than 10 pages (excluding annexes). Ethical considerations for the evaluation as set out in DFAT's Ethical Research and Evaluation Guidance must be articulated

### 2. Final Evaluation plan – approx. November 17, 2023

The final Evaluation Plan should address all comments and questions on the draft by the ERG.

### 3. Aide Memoire – three working days from the conclusion of the in-country mission (sometime in December 2023)

Upon completion of in country mission, the consultants shall produce an aide memoire. The aide memoire will present initial findings, seek verification of facts and assumptions, and discuss the feasibility of initial recommendations in the program and country context. The aide memoire should be no more than 5 pages (excluding annexes).

### 4. Draft Independent End of Program Evaluation Report – approx. February 9, 2024

The Draft End of Program Evaluation Report should meet the DFAT Monitoring and Evaluation Standards, address the evaluation questions and targeted to the needs of intended users. The report should have a succinct and clear executive summary and be written in plain English that can be read as a stand-alone document. Key achievements and challenges should be clearly presented in the executive summary, throughout the report and should be evidence-based. The conclusions and recommendations should be practical and strategic; judgements should be clear and unambiguous. The report will be reviewed by the ERG to ensure the evaluation findings are robust, applicable to the operative environment and relevant to program stakeholders. The report should be no more than 20 pages (excluding annexes).

### 5. Final Independent End of Program Evaluation Report – approx. February 29, 2024



The final report must incorporate comments on the draft report from the ERG. The final report will be published online including on the DFAT website in line with its Transparency Charter.

## Timelines

An indicative schedule of activities is in the table below.

### November 2023

- Initial virtual briefings with the Australian High Commission Samoa
- Undertake review of relevant documentation (approx. 5 days)
- Develop draft Evaluation Plan (approx. 3 days)
- Primary partners review draft Evaluation Plan (allow 5 business days for review)
- Finalise evaluation plan following partners review (approx. 3 days)
- DFAT Evaluation Manager to schedule data collection activities for field work/consultation (approx. 10 days, timing in conjunction with review of draft evaluation plan)
- In-country mission for fieldwork/consultation. Exact dates to be determined with partners (approx. 7-10 days) December 2023 –

### January 2024

- Develop aid memoire (approx. 3 days)
- Virtual validation workshop to validate findings and feedback on aide memoire before development of draft evaluation report (10 days on completion of fieldwork)
- Develop draft evaluation report (approx. 15 days).

### February 2024

Submit draft evaluation report for DFAT and partners' review, with DFAT evaluation manager collating comments (review approx. 15 days typically, however, flexibility will be provided given overlap with the Christmas period).

- Evaluation report finalised with feedback from DFAT and partners incorporated (approx. 5 days after review received).
- DFAT and partners discuss potential management responses to the report (How would each partner take forward the recommendations/findings).
- Final report published with agreed management responses on public domain.
- Report dissemination and learning – presentation by evaluation team on building learnings into other relevant activities (e.g. design of future phase of support).

## **Annex B. Document List**

Note additional documents will be accessed and reviewed during the process of the evaluation.

## **Design**

- Final Investment Design Document Samoa Disability Partnerships Program
- Final Investment Design Samoa Hearing Program

## **Agreements and Amendments**

- SDPP Signed DFA NO 75425
- Signed Exchange of letters amendment #1, NO 75425
- Amendment #2, NO 75425
- Response letter DFAT to MOF, June2022

## **Annual Work Plans and Budgets**

- SDPP annual work plan 2019- 2020
- SDPP annual work plan 2020- 2021
- SDPP annual work plan 2021- 2022
- SDPP annual work plan / transition plan combined 2022- 2023

## **MEL Framework**

SDPP MEL Framework

## **Record of Program Challenges**

- Record of Meeting May 2021
- Correspondence December 2021

## **Reports**

- DFAT IMR reports 2020 and 2021
- DFAT remediation report 2021
- Progress Report (6 month) July 2019 – December 2019
- Progress Report (6 month) January 2020 – June 2020
- SDPP Annual Report July 2020- June 2021
- SDPP Annual Report July 2021- June 2022
- SDPP Completion Report Phase 2 (2023)

## **Financials**

- SDPP Audited Financial Statements Part 1 and Part 2 ended June 2020
- SDPP Audited Financial Statements Part 1 and Part 2 ended June 2021
- SDPP Financial Acquittal Report July 2019 – June 2022 Part 1 and Part 2

## **Hearing Program – Outcome 3**

- Annual work plan, budget, implementation, and financial acquittal year 2 (2020)
- Annual work plan, budget, and financial acquittal year 3 (2021)
- Annual work plan, budget, implementation, and financial acquittal year 4 (2022) & tranche 4 invoices
- Annual work plan, budget, implementation, and financial acquittal year 5 (2024)

## **Other Documents**

- Tautua Human Investment For All (2021- 2029) Investment Design Document
- Evaluation Inception Presentation by DFAT November 2023

## Annex C. Informant List

List of potential evaluation informants and options for engagement. Final list with names and titles and agreed method of engagement to be determined in January 2024 with partners.

Informants	Personnel / Roles	Engagement Option
MWCSD	Minister CEO SDPP Program Manager SDPP Program staff- finance, MEL Social Protection	Interview – in person Interview - in person Interview and FGD Interview and FGD Interview and FGD
MOF	CEO or senior staff Aid coordination Audit function	Interview - hybrid
MFAT	Partnership relationships CRPD and other convention and international commitment reporting	Interview - in person
MOH	Senior level – policy, program budget	Interview or FGD
NHS	Senior level – policy, program budget Service delivery – hearing, diabetes, medical and assistive devices	Interview or FGD
MNRE – Disaster Management Office	CEO – other staff responsible for disability inclusive practice	Interview – in person
MOESC – Education Sports and Culture	Program and policy section Inclusive education and budget	Interview – in person and option hybrid
Samoa Qualification Authority	Training, qualifications	Interview
MCIL – Commerce, Industry, Labour	Employment and Labour Market section – policy, program, budget	Interview - in person and option hybrid
Chamber of Commerce	Small business enterprise Employment	Interview
MC – Communication and Information Technology	Accessibility – policy, program, budget	Interview – in person
Bureau of Statistics	Director Survey and disability data management	Interview
Attorney Generals	Legislation CRPD and other convention reporting	Interview - in person and option hybrid
Local level / district and village	Implications for village planning and budgeting. On the ground / local changes	Interview – FGD
NOLA and subgroups – Samoa Deaf Association, Samoa Blind Persons Association Blind, Samoa Spinal Network, and subgroups for youth, women and local level village groups	CEO Project staff Local level members Subgroup OPDs – officers and members	FGDs and some interviews

<b>Informants</b>	<b>Personnel / Roles</b>	<b>Engagement Option</b>
SENESE Diabetic Foot Clinic Mobility Devices Loto Taumafai Education Centre Samoa Spinal Network	Service providers staff and management – partnership, funding	FGD and Interviews
TTM	ENT - Hearing assessment and treatment services. Service providers staff and management – partnership, funding	Interviews
RACS	Partnership arrangements Program management – Outcome area 3	Interviews - in Australia and in Samoa FGD
Clients / service users	Selection – made by providers and NOLA or subgroups	FGDs
Employers	Advice from NOLA	Interviews
Dep HOM	Development	Interviews
SDPP Program staff	Development	Interviews
Other program staff Post – social protection, education, health, gender, Tautua program	Policy and operating and partnership context, experiences and finance and auditing	Interviews - may be remote / hybrid and some in person
Canberra staff disability section	Policy context – new disability policy for example?	Interview
Other donors / development partners working on disability – UNICEF, UNDP, WHO, New Zealand, WB, EU	Synergy with other programming	Interviews – remote / hybrid
Other Australian funded partners – NGO, AVP	Synergy with other programming	Interviews – remote / hybrid
Regional bodies – PDF, PIFs	Synergy with other programming	Interviews – remote / hybrid
APTC	Training, qualifications	Interview

## **Annex D. Outcome Harvest Template**

- 1. Short Description of the outcome** – what was the result?
- 2. Who are the main contributors to this outcome** and what did each actor do or provide that supported the change?
- 3. What are the key strategies** used to achieve the outcome?
- 4. The significance and implications of the outcome – why important for** example a policy / project / program / investment / partnership?
- 5. Key lessons learned we can take forward to inform future program design and / or partnerships from** this result and how it came about?

**Key Data Sources:**

## **Annex E. Sustainability Framework**

*Note need to agree elements and components*

To achieve sustainable outcomes, we might argue that there needs to be four critical conditions established:

1. Critical stakeholders demonstrate commitment
2. Stakeholders demonstrate capabilities to take action
3. Stakeholders have access to and use critical resources (investment)
4. Stakeholders are fulfilling about their roles and responsibilities to support change

**Adaptation for application for use during the interview / discussions** (needs to be developed and refined further)

In each of the four conditions, enquiry will be made about three elements, and the respondents will be asked to provide a rating that best reflects in their view the current status or situation.

A five-point rating scale will be used: 0 - not at all; 1- minimal; 2 - to some extent; 3 - adequately; 4 - a lot; 5 – entirely for each of the four dimensions representing different elements of sustainability. The rating scores will then be aggregated to provide an assessment of the extent, overall conditions to support sustainability are in place and within the score what elements are present and to what degree.

**Conditions and elements** (*example only – will be refined*)

**1. Commitment** to disability rights, equity and inclusion

- 1.1 GOS
- 1.2 OPDs
- 1.3 Service Providers

**2. Capabilities of**

- 2.1 GOS
- 2.2 OPDs
- 2.3 Service Providers

**3. Investment / resourcing** in areas of

- 3.1 Budget - financial
- 3.2 Information / evidence
- 3.3 Personnel

**4. Roles and responsibilities being fulfilled**

- 2.1 GOS
- 2.2 OPDs
- 2.3 Private sector (for profit, and civil society / NFP)

## Annex F. PFM Management

**Summary:** Quantitative information presented in financial and program reporting documents for the Samoa Disability Partnerships Program (SDPP) suggest data analysis and visualization can be usefully employed as part of the evaluation. Although areas of analysis would depend on the detail, format and organization of data that can be provided to the evaluation team, key areas of focus for analysis is expected to include: program efficiency and effectiveness; budget planning and execution; and observable characteristics that explain observed differences in these areas. Key sources of data are expected to include the Ministry of Finance (MoF), Ministry of Women, Community & Social Development (MWCSO) and the SDPP program team.

### Focus Questions:

- **Program efficiency:** How did per-unit activity costs change over the life of the program and how did this vary across activities and implementing partners?
- **Program effectiveness:** What was the average cost of reaching target groups over the life of the program and how did this vary across activities and implementing partners?
- **Planning and execution:** To what extent were planned budgets utilized and how did this vary over time, across activities and between implementing partners?
- **Monitoring and learning:** Is there evidence that program efficiency, effectiveness and budget execution improve, stay the same or deteriorate over time?

### Data Required<sup>22</sup>:

- **Planned expenditure and target activities:** including budgeted amounts and associated target SDPP activities, outputs and associated outcomes, with relevant information on: the amount; date; financial period; the lead agency, department and unit; and the implementing organization.
- **Actual expenditure and activities:** including actual amounts spent and realized SDPP activities, outputs and associated outcomes, with relevant information on; the amount; date; financial period; the lead agency, department and unit; the implementing organization; the characteristics of the transaction (such as narration, account no., reference no., type etc).<sup>23</sup>
- **Agency budget allocations and performance outcomes:** published budget estimates include information that is likely to be relevant to the evaluation, such as the reported outputs and budget allocations over time for the MWCSO Performance Framework outcomes.
- **Activity and output characteristics:** data on the characteristics of specific activities and outputs. Sources of data are likely to vary across activities and may include workshop sign-in sheets, evaluation surveys and attendance records.

### Data Sources:

- **Planned expenditure and target activities:** As this data relates to the planning and management of the SDPP, it's expected this can be sourced from program records, such as

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22 The provided SDPP Monitoring and Evaluation framework suggests both that the data outlined below is available and that it has been successfully linked with the SDPP's Results Achievement Framework.

23 Financial transactions included in SDPP audit and program reports suggest much of this information is already available. However, additional information will be required to meaningfully map this program activities and outcomes (such as a chart of accounts and/or correspondence tables developed by the SDPP program team).

the source files used to produce the SDPP progress reports and annual reports, and the MWCSO's annual work plan and budget.

- **Actual expenditure and activities:** relevant financial translation data was presented in a number of reporting documents for the SDPP, including the Audited Financial Statements produced by Samoa's Ministry of Finance. Financial information may also be available from the MWCSO and the SDPP program team.
- **Agency budget allocations and performance targets:** Published budget documents report budget allocations provided to the MWCSO. Published budget documents also report target outputs and their associated outcomes, however, data on actual outputs may need to be sourced directly from government.
- **Activity and output characteristics:** it's anticipated the format and nature of data on specific program activities and outputs will vary across the SDPP, but it's anticipated this data will predominantly need to be sourced from the program team and the MWCSO.



## Annex G. Evaluation Reference Group Members

SDPP Partners	Representatives
MFAT	<ul style="list-style-type: none"> <li>• Peseta Noumea Simi, CEO MFAT</li> <li>• Tagaloa Sharon Potoi-Aiafi, ACEO Bilateral Division</li> </ul>
MOF	<ul style="list-style-type: none"> <li>• Autā Peresitene Kirifi, ACEO Aid Coordination</li> <li>• Lilomaiva Samuel Ieremia, ACEO Economic Planning &amp; Policy</li> </ul>
NOLA	<ul style="list-style-type: none"> <li>• Mata'afa Fa'atino Utumapu, General Manager</li> </ul>
MWCSO	<ul style="list-style-type: none"> <li>• Matai'a Meritiana Fepulea'i-Tanuvasa, ACEO Policy, Planning &amp; Sector Coordination</li> <li>• Quandolita Reid-Enari, SDPP Program Manager</li> </ul>
MOH	<ul style="list-style-type: none"> <li>• Dr. Sione Pifeleti, ENT Unit (Hearing Program)</li> <li>• Siliniu Posenai Patu, Principal CPO (Mobility Device Services)</li> </ul>
DFAT	<ul style="list-style-type: none"> <li>• Soraya McGinley, Third Secretary Development</li> <li>• Papali'i Alexandra Iakopo-Ah Tong, Program Manager Gender &amp; Disability</li> </ul>
Observer (Tautua Human Development for All Program)	<ul style="list-style-type: none"> <li>• Tai'i Cheri Robinson- Moors, Tautua Team Leader</li> <li>• Leota Valma Galuvao, GEDSI Technical Lead</li> <li>• Fagalua Smith, GEDSI Coordinator</li> </ul>

## Annex 3 Participants List

### Stakeholder Consultations

#### 1. Partner Workshop – Monday 26<sup>th</sup> February

33 participants

#### Government of Samoa (9)

##### MWCSD

Acting CEO	Mataia Mertitiana Fepuleai Tanuvasa
DCEE	Ruby Tuiloma
DCEE	Melania Galumalemana
DGG	Alan Aiolupotea
Project Manager SDPP	Quandolita Enari
MWCSD	Tupaepae Simi
CSD	Polataivao Manutagi Tiotio
MOH – ENT Audiologist	Dr. Annette Kaspar
MEC	Jennifer Pemila

#### Civil Society

##### OPDs (13)

NOLA	Levi Valitiano
NOLA	Suria Tapala
NOLA	Mataafa Faatino Utumapu
NOLA	Sa Utailesolo
NOLA	Setu Tiatia
PPDAS	Matua Masaga
PPDAS	Naomi Masaga (PA)
SSN	Tamalemai Apelu
SSN	Leo Iosefo
SSN	Fata Chris Aluni
SBPA	Ari Hazelman
SBPA	Hiller Pouesi
GOSHEN	Naomi Eshraghi

#### Service Providers (9)

SASLI	Andrew Taofi
Aoga Fiamalamalama	Leaula Theresa
Aoga Fiamalamalama	Mary Collins
SENESE	Naomi Asi
Loto Taumafai	Vaiana Otto
Loto Taumafai	Tagaloa Uili Matafeo
SVSG	Pepe Tevaga
SVSG	Rosemary Malae
SBH	Lameko Simanu

#### Government of Australia (2)

##### DFAT

Third Secretary Development	Soraya McGinley
Project Manager Gender and Disability	Papali'i Alexandra Iakopo- Ah Tong

## 2. OPD Consultation Tuesday 27<sup>th</sup> February

### 19 Participants

Milovale Lama	NOLA
Iulai Gale	PPDAS
Matua Masaga	PPDAS
Sa Siilata	NOLA
Herbert Bell	NOLA
Isaako Tuato	SBPA
Ari Hazelman	SBPA
Setu Tiatia	NOLA
Suria Tapala	NOLA
Hillier Pouesi	SBPA
Marie Enosa	DAS
Naomia M	PA
Julia Sepi	PA
Levo Paniani	NOLA
Sa Utailesolo	NOLA
Naomi Masaga	NOLA
Miracle Afele	DAS
Ionatana Leatu	DAS
Eli Sio	DAS

### Individual Engagement / Interviews

Afioga Mulipola Anarosa Ale Molioo	Minister MWCSO
Mataia Meriitana Fepulea'i-Tanvasa	MWCSO (Acting CEO)
Quandolita Reid- Enari	MWCSO (SDPP Program Manager)
Vincent	MWCSO (SDPP Communications Officer)
Cedrela Tamati	MCIL (Senior Labour Inspector)
Upuatua Lefauaitu	MCIL (Labour Inspector)
Taiaopo Faumunina	SBS (ACEO Census Survey and Demography)
Peseta Noumea Simi	MFAT (CEO)
Aeau Christopher Hazelman	MEC (CEO)
Claire McGeechan	Deputy High Commissioner, Australian High Commission
Shirley Vaafusuaga	Health and Tautua Program Manager, Australian High Commission
Soraya McGinley	Third Secretary Development, Australian High Commission
Papali'i Alexandra Iakopo-Ah Tong	Program Manager Gender and Disability, Australian High Commission
Rowena Harbridge	DFAT Disability Equity and Rights Section (written response)
Naomi Asi	
Sagato Vaoliko	SENESE
Dr Sione	
Dr Glen Fatupaito	
Annette Kaspar	MOH – Clinical Services and ENT
Robyn Whitney	
Bernard Whitefield	
Vanessa Zuleta	RACS
Posenai Patu	MoH Mobility Service



## Annex 4 Finance Management Analysis

**Overview:** This note outlines key findings from an analysis of program documents and financial data relating to Phase 2 of the Samoa Disability Partnerships Program (SDPP). Noting the limited availability of reliable financial, activity and program data, findings presented in this note are based on a combination of quantitative and qualitative evidence based on program workplans, activity reports, financial transaction data and insights from consultations with stakeholders. Analysis excludes program activities undertaken by the Royal Australian College of Surgeons (RACS) which was managed through a separate funding agreement.<sup>24</sup>

### Budget Execution

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- **Phase 2 of the SDPP program was 30 percent<sup>25</sup> below budget:** Of the 5.2 million SAT budgeted for the SDPP program, 3.5 million SAT was utilized. Although program budgets were underutilized across all target outcomes, the budget utilization for outcome 3 was significantly lower than outcomes 2 and 3.
  - Given budget underutilization has been an ongoing issue for Samoa's government<sup>26</sup> and the MWCSD<sup>27</sup>, this is not necessarily unexpected. Particularly given it's understood that budget utilization further deteriorated during the COVID-19 pandemic.<sup>28</sup>
- **Program expenditure was underbudget for three of four years of the program:** Only FY 2021-22 fully utilized the annual program budget, with realized expenditure for the year being ten percent higher than budgeted allocations for the year (Figure A1).

#### Figure A1: SDPP Budgeted Expenditure vs. Actuals

*Program expenditure was below target for three of four years of the SDPP Phase 2*

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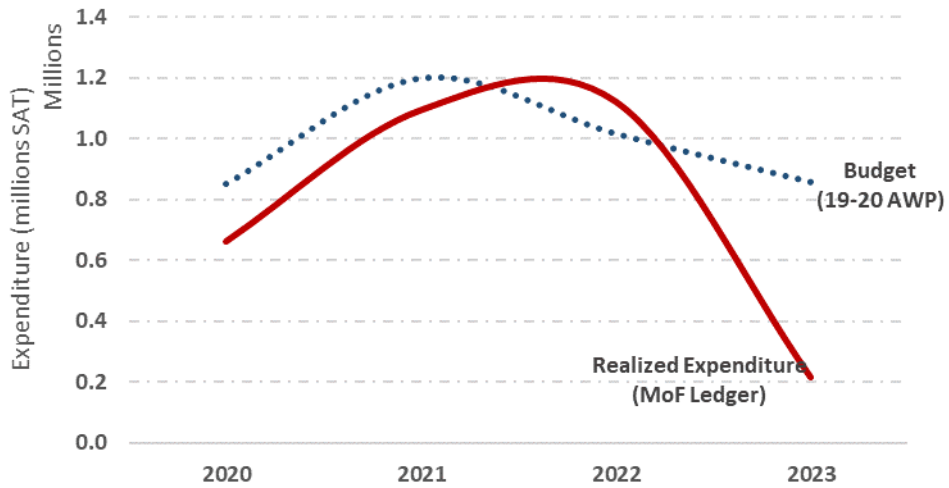
<sup>24</sup> A separate funding agreement between GoA and the Royal Australian College of Surgeons (RACS), see: MWCSD (Aug 2023), Samoa Disability Partnership Program Completion Report (June 2019 – February 2023).

<sup>25</sup> Compared to an average of five percent for Samoa between 2013-14 and 2018-19, see: World Bank data on "Primary government expenditures as a proportion of original approved budget (%)" , indicator ID GF.XPD.BUDG.ZS, sourced from Public Expenditure and Financial Accountability (PEFA ) and the Ministry of Finance ( MoF ), <https://data.worldbank.org/indicator/GF.XPD.BUDG.ZS>

<sup>26</sup>IMF, July 2019, Public Expenditure Financial Accountability Assessment, [https://www.pftac.org/content/dam/PFTAC/Documents/Reports/TARports/DMSDR1S6729533\\_Samoa\\_PEFA\\_RNeves\\_July2019.pdf](https://www.pftac.org/content/dam/PFTAC/Documents/Reports/TARports/DMSDR1S6729533_Samoa_PEFA_RNeves_July2019.pdf);

<sup>27</sup> MWCSD was noted as one of the poorer performing ministries in terms of budget utilization in the latest budget monitoring reports available, e.g. Government of Samoa, Budget Monitoring Report(s): 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarter 2017-18 to <https://mof.gov.ws/services/budget/budget-monitoring-report/>

<sup>28</sup> IMF. Asia and Pacific Dept. (2023). Samoa: 2023 Article IV Consultation-Press Release; Staff Report; and Statement by the Executive Director for Samoa. IMF Staff Country Reports, 2023 (110), A001. Retrieved Feb 17, 2024, from <https://doi.org/10.5089/9798400236938.002.A001>.

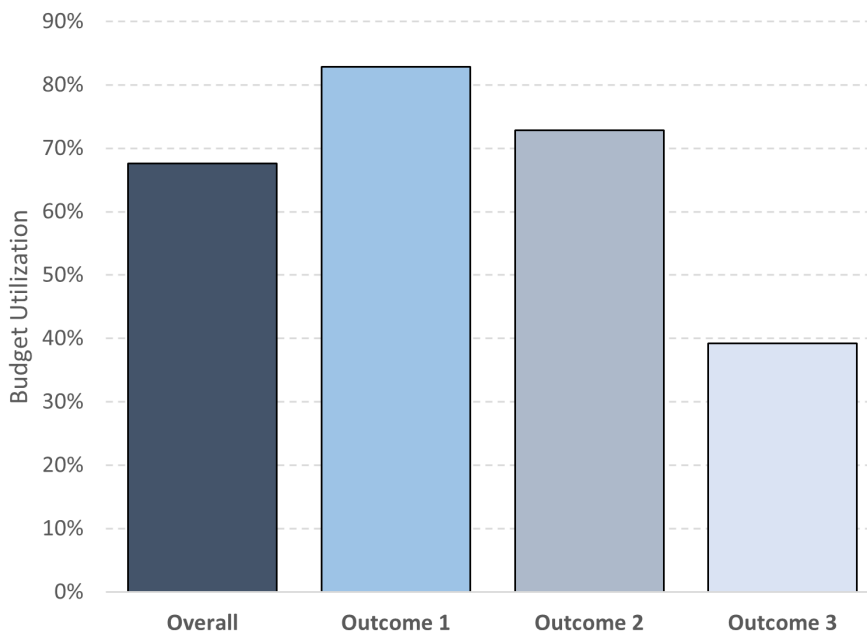


**Note:** lines have been intentionally smoothed to emphasize overall budget and expenditure trends. Financial years are denoted as 2020 for 2019-20, 2021 for 2020-21, 2022 for 2021-22 and 2023 for 2022-23. Amounts exclude program activities completed by RACS.

- **Budget utilization for program activities were the lowest for Outcome 3:** with financial data indicating that less than fifty percent of the budget allocated to Outcome 3 was utilized, compared with budget utilization rates of above eighty percent for Outcomes 2 and 3 (Figure A2).

**Fig A2: Budget Utilization by Program Outcome**

*Budget utilization was significantly lower for Outcome 3 than Outcomes 1 and 2*

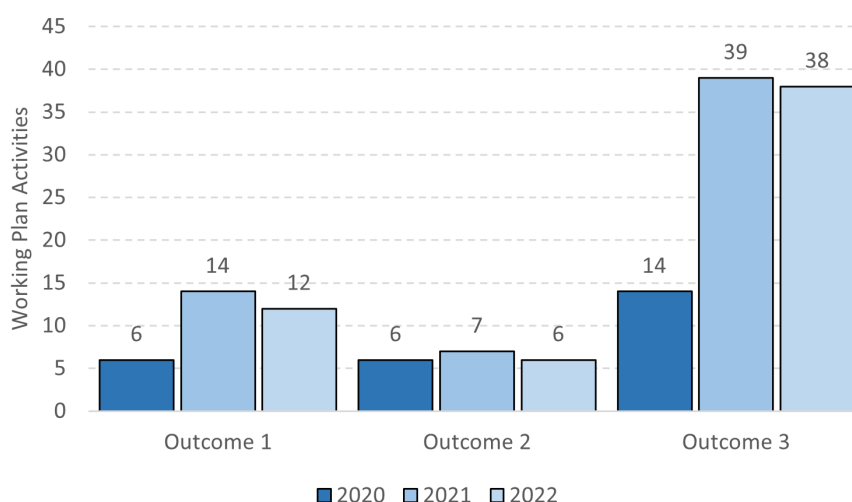


## Budget Planning and Execution

- **Budget planning and execution were likely inhibited by disruptions caused by the measles epidemic in late 2019<sup>29</sup> and the COVID-19 pandemic from early 2020<sup>30</sup>:** in addition to these events diverting the attention of key delivery partners, restrictions implemented to manage the health crises, such as rolling lockdowns<sup>31</sup> and travel restrictions, impeded program planning, management and implementation.

**Fig A3: SDPP Working Plan Activities Numbers by Outcome (2019-20 to 2021-22)**

*A substantial increase in activities was seen in the 2020-21 Annual Work Plan*



- **Administrative and financial processes still appeared to present a significant challenge to the program:** with program reports regularly noting administrative and financial processes as the cause of program delays:

### **2019-20:**

- Although disruptions to the program resulting from the measles epidemic and COVID-19 pandemic were highlighted in the first two SDPP progress reports<sup>32</sup>, administrative processes, such as budgets and/or reports not being submitted were the most common cause of delays listed in the 2019-20 progress reports.
- Delays appeared to be more common for activities meant to be implemented by non-government organizations. With most progress achieved in 2019-20 coming from activities implemented by MWCSO and, to a lesser extent, other government bodies such as the MoH.
- No activities were completed under Outcome 2 in 2019-20. According to progress reports this was due to the implementing partner (NOLA) having submitted the required reports near the end of the financial year.

<sup>29</sup> Ministry of Health, 16/10/2019, *Ministry of Health Press Release 1 - Measles Epidemic, the Ministry of Health, Samoa*, <https://reliefweb.int/report/samoa/ministry-health-press-release-1-measles-epidemic>

<sup>30</sup> Travel into Samoa was restricted from January 2020. Between a state of emergency being declared in March 2020 and ended in July 2022 a variety of restrictions were imposed on international travel and public gatherings. See: Radio New Zealand (RNZ), 27/7/2022, "Samoa to end covid state of emergency ahead of reopening", RNZ.co.nz, <https://www.rnz.co.nz/international/pacific-news/471668/samoa-to-end-covid-state-of-emergency-ahead-of-reopening>

<sup>31</sup> An example of this was a leadership forum hosted by Special Olympics Samoa (SOS) which had to be delayed due to COVID-19 restrictions. See: activity 1.5, MWCSO (undated) Samoa Disability Partnership Program (SDPP) Progress Report (January 2020 to June 2020).

<sup>32</sup> See: MWCSO (March 2020) Samoa Disability Partnership Program (SDPP) Progress Report (July 2019 to December 2019); and MWCSO (undated) Samoa Disability Partnership Program (SDPP) Progress Report (January 2020 to June 2020).

## 2020-21

- There was a substantial expansion of program activities for Outcomes 1 and 3 in the 2020-21 annual workplan, specifically the number of activities increased from 6 to 14 for Outcome 1 and from 14 to 39 for Outcome 3 (Figure A3).
- Of the 60 activities planned the 2020-21 progress report noted that only 14 were fully completed, including 4 activities for Outcome 1, 3 activities for Outcome 2 and 7 activities for Outcome 3.
- 16 activities noted as having experienced a ‘critical shortfall’ during the year were intended to be implemented by partners outside of government, with the reason for delays cited as pending MOU negotiations with the Attorney General.

## 2021-22

- Program activities included in the 2021-22 annual workplan mirrored those included in 2020-21 across the three outcomes.
- Of the 12 activities planned under Outcome 1; two were reported as having experienced a ‘critical shortfall’; two were listed as ‘partially complete and the remaining eight were listed as complete. As with previous years, the reasons for activities not being completed appeared to relate to *competing priorities* and administrative processes causing delays (including the finalization of an MOU with the AG).
- **Delayed financial acquittals appeared to have impeded the implementation of activities, particularly by external partners<sup>33</sup>:** for instance:
  - **NOLA:** was identified as the lead agency for several activities to be implemented from July 2019 in the 2019-20 workplan. However, financial transactions included in the completion report suggest payments were made *after* their intended delivery date (see invoice No: JPY009901 and JPY010539).
  - **Special Olympics Samoa:** were included in activities planned to start September 2020 under the 2020-21 workplan, but based on transactions listed in the completion report were paid in November 2021, almost a year after the intended implementation date (see Invoice No: SDPP02/21/22).
  - **Goshen Mental Health Trust:** were assigned as the lead agency for activities in the 2020-21 workplan, but financial transactions indicate payments were not made until the next financial year (see Invoice No: SDPP03/21/22 on the 16<sup>th</sup> of November 2021).

## Monitoring and Learning

- **The financial capacity and administrative capacity of the team was noted as a critical bottleneck early in the program:** submitted on 16 July 2021, the 2020-21 SDPP annual report noted that the *“Monitoring & Evaluation officer has spent most of their time with finance and admin tasks rather than Monitoring & Evaluation due to the lack of staff.”* The report also mentioned that the financial capacity of implementing partners was resulting in delays to the program and that this concern had been raised in the prior year’s report (before the initiation of Phase 2 of the SDPP).<sup>34</sup>
  - Based on the information available, no action was taken to address this capacity shortfall.
- **Monitoring and Evaluation processes:** as is evident from several of the SDPP’s annual reports, monitoring and evaluation activities were rarely prioritized by the program team.

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<sup>33</sup> The observed delays of financial acquittals were also noted as a concern by program partners in a Disability Services Provider meeting held on the 5<sup>th</sup> of May 2021.

<sup>34</sup> See recommendations 6 and 7: MWCS (16/7/2021) Samoa Disability Partnership Program (SDPP) Progress Report.



Resulting in program and financial data for Phase 2 of the SDPP being unavailable and/or incomparable across individual years of the program. Making it difficult to make a reliable assessment of the efficacy, effectiveness and alignment of program expenditure with the goals of the SDPP.

#### **Program Efficiency and effectiveness**

- It was not possible to reliably assess the efficiency and effectiveness of program expenditure with the data provided.

#### **Data Notes**

- Manual adjustments were required to correct transaction dates. Where necessary, this was based on dates presented in invoice codes.
- It was not possible to reliably determine the cash / accrual wedge for more than half of the entries due to inconsistently coded invoice numbers.

#### **Focus Documents:**

##### **Annual Workplans**

- 2019-20: MWCSO (November 2019) Samoa Disability Partnership Program (SDPP) Annual Workplan
- 2020-21: MWCSO (November 2020), Samoa Disability Partnership Program (SDPP) Annual Workplan
- 2021-22: MWCSO (October 2021), Samoa Disability Partnership Program (SDPP) Annual Workplan
- 2022-23: MWCSO (undated), Samoa Disability Partnership Program (SDPP) Annual Workplan (2022-2023 Financial Year)

#### **References:**

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##### **Program Reports**

- 2019-20: MWCSO (March 2020) Samoa Disability Partnership Program (SDPP) Progress Report (July 2019 to December 2019).
- 2019-20: MWCSO (undated) Samoa Disability Partnership Program (SDPP) Progress Report (January 2020 to June 2020).
- 2020-21: MWCSO (16/7/2021) Samoa Disability Partnership Program (SDPP) Progress Report
- 2021-22: MWCSO (undated) Samoa Disability Partnership Program (SDPP) Progress Report
- 2022-23: Program Report Unavailable.
- 2019-20 to 2022-23: MWCSO, Aug 2023, Samoa Disability Partnership Program (June 2019 – February 2023) Completion Report.

##### **Financial Reports**

- MoF (21/1/2022), 'Samoa Disability Partnership Project – Audited Financial Statements for Year End 30 June 2020', Ministry of Finance, Samoa.
- Audit Office (31/1/2022), SDPP Audited Financial Statements for Financial Year ending 30 June 2020 (Part 1 and 2)', Ministry of Finance, Samoa.
- MoF (21/1/2022), 'Samoa Disability Partnership Project – Audited Financial Statements for Year End 30 June 2021', Ministry of Finance, Samoa.
- Audit Office (31/1/2022), SDPP Audited Financial Statements for Financial Year ending 30 June 2021 (Part 1 and 2)', Ministry of Finance, Samoa.
- MoF (undated), SDPP Financial Acquittal Report 1 Jul 2019 to 30 June 2022 (Part 1 and 2), Ministry of Finance, Samoa.

**Program Data**

- SDPP Final Ledger Data ('FINAL FINAL Updated Ledger 0416 03.xlsx'). Shared by Alexandra Lakopo via email on 24/1/2024.
- Completion Report Ledger data (Attachment A from MWCSD, Aug 2023, Samoa Disability Partnership Program (June 2019 – February 2023) Completion Report).
- Final Results Achievement Framework / MEL Framework ('SDPP Monitoring and Evaluation Framework.xlsx').



# **Samoa Disability Partnership Program (SDPP)**

Aide Memoire

and

Discussion with the

Evaluation Reference Group

1<sup>st</sup> March 2024

This report has been prepared by Strategic Development Group

[strategicdevelopment.com.au](http://strategicdevelopment.com.au)

## **A. Introduction**

1. Thank you for the opportunity to present our findings from the Samoa Disability Partnership Program (SDPP) End of Investment Evaluation, and thank you and more widely to the contributing partners and stakeholders for your engagement and support on this important evaluation.
2. We have been able to deliver the evaluation in line with the methodology and approach provided in the evaluation plan. In-person informative discussions in Apia have taken place with key stakeholders through a partner forum, discussions with NOLA and affiliated OPDs, and individual discussions with MOH, MOEC, MWCSO (including the HE the Minister), the Tautua team and DFAT personnel. Discussions also took place with service providers for the hearing program. A few remaining meetings will take place today and early next week remotely.
3. We appreciate the openness of the conversations that have provided comprehensive information of how the SDPP has been delivered and the results achieved. The discussions have supplemented and brought to life the evidence already provided in the evaluation and annual progress reports we had reviewed prior to our visit. We also heard very helpful and well-informed advice to guide the design and delivery of the next phase of assistance from the Government of Australia (GoA) on disability rights and equity in Samoa.
4. This document provides a summary of high-level findings and initial recommendations on a future program. Further detail will be provided in the draft evaluation report that will be shared with you through DFAT by mid-March and the final report that will be completed by the end of March.
5. Today's meeting provides an opportunity for the evaluation team to receive your feedback and respond to questions and clarifications on the high-level evaluation findings, and the recommendations proposed for the future assistance. We are seeking open and constructive feedback and advice to help ensure the accuracy and relevance of the final evaluation report.

## **B. Findings**

6. While overall the SDPP did not achieve the results to the extent that was anticipated, the review team has established examples of positive practice and elements of progress made in each of the three outcome areas of the SDPP.
  - **Most notably the enhanced capacity of the OPDs** (NOLA and its affiliates) demonstrated by their knowledge and capability to contribute to policy, planning, budgeting and implementation in line with the CRPD; being a well-informed voice to advocate on behalf of

diversity of persons with disabilities through their member OPDs; and experience and skills to provide capacity development and training on disability rights and equity.

- **The service providers** have extended the quality and reach of their services particularly to community and more remote areas that are not consistently served by the MOH and MOE (hearing, mobility, provision of assistance for blind adults and children and with visual impairment).
  - **GoS has overall enhanced awareness and improved understanding on disability inclusion.** Some examples of areas advanced include data base on disability, registration and access to social protection benefits, and inclusion in planning and preparation in disaster risk management. Action in line with the commitments made in the CRPD on equity and access for people with disabilities was weak under SDPP. Limited progress was made on increasing budget allocation on disability specific and mainstream / cross cutting programming, and on progressing critical legislation. The structures and capacity within government are not functioning, for example on coordination through a Disability Task Force, and the commitment to appoint a person with disability to the MWCSO in an advisory role did not take place as planned. Positively opportunities for an intern position did occur. The National Policy on Disability and the CRPD State report have been developed by MWCSO in consultation with civil society and relevant parts of GoS.
  - **The Samoa Hearing Program** was part of SDPP (outcome 3) but managed through a separate direct funding arrangement between DFAT and the Royal Australian College of Surgeons (RACS) and the MoH (ENT unit TTM). Although delayed, the activities planned (including locally led and accredited training, material and equipment assistance) took place. Anecdotal evidence indicates improved screening nationally with SENESE and MOE, and improved referral pathways for services. The MoH has contributed an audiology position and funded some one-off training activities. A key gap is limited outreach services (the mobile clinic not being used as planned) due to capacity and time constraints, and questions over its suitability from some personnel. Consistent communication and coordination between MOH with non-government providers and with NOLA did not occur, which may have helped in collaboration and clarification of the different stakeholders' roles.
7. **The critical factors that contributed to reduced effectiveness and efficiency in the delivery and results of the program** have been identified in earlier review reports undertaken by MWCSO, and include:

- **Challenging operating environment** due to COVID and measles epidemic that slowed delivery and changed the focus of some activities due to the restrictions on meetings, training, closed borders (slowed procurement, external advisors could not visit), and new priorities partners had to manage.
- **The internal restructuring within the MWCSO** impacted on the location of the SDPP (three times) and staff changes and inability to recruit key positions (MEL manager and Disability Advisors) meant fundamental required management and governance systems were not established that impacted on planning, decision making and communication with partners, reporting and approval and release and acquittal of funds. There was frequent delays, changes in plans without consultation, and at times very quick approval and delivery of activities in reduced timeframes which impacted on quality and effectiveness. Partners report too much red tape and lack of transparency and poor communication about program and funding decisions.
- **Data management and reporting** was weak within the MWCSO and inconsistent by partners. Information was not used to support reflection and learning and inform program planning and accountability.
- **Partnerships** between government and civil society and between the civil society organisations did not develop as fully as was expected. This is in part due to the changes in personnel, lack of governance mechanism and management of planning that did not foster collaboration. There are some small positive examples of working together (celebrate significant days, and collaboration on service provision) however a siloed approach and competition rather than cooperation between partners frequently prevails.
- **Accessibility** to fair, meaningful and equitable participation remains an issue which limits contribution by OPD representatives for example documents not in accessible format (policies, planning and reporting templates), insufficient time to review and respond and discriminatory attitudinal barriers.
- **Scale and scope of the program involving too many partners** that created difficulties in meeting their expectations and providing adequate level of support.

### C. Recommendations on Future Program

8. The GoA is committed to continue to assist to Samoa to progress disability equity and rights. Australia's International Disability Equity and Rights Strategy (IDERS) is currently being developed and there will be alignment of a future investment with this strategy. Going forward there is great opportunity to effectively progress improved equity and rights for

persons for disability in Samoa building on the gains made and lessons learned from SDPP and earlier program support by GoA since at least 2007. Overall the objectives of the SDPP2 remain relevant. The priorities we propose and are keen to discuss with the ERG are:

**Rec 1. Structure – a Disability Taskforce** with members from different parts of government, civil society, OPDs and service providers is reactivated and properly resourced by MWCSO. The Taskforce will provide leadership and be a point of coordination, and hold advisory, accountability and monitoring responsibility on delivery of the National Policy and meeting commitments to the CRPD and to the Pacific Regional Framework on the Rights of Persons with Disabilities as well as the 2050 Strategy for the Blue Pacific Continent.

**Rec 2. Staffing – A designated advisory position for a person with disability** in the public service with responsibility for disability rights and equity. This is a senior position with resources including reasonable accommodation needs and responsibility for driving disability equity in GoS policies, programs and budgeting, and working with the Disability Taskforce. The preferred location and management of this position to be determined as part of the restructuring of the MWCSO, noting this position needs to be visible and influential within MWCSO and other key ministries.

**Rec 3. Accessibility - Systems and processes** for all aspects of program management are developed and enhanced within MWCSO to support efficient and accountable implementation, and equity of access and meaningful participation by persons with disabilities. This needs designated resourcing and capacity development and technical assistance for staff and of civil society organisations.

**Rec 4. Legislative compliance with CRPD - Based on existing evidence from the legislative review (2015)** prioritise a program for reform of domestic legislation that should include prioritising development of a Disability Act acknowledging GoS as a state party to the CRPD. Consideration of the need for external technical assistance may be needed given legal capacity constraints within Samoa on disability legislation.

**Rec.5. Assistance to OPDs – Stable multi-year funding** be made available to ensure they have staff and operational capacity to fulfill their mandate to represent, advocate and assist their members (persons with disabilities), and support, advise and collaborate with government, other CSOs, private sector and service providers. Ensure the funding mechanism is accessible, flexible, and that the organisations where needed receive support to help them satisfy due diligence and reporting requirements.

**Rec.6. Non-Government service providers – Require flexible and stable funding to deliver disability services** that complement existing government services and where they fill gaps, particularly outreach / community based services and in training, awareness raising and capacity development activities. Ideally grants for the services need to be accessed through appropriate line ministries (education, health program budgets) and MWCSO, using CSO support mechanisms (for example OGG in MOEC, support to NGOs by MWCSO). Preventative services such as hearing screening and assessment is more suitably located within a public health program rather than disability program.

**Rec.7. Professional Capacity Development** - Resourcing of pathways to support access to international education and training to improve human resource capacity in areas of skill shortage, for example allied health (podiatrists, prosthetic, orthotics and audiology). Resource and where needed provide technical capacity to design and deliver SQA accredited training locally in areas of need, for example hearing, prosthetic, orthotics.

**Rec. 8. Sustainability** - The design and delivery of the program (including improved coordination across government, generating evidence on needs and the social and economic well-being returns from investments) that informs and supports the GoS as a duty bearer and State party to the CRPD to increase the level of its own resources and domestic budget for disability related work, reducing reliance on GoA and other donors.

#### **Delivery Modality**

9. DFAT asked the evaluation team to explore the suitability of the facility 'Tautua' as the mechanism through which Australia provides assistance on disability equity and rights. A number of the partners (government, service providers and OPDs) have had engagement with Tautua both in its design and more recently as it begins to implement programs.
10. The team had a very open and informative discussion with Tautua staff, and based on this we identified some potential gains for Australia's assistance on disability being managed through this facility and also Tautai, including alignment with the preferred modality for bilateral assistance; a mechanism to enable mainstreaming of disability in priority areas where there are gaps in health, education and gender; coordination with other CSOs; access to organisational capacity development and responsive and flexible to emerging needs and gaps.
11. Tautua has undertaken some preliminary concept development and scoping of a strategy on GEDSI, however as yet no specific planning or decisions on priorities and implementation on disability has commenced. The evaluation findings are expected to inform and assist decision-making.



12. The evaluation team recognises merit in moving disability under the Tautua and/or Tau Tai facility, however given the facility is still bedding down its systems and has limited capacity on disability program design and management, we advise this transition is done incrementally over a 6 to 12 month period in very close collaboration with the MWCSO, representatives from NOLA. Appropriate levels of additional technical capacity on disability programming and resourcing to support NOLA and the MWCSO will be required.
13. The recent change in leadership at the MWCSO (Minister and CEO) and the restructuring and reform processes expected to take place, provide a great opportunity for resetting how the ministry fulfills its leadership and responsibility for disability. A collaborative design process may help this important reform process. It is also important that momentum on progressing equitable disability inclusion in Samoa that was to a great extent lost during the SDPP is regained.
14. We advise that a program on disability be designed collaboratively between MWCSO and a select number of OPD and CSO stakeholders. We believe that the formative evidence collected through this evaluation and from recent reviews and consultations (including on the CRPD) and elements of the SDPP design that is still relevant, and provides a strong and representative evidence base on which to base a design that meets the needs of partners and satisfies DFAT design standards. We believe a collaborative design of a 3 to 5 year program with an initial implementation plan and budget for 12 to 18 months could be designed relatively quickly (potentially over a 3 to 6 month period). The collaborative design process can be facilitated through the facility with additional technical capacity on disability and program design.