

Australian Department of Foreign Affairs and Trade Human Development Monitoring and Evaluation Services

Mid-Term Review Plan

Last Updated 26.05.2025

Background

The Human Development Monitoring and Evaluation Services (HDMES) was established in 2019 to provide the Australian Department of Foreign Affairs and Trade (DFAT) with independent monitoring and evaluation (M&E) support for its Health, Education and Leadership (E&L) investments in Papua New Guinea (PNG). Delivered through a partnership between Adam Smith International (ASI) and Clear Horizon, HDMES operates under a demand-driven model with both in-country and remote personnel. It is valued at up to AUD 14 million over the 2019–2025 period.

HDMES does not deliver development outcomes directly but supports DFAT's investment performance through evidence generation, evaluation, capacity building, and communications. Its two End-of-Investment Outcomes (EOIOs) aim to ensure DFAT and implementing partners use evidence to improve programming and enhance communication of development results. A revised program logic (2023) retained a focus on enabling evidence use and communications, while identifying GoPNG engagement as a cross-cutting principle rather than a formal outcome.

Since inception, HDMES has delivered evaluations, provided quality assurance, supported MEL capacity development, and produced communication products. While contributing to MEL improvements, the program has faced performance challenges. In 2022, HDMES received an Investment Requiring Improvement (IRI) rating due to poor product quality and use of external consultants lacking contextual knowledge. A remediation plan was implemented across governance, personnel, and evaluation management, with most actions completed but ongoing concerns noted. Staffing turnover in 2024 affected continuity and product delivery, though mitigated by remote support. Staffing includes seven PNG-based personnel and technical support from a consultant panel, including GEDSI specialists.

HDMES operates in a context of increasing expectations on aid quality amid limited MEL capacity, complex program environments, and geopolitical pressures in the Pacific. Evaluations of DFAT's PNG portfolio highlight challenges in generating reliable performance data due to weak MEL systems, lack of baselines, and limited partner engagement. This mid-term review (MTR) provides an opportunity to assess HDMES' value-add, address persistent inefficiencies, and inform future investment quality support for DFAT's Health and E&L programs in PNG.

1. Purpose of the MTR

To assess the performance of HDMES (2019–2024) against its End-of-Investment Outcomes (EOIOs) with a focus on:

- Effectiveness and efficiency. This will include assessing progress toward and attainment of outputs, issues, and challenges and how they were addressed.
- Strategic relevance and value-add to the Health and E&L investments.
- GEDSI integration

- Guidance for future MEL support and investment planning, both for the HDMES extension and beyond.

2. Scope

Covers all HDMES activities from 1 July 2019 to 31 December 2024, focusing on two EOIOs and six Intermediate Outcomes.

EOIO1: AHC and implementing partners (IPs) use evidence to improve programming.

EOIO2: AHC supported to better communicate the results of Australian development assistance.

- *IPs improve their monitoring, evaluation and learning (MEL) systems.*
- *AHC and IPs are equipped with evidence to improve programming.*
- *AHC improves portfolio reporting.*
- *AHC and other stakeholders have access to relevant analysis.*
- *AHC is provided with and distributes targeted communication and knowledge products.*
- *AHC and other stakeholders have improved MEL knowledge and skills.*

The review will also look at HDMES' Contributions to DFAT's Health and E&L investments in PNG, implementation of the 2022 remediation plan, functionality of the demand-driven operating model and GEDSI integration and capacity building.

Note that this review focuses on the 2023 revised EOPOs. The original set of four End-of-Program Outcomes (EOPOs) for the HDMES program were:

1. AHC and implementing partners are equipped with evidence and capacity to continually improve decision-making in health, and education and leadership strategy and programming.
2. AHC supported to better tell the story of how Australian development assistance supports the bilateral relationship.
3. GoPNG is equipped with evidence and capacity to continually improve decision-making in the health, and education and leadership sectors.
4. HDMES continually generates feedback and lessons to improve its independent advice and MEL service offering to AHC, GoPNG and implementing partners.

These EOPOs were later revised in 2023 to better reflect program realities, resulting in those outlined above:

- EOPO 1 was changed from "equipped with evidence" to "use evidence" to reflect an outcome-focused shift.
- EOPO 2 was expanded to encompass broader support for communication beyond just the bilateral relationship.
- EOPO 3 (GoPNG engagement) was removed due to limited engagement and no intention to expand this area.

This Plan was developed based on both the TOR and initial consultation with the HDMES Program Managers at Post.

3. Key Review Questions

Relevance

- There is adequate evidence that demonstrates the choice of delivery approaches, implementing partners and suite of modalities was suitable for achieving some of the investment's intended outcomes?
- How did the program adapt to the changing needs of the context?

Effectiveness

- To what extent has HDMES achieved its EOIOs and intermediate outcomes?

- How is advice from HDMES being used by AHC and IPs?

Efficiency

- To what extent is HDMES being delivered efficiently, in a timely and cost-effective way?
- What factors are facilitating or impacting efficiency?
- What are the advantages and disadvantages of the operating model of HDMES, particularly in relation to its staffing model (e.g. staffing structure, remote/in-country support) and coordination between ASI and Clear Horizon?

GEDSI

- How has HDMES implemented GEDSI considerations and strategies, including facilitating the E&L and Health programs to improve GEDSI?

Future Guidance

- Based on the evidence above, what options should PNG Post consider for strengthening MEL support to Health and E&L portfolios?

4. Methodology

Document Review

- IMRs, FIMRs, consultant reports, evaluation outputs, capacity-building materials, communications products, terms of reference from the program steering group, and remediation action updates. Other documents that may be requested from the contractor include
 - Detailed annual work plans (M&E Service Contractor was requested to submit an overarching four-year workplan that consolidates annual workplans to DFAT covering the scheduling of assignments, budget and resourcing requirements)
 - Stakeholder engagement and Communications Strategy;
 - Risk matrix and Risk Management Plan;
 - Gender and Social Inclusion Strategy;
 - Sustainability and Capacity Building Plan (Health Only);
 - Safeguards Compliance Strategy (including environmental protection, children, vulnerable and disadvantaged groups, displacement and resettlement, Indigenous peoples and health and safety);
 - Results framework (for results-based financing) for operations - including agreed service standards (covering quality, timeliness and cost) for each of the seven functions of support;
 - Monthly reports from the initial year of implementation (quarterly following establishment)
 - Annual reports to DFAT on key issues, opportunities and risks.
- When reviewing financial records, Alinea will seek to analyse whether HDMES cost-effectively utilises available resources, accuracy in budgeting and expenditure. Findings will help DFAT optimise its investment, ensuring that M&E efforts translate into better decision-making and improved development outcomes.

Key Informant Interviews (KIIs)

- Semi-structured interviews with internal and external stakeholders involved in implementing or benefiting from the HDMES support, and in developing DFAT's Evaluation Improvement Strategy (EIS) program. Conducted in-person and virtually, using a standard question guide. See Annex 1 for example interview questions.

Data Synthesis and Analysis

- Thematic analysis mapped to EOIOs and review questions.

- Stories of change¹ may be used if identified, for example to illustrate changes made since the remediation.
- Root Cause Analysis² will be used to identify systemic issues.

Results Validation

- A validation workshop will be held online with key DFAT staff, HDMES team members and available partners to further contextualise the results and focus on areas that differ from DFAT's initial understanding of the program. This workshop will also provide an opportunity to further identify key challenges, lessons learned, and areas for improvement. This workshop will assist with Alinea's advice on a future 'HDMES-like' model for DFAT.

5. Key Stakeholders

Stakeholder Group	Organisation/Role	Level of Engagement to date
<i>Australian High Commission (AHC) Port Moresby – DFAT</i>	Primary client and funder of the HDMES program. Provides strategic direction, tasks HDMES with evaluations, reviews, and QA.	HIGH DFAT Health and Education teams are highly involved in planning, reviewing, and using HDMES outputs.
<i>DFAT – AHC Health</i>	Participates in Strategic Management Meetings (SMMs), fortnightly portfolio meetings, and review processes.	Required to provide heavy engagement, especially with underperforming deliverables (e.g. reviews that required significant rewriting).
<i>DFAT – AHC Education & Leadership</i>	Oversees performance standards, MEL quality, budget execution, and contract amendments.	Involved in consultant selection, QA processes, and direct feedback loops
<i>Adam Smith International - Managing Contractor</i>	Deliver MEL services (evaluations, QA, capacity building, knowledge products). Manage staffing (e.g., Team Leader, M&E Specialists, Policy & Research Officers).	HIGH Responsible for day-to-day delivery, staff supervision, and technical quality.
<i>Clear Horizon - MEL technical support</i>	Coordinate with DFAT, oversee consultants, and ensure deliverables meet DFAT standards.	Increasingly involved in program improvement efforts (e.g., new GEDSI tools, cost-benefit analysis, consultant onboarding workshops). Strengthened role in 2023–24 through local staff recruitment and engagement reforms
<i>HDMES Team Leader, PNG-based and remote staff, GEDSI Advisors</i>		
<i>GEDSI Stakeholders</i>	Beneficiaries and informants in GEDSI-related reviews. Participants in workshops applying GEDSI Toolkit and Disability Rubric.	LOW Some direct engagement, but feedback is limited and inconsistent. Not consistently included in evaluations; e.g., PWDs and OPDs not consistently or

¹ Stories of change, often anecdotal, are brief and illustrative narratives of specific events that explain why they are important and how change has occurred

² A Root Cause Analysis is a structured method used to identify the underlying reasons for a problem or challenge, rather than just addressing its symptoms. The goal is to understand what happened, why it happened, and how to prevent it from happening again

Stakeholder Group	Organisation/Role	Level of Engagement to date
<i>Technical Consultants and Short-Term Advisors (STAs)</i>	Those who led/participated in HDMES-supported evaluations. Hired for evaluations, reviews, appraisals, and QA tasks. Provide specialist inputs in health, education, GEDSI, and MEL.	substantively involved in HDMES evaluations. HIGH (operational) VARIABLE (effectiveness) Core to delivery; their performance has varied significantly. HDMES introduced more rigorous onboarding and QA processes due to quality concerns and consultant turnover
Implementing Partners	Subject of HDMES evaluations, QA, and MEL support. Receive QA and technical feedback on their MEL products. Participate in fieldwork and consultations (e.g., for evaluations or toolkit workshops).	MODERATE Consulted and engaged in evaluations and workshops. Some dissatisfaction reported from IPs regarding HDMES report quality and lack of triangulation.
<ul style="list-style-type: none"> • UNICEF • PATH (PNG-Australia Transition to Health) • WHO • Australia Awards PNG (AAPNG) • PNG-Australia Secondary Schools Partnership (PASS) • Trilateral Malaria Program • DFAT-funded NGOs and church-based organisations 		

While HDMES primarily serves the Australian High Commission (AHC) and DFAT's Health and E&L programs, the broader goal was to engage GoPNG as end users of evaluation findings or policy recommendations and partners in MEL capacity strengthening. However as noted in the section on EOPOs, to date, engagement has been limited. Alinea will prioritise key informant interviews with national counterparts who were directly involved in or informed by HDMES-supported evaluations.

Note: Bluebird (EIS Program Implementer) was a potential coordination partner with HDMES to avoid duplication. One joint meeting occurred in April 2024; no further engagement reported in that year.

6. Workplan and Timeline

Deadline	Activity	Days allocated	Deadline
WK 1	Service Order Finalisation	-	-
-	Kick-Off Meeting	-	-
WK 2	DFAT to share documentation (rolling)	-	-
-	DFAT to compile initial stakeholder / interview list	-	-
WK 3	Initial Desk Review	4	-
-	Draft MTR Plan due to DFAT*	2	20 th May
-	Discussion MTR Plan, finalise interview list	-	26 th May
WK 4	MTR Plan & Tools finalised based on DFAT's feedback	1	-

Deadline	Activity	Days allocated	Deadline
WK 5	In-country Mission & Online Interviews	8	9 th to 13 th June
WK 6	Data Analysis	4	-
WK 7	Presentation of initial findings. <i>Share draft presentation with HDMES to check for factual inaccuracies prior to session</i>	1	-
-	Draft Report due to DFAT*	6	30 th June
-	Final Report due to DFAT*	5	11 th July
-	Optional: Final Presentation / One Pager	2	-

*Milestone deliverable – management fee applied to personnel costs when invoicing.

This timeline does not include person days allocated for communication, logistics and coordination.

7. Limitations & Risks

Limitation	Mitigation
Gaps in monitoring data, baselines, and performance milestones—previously noted in DFAT assessments—may constrain evidence-based conclusions.	Use a triangulation approach—cross-verify findings from document review, stakeholder interviews, and direct observations to compensate for data gaps or variable quality. Prioritise high-value, independently validated outputs.
Previous concerns about product quality and contextual relevance may disproportionately bias an evaluation of the overall program.	Avoid over-weighting early outputs by using a longitudinal lens in the assessment—track improvements since the 2022 remediation plan and focus on the trajectory of quality rather than static performance snapshots.
High staff attrition at HDMES and DFAT has likely eroded institutional memory and could affect the depth of insights during interviews.	Use documented work plans, email records, and previous evaluation reports to reconstruct timelines and decisions where memory gaps exist. Supplement interviews with group discussions (e.g. team-based reflections or focus groups) to collectively fill gaps in individual recollection. Option to contact former staff who played key roles in HDMES or DFAT’s oversight for brief targeted inputs.
AHC program staff face significant time pressures, which may limit the time available for meaningful engagement with the review team.	Schedule interviews well in advance and offer flexible modalities (e.g. virtual or asynchronous interviews) to accommodate time-constrained DFAT staff and stakeholders with limited availability.
HDMES’s hybrid delivery model may pose difficulties in assessing team collaboration, quality assurance, and communication flows.	Incorporate targeted in-country interviews (if feasible) with clear, time-bound agendas to maximise efficiency.
HDMES and DFAT have a close working relationship, and some stakeholders may hesitate to provide frank feedback due to concerns about confidentiality or repercussions.	Assure confidentiality to promote candour. Position the MTR team as independent from HDMES operations and clarify the value of constructive feedback for future programming. Frame MTR as an opportunity to advise/shape longer-term MERL support.
HDMES supports evaluations, QA, capacity building, and communications. Assessing value-add across these varied streams	Structure the analysis around the two EOIOs and six intermediate outcomes. Use a prioritisation matrix to focus deeper inquiry on the most strategic or underperforming areas, while ensuring lighter-touch review of others.

Limitation	Mitigation
within one review may stretch resources.	
Shifting geopolitical priorities, internal reforms, and future MEL investments (e.g., EIS) may make it harder to assess HDMES's continued relevance.	Align MTR findings with forward-looking recommendations that account for anticipated reforms (e.g. the Evaluation Improvement Strategy) and contextual shifts, ensuring the review supports adaptability rather than rigid assessments.

9. Roles and Responsibilities

Alinea commits to fulfil the roles and responsibilities outlined in the service order [SO. 75523/63] and in this MTR plan. In addition, regular meetings with DFAT will be held as agreed during the Inception meeting (fortnightly commencing in June). These meetings will serve as a platform to discuss progress, share findings, and ensure alignment on key review activities. Clear expectations will be established regarding the timing and process for sharing documents and findings.

Deliverables include:

1. Draft MTR Plan
2. A validation workshop will be held with key DFAT staff, HDMES team members and available partners to further contextualise the results and focus on areas that differ from DFAT's initial understanding of the program.
3. Draft MTR report with findings and actionable recommendations. The report will be iterative, with feedback from DFAT incorporated to ensure its accuracy and relevance.
4. Final MTR report incorporating DFAT feedback (Including a 2-page executive summary and no more than 20 pages of findings and recommendations).

10. Ethical and Quality Considerations

Alinea will ensure informed consent for all interviews, emphasising confidentiality of responses and respect for local context and cross-cultural sensitivities.

Alinea will ensure informed consent is obtained from all interview participants through a clear and culturally appropriate process. This will include providing participants with a written or verbal consent form—translated into local languages where necessary—that outlines the purpose of the interview, the voluntary nature of participation, the intended use of the information collected, and assurances of confidentiality. Participants will be informed that they may withdraw from the process at any time without consequence.

Confidentiality will be emphasised, and responses will be anonymised during transcription and analysis to protect individual identities. All data collected will be securely stored in password-protected digital files accessible only to authorised members of the evaluation team. Identifiable information will be removed for reporting and analysis. Alinea will ensure that all procedures reflect respect for local cultural norms and cross-cultural sensitivities.

Alinea will give HDMES an opportunity to check all deliverables for factual inaccuracies, prior to being finalised.

To ensure a high-quality MTR, Alinea will emphasise robust methodologies, stakeholder engagement, strategic insights, and actionable recommendations. The quality assurance tools we propose for this engagement include;

1. Clearly define milestones, deliverables, and deadlines (e.g., Draft Report, Validation Workshop, Final Report) and including contingency measures in case of unexpected delays (e.g., travel restrictions, scheduling conflicts).
2. Data Triangulation: Cross-check findings from multiple sources to ensure credibility.
3. Root Cause Analysis: Identify systemic issues (e.g., why HDMES reportedly struggled with consultant quality and M&E standards).
4. GEDSI Analysis: Assess whether HDMES integrates gender, disability, and social inclusion considerations into evaluations.
5. Lessons Learned: Highlight best practices that can strengthen DFAT's M&E framework
6. Peer Review Process: Quality assurance review by a MEL expert.
7. Alignment with DFAT MEL Standards: Compliance with DFAT's Monitoring, Evaluation, and Learning (MEL) policies.
8. Emphasise collaborative learning by engaging DFAT, PNG government agencies, implementing partners, and donor organizations.
9. Validation Workshops to share preliminary findings and refine recommendations with stakeholders before finalising the report.
10. Structure recommendations around short-term, medium-term, and long-term improvements with realistic implementation strategies that can be integrated within DFAT's programming.

11. Dissemination

The goal of dissemination is to inform decision-making on the extension, redesign, or restructuring of HDMES. Additionally, Alinea aims to promote learning and accountability within DFAT, implementing partners, and local stakeholders and encourage use of findings to improve MEL practice, service delivery, and GEDSI integration. For this report it will be important to tailor language and format to each audience, ensure sensitive findings are managed through internal channels first and coordinate with DFAT on their preferred mechanism for sharing.

Audience: DFAT Stakeholders (Port Moresby & Canberra)

Products:

- MTR Initial Findings PowerPoint deck & Validation Workshop
- Executive summary (2 pages)
- Full MTR report
- Optional: Talking points for leadership, One Page Summary, One-on-one debriefs with senior team leads.

Options to contribute to learning and transparency in MEL practice, particularly in fragile and complex settings via DFAT development blog or DevPolicy blog post, ACFID learning forum or DFAT-commissioned webinars.

ANNEX 1. Sample Interview Questions

For DFAT (AHC and Canberra)

1. [Effectiveness] How has HDMES improved your ability to make evidence-based decisions?
2. [Effectiveness] Which HDMES products or services have most influenced your investment planning or adaptations?
3. [Efficiency] How efficient is HDMES in responding to taskings, managing timelines, and delivering usable products?
4. [Efficiency] What effort is required from DFAT to bring HDMES outputs to the required standard?
5. [Efficiency] How has the HDMES model adapted to staff turnover and geopolitical context in PNG?
6. [Efficiency] How did the Program Steering Group (representatives from Health and Education sectors and the PNG Government) contribute to the efficient management of the program?
Prompt: How was stakeholder or relationship management used to ensure efficient operation of the program?
7. [Efficiency] How have DFAT's own management arrangements contributed to the program efficiency?
Prompt: Can you provide some examples of how administrative costs have been minimised; management processes (including procurement procedures) designed to maximise cost effectiveness; commercial risks are managed sensibly in a geographically challenging operating environment; and funds allocated based on evidence of results to ensure the greatest possible impact?
8. [GEDSI] Has HDMES contributed to improved GEDSI outcomes or practice in the investments you manage?
9. [GEDSI] How useful have GEDSI tools (e.g., the Toolkit, Disability Rubric) been for your team or partners?
10. [Recommendations] What changes would strengthen HDMES's contribution to your team's needs?
11. [Recommendations] Are there emerging MEL or sectoral priorities that HDMES should focus on going forward?

Activity: Review M&E Function Table, outlining how functions were actioned, why/why not.

For ASI and Clear Horizon

1. [Effectiveness] What do you see as the key successes of HDMES in achieving the EOPOs?
2. What contributed to these successes?
3. [Effectiveness] How are client feedback and lessons learned being used to improve service quality?
4. [Effectiveness – Principle] What efforts were made to avoid duplication and to align with existing M&E activities.
5. [Effectiveness – Principle] How did the program support for National Monitoring Systems and Capacity?
Prompt: This principle was removed from the EOPOs – why do you think it wasn't working?
6. [Efficiency] What has worked well in the staffing model (in-country/remote mix)? What hasn't?
7. [Efficiency] How did DFAT make use of or draw on the range of expertise available?
8. [Efficiency] How has HDMES addressed past IMR concerns, particularly quality assurance and contextual relevance?
9. [Efficiency] What lessons have emerged from implementing the remediation plan?
Prompt: What systems or processes have you introduced to improve delivery efficiency and value for money?
10. [GEDSI] How have you integrated GEDSI into internal operations and into MEL products?

11. [GEDSI] What challenges have you faced in engaging OPDs, women's groups or inclusive stakeholders?
12. [Recommendations] What resourcing or structural changes would enable HDMES to better meet DFAT's evolving needs?
13. [Recommendations] How can HDMES play a stronger role in building national capacity or localisation of MEL?

Activity: Review M&E Function Table, outlining how functions were actioned, why/why not.

Short-Term Advisors / Consultants Engaged by HDMES

1. [Effectiveness] Were the scopes of work and deliverables clearly defined and aligned to program needs?
2. [Effectiveness] Did your work contribute to improved decision-making or programming?
3. [Efficiency] How would you rate the support you received from the HDMES team during your assignment?
4. [Efficiency] Were timelines and review processes conducive to quality outputs?
5. [GEDSI] Did your assignments include a focus on GEDSI, and were you equipped to deliver on that? How can HDMES improve its expectations and support on GEDSI components?
6. [Recommendations] What suggestions do you have for improving assignment processes, QA, or support mechanisms? How can HDMES better prepare consultants to meet DFAT's expectations?
7. [Recommendations] How could HDMES better support high-quality, locally relevant evaluation?

DFAT-Funded Implementing Partners (IPs, NGOs, Multilaterals)

1. [Effectiveness] How relevant and useful were HDMES evaluations or QA processes to your program's learning and adaptation?
2. [Effectiveness] Did HDMES engage with you in a collaborative and constructive way?
3. [Effectiveness] How has HDMES supported your MEL systems or skills? What types of HDMES support have been most or least useful?
4. [Efficiency] How would you describe the efficiency of HDMES in conducting evaluations or QA tasks that involved your team?
Prompt: Were timelines, expectations, and processes clear and realistic?
5. [GEDSI] Did HDMES provide support, tools, or advice that strengthened your GEDSI practice or reporting?
6. [GEDSI] How inclusive was the evaluation process in terms of engaging marginalised groups?
7. [Recommendations] What further MEL support or tools would be valuable from HDMES?
8. [Recommendations] How can HDMES improve the way it collaborates with implementation partners?

GEDSI Stakeholders (OPDs, Women's Organisations, GEDSI Advisors)

1. Have you been consulted or involved in HDMES evaluations or training sessions?
2. Did HDMES products or processes reflect the lived experiences and priorities of marginalised groups?
3. Do you think HDMES has effectively promoted disability inclusion and gender equality in development programs?
4. What support is still needed to better embed GEDSI in monitoring and evaluation?