

HDMES Mid-Term Review – Port Moresby Post Management Response - 2025

Criteria Area - Relevance

Key Recommendations	Response from Port Moresby Post (Health and Education Teams)
<p>1.1. Shift to a proactive, portfolio-level MEL strategy with clear learning objectives: DFAT’s current approach—focused on responding to individual service requests and discrete tasks—has resulted in reactive, fragmented engagement with HDMES that misses opportunities for portfolio-level learning. Should the program continue beyond the extension year, DFAT could consider establishing a proactive MEL strategy for the Health and Education portfolios that combines responsive services with clear learning objectives and a structured learning agenda, rather than using it primarily for compliance and reporting. This would strengthen the link between MEL activities, reflection, and adaptive management, and could include periodic learning reviews, synthesis reports, and closer integration of evaluations with programming decisions.</p>	<p>Noted. Port Moresby Post (Health and Education teams) to consider this recommendation in designing any future MEL support post-HDMES.</p>
<p>1.2. Position HDMES as a strategic partner: DFAT’s Investment Concept Note describes HDMES as providing oversight to whole-of-Portfolio M&E for both Health and Education. In order to achieve this goal, DFAT should engage HDMES earlier in planning cycles, empowering the program to advise on MEL priorities and approaches, beyond technical compliance.</p>	<p>Noted. Port Moresby Post (Health and Education teams) to consider this recommendation in designing any future MEL support post-HDMES.</p>
<p>1.3. Keep the independent, centralised MEL service with flexible modalities: The independent structure provided necessary oversight and technical expertise, with the flexibility to cover a wide range of MEL tasks. The inclusion of both remote and in-country personnel, as well as access to a specialist panel, remains valuable for reach and agility, particularly in crisis contexts. This capacity for operational agility should be retained and built upon by strengthening local capacity to lead tasks.</p>	<p>Partially Agree. While DFAT agrees that support to local capacity development is a priority, the model through which this is supported will depend on broader DFAT direction, including the ongoing development of in-house MEL capability.</p>

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<p>1.4. Stronger mechanisms for engaging GoPNG and local actors: To better align with DFAT’s M&E Standard 5 (Use of Local Systems) – which states that “where feasible, monitoring should draw on and strengthen partner government systems and data sources” – DFAT and HDMES could create opportunities for structured local consultation and capacity strengthening within planned MEL activities, documenting the results. While formal GoPNG engagement is no longer an intended outcome, this approach would support localisation priorities and enable local staff to play a more meaningful role.</p>	<p>Partially Agree. Post (Health and Education) will continue engaging Government of PNG and local actors on MEL as a priority. Post notes that strengthening the PNG Government’s MEL and data systems is not an intended outcome of HDMES.</p>

Criteria Area - Effectiveness

Key Recommendations	Response from Port Moresby Post (Health and Education Teams)
<p>2.1. Clarify Mandate and Scope: DFAT to review and clearly define the service’s mandate—especially regarding design and research functions—to ensure alignment of expectations across stakeholders. Develop a shared understanding (documented in guidance notes or frameworks) of the boundaries between MEL, design, and research support.</p>	<p>Agree. The HDMES mandate and scope is a standing item for discussion at the quarterly HDMES – Port Moresby Post Senior Management Meeting.</p>
<p>2.2. Rebalance focus from technical M&E excellence toward pragmatic, user-focused outputs: Encourage products and processes that prioritise practical application, value-for-money, and usability, reducing emphasis on technical depth where it does not add practical value. Revise TORs and guidance to ensure MEL products are fit-for-purpose, accessible, and directly linked to program decision-making and operational realities, especially in Education.</p>	<p>Agree.</p>

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<p>2.3. Strengthen evidence use and portfolio-level learning: Establish a formal recommendation tracking system to monitor and support implementation of evaluation findings at the portfolio level. Complement this with quarterly DFAT-HDMES learning check-ins, portfolio learning reviews, synthesis reports, and reflection workshops to embed learning and drive adaptive management. Explore joint reflection sessions between DFAT and HDMES to recalibrate ways of working and build mutual trust.</p>	<p>Partially Agree. This will be taken forward internally by Port Moresby Post rather than through the HDMES modality, with Post (Health and Education teams) to consider this recommendation in designing any future MEL support post-HDMES.</p>
<p>2.4. Sustain and deepen MEL contributions to strategic adjustments: Continue using MEL to inform portfolio redesigns and major programming decisions, building on successes in areas like health portfolio redesign. Ensure future evaluations are aligned with strategic goals and include actionable recommendations specifying ‘who, what, by when.’ Move beyond sporadic, ad hoc use of tools and frameworks (i.e., GEDSI toolkit). Promote consistent, systematic application to strengthen coherence and impact across programs.</p>	<p>Agree. Post (Health and Education teams) will continue using MEL to inform portfolio redesigns and major programming decisions and will use tools and frameworks where they remain fit for purpose.</p>
<p>2.5. Improve communication and uptake of MEL products: Consider developing tailored communication strategies, including sector-specific approaches to ensure outputs such as infographics are visible, accessible, and used.</p>	<p>Noted. The development and dissemination of sector-specific infographics supporting the broader communications objectives of the Health and Education teams will be considered in the remaining contract term, where these do not duplicate other communications products or services.</p>
<p>2.6. Enhance capacity strengthening for DFAT and implementing partners (on MEL): The suite of workshops (e.g., GEDSI toolkit, value-for-money, theory of change) added value and helped build MEL literacy among DFAT and partner staff. These initiatives should be continued and, where possible, expanded with refinements to address technical depth and facilitation quality. For example,</p>	<p>Noted. Post (Health and Education teams) and ASI to consider this recommendation in the remaining HDMES contract term as it relates to MEL.</p>

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offering structured mentorship that pairs workshops with follow-up coaching. Prioritise adaptive MEL and evidence use skills.	
2.7. Stabilise and Support Leadership and Team Continuity: Prioritise succession planning and timely recruitment for key leadership positions to mitigate the impact of turnover. Provide stronger backstopping and institutional memory mechanisms (e.g., document management systems, handover protocols) to ensure continuity despite staff changes.	Agree. The new model discussed and agreed at the HDMES-Port Moresby Post Senior Management Meeting in August 2025 will address this.
2.8. Address ARF-Related Recruitment Challenges: Work with DFAT to explore flexibilities within the ARF where feasible or consider alternative contracting options for specialised skills that are hard to source under existing arrangements. Maintain a proactive consultant pipeline to avoid last-minute sourcing that compromises quality.	Noted. ASI and Port Moresby Post (Health and Education) will explore ARF- related recruitment challenges in the remaining contract, where feasible.

Criteria Area - Efficiency

Key Recommendations	Response from Port Moresby Post (Health and Education Teams)
3.1. Option to optimise the hybrid delivery and staffing model through strengthened local capacity, refined governance, and enhanced consultant capability. Retain and refine the hybrid remote/in-country model to preserve flexibility and cost efficiency in peak periods, while significantly increasing in-country presence and local engagement. This will strengthen contextual understanding, relationship-building, and product quality. Invest in local capacity development to build and retain a strong pool of local MEL experts,	Agree. ASI and Post (Health and Education teams) to implement in the remaining contract term, where feasible.

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reducing reliance on international consultants. Improve governance structures to empower local staff, foster innovation, and promote program ownership.	
3.2. Streamline administrative processes and tools: Simplify and standardise service orders, tasking, and approvals using clear templates and toolkits to reduce delays, lower transaction costs, and improve efficiency for both DFAT and contractors.	Agree. ASI and Post (Health and Education teams) to implement in the remaining contract term, where feasible.
3.3. Strengthen consultant briefing, QA, and contextual relevance: ASI should strengthen briefing, screening, and set early-stage QA benchmarks to reduce variability in product quality and ensure outputs consistently reflect the local context and are practically applicable. Address recruitment challenges by exploring adjustments to pay scales within the ARF and approaches to attract high-quality, contextually knowledgeable consultants.	Agree. ASI to implement in the remaining contract term, where feasible.
3.4. Sustain and enhance cost-saving and accountability measures: Continue to use output-based contracts, performance-linked payments, and milestone-based contracts to drive accountability, financial control, and efficiency, while identifying further opportunities to strengthen these mechanisms.	Agree. ASI will continue with these measures in the remaining contract term.
3.5. Establish a formal partnership governance mechanism: Create structured governance arrangements between DFAT, ASI, and Clear Horizon to improve coordination, ensure consistent QA, and promote shared accountability and responsiveness. Clarify roles, responsibilities, and collaboration processes through updated organisational charts, assignment briefs, regular internal debriefs, and shared calendars to ensure alignment and efficient operations.	Partially Agree. Post (Health and Education teams) and ASI are taking steps to clarify roles, responsibilities and collaboration processes in the remaining contract term. Post does not agree that a structured governance arrangement between DFAT, ASI and Clear Horizon is needed, given this would duplicate the functions of the quarterly Senior Management Meeting.

Criteria Area - GEDSI

Key Recommendations	Response from Port Moresby Post (Health and Education Teams)
<p>4.1. Where feasible, deepen engagement with local inclusion actors: Few evaluations demonstrated direct engagement of women or people with disabilities as participants or co-evaluators. If appropriate, establish formal mechanisms to involve OPDs, women’s organisations, and other local groups in MEL design, data collection, analysis, and co-evaluation. Ensure all evaluation ToRs specify gender- and disability-sensitive methodologies and explicitly document the participation of marginalised groups.</p>	<p>Agree. ASI and Post (Health and Education teams) to action this recommendation in the remaining contract term, where feasible.</p>
<p>4.2. Roll out a structured GEDSI Toolkit implementation plan: The GEDSI Toolkit, while technically sound, was seen by IPs and DFAT as too focused on M&E processes and not adaptable across sectors. Toolkit uptake is limited and under-monitored. Modify the GEDSI Toolkit and Assessment Rubric so they are less compliance-oriented and more focused on supporting operational integration, sector-specific needs, and practical implementation. Strengthen uptake through clear targets for workshop delivery, integration into MEL frameworks and program designs, and monitoring of partner usage. Engage the DFAT GEDSI helpdesk to reduce duplication, improve communication and guidance to clarify the tools’ purpose and how they support program objectives and daily practice.</p>	<p>Noted. ASI and Post (Health and Education teams) to consider this recommendation in the remaining contract term, where feasible.</p>
<p>4.3. Enhance capacity building and practical support: Continue and refine GEDSI workshops for DFAT, implementing partners to improve sector relevance and support operational integration. Provide further assistance to help translate GEDSI findings into program adaptations and track influence through tools like a GEDSI influence tracker, with results included in Annual Management Reports. Improve guidance and messaging so DFAT staff and IPs understand</p>	<p>Noted. ASI and Post (Health and Education teams) to consider this recommendation in the remaining contract term, where feasible.</p>

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how GEDSI tools should be applied, how they support program objectives, and how to integrate them into daily work.	