

Independent Evaluation of the Australian Humanitarian Partnership

Evaluation Report

December 2025



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Abbreviations

Acronym	Description
AA	Anticipatory Action
AAP	Accountability to Affected Populations
AHP	Australian Humanitarian Partnership
AHPSU	Australian Humanitarian Partnership Support Unit
ANCP	Australian NGO Cooperation Program
ANGO	Australian Non-Government Organisation
ARC	Australian Red Cross
AUSMAT	Australian Medical Assistance Teams
CBDRR	Community-based disaster risk reduction
CERF	Central Emergency Response Fund
CoP	Communities of Practice
CPA	Civil Protection Authority
DART	Disaster Assistance Response Team
DEI	Diversity, Equity, and Inclusion
DFAT	Australia's Department of Foreign Affairs and Trade
DR	Disaster READY
DRCC	Disaster READY Country Committees
DRR	Disaster risk reduction
EoPO	End-of-Program Outcomes
EWG	Evaluation Working Group
FCOSS	Fiji Council of Social Services
GEDSI	Gender Equality, Disability and Social Inclusion
HEF	Humanitarian Emergency Fund
HLC	Humanitarian Logistics Capability
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross and Red Crescent Societies
KEQ	Key Evaluation Question
LAA	Learning Action Agendas
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and others
MEL	Monitoring, evaluation, and learning
MHPSS	Mental health and psychosocial support
NDMO	National Disaster Management Office
NGO	Non-Government Organisations
OCHA	Office for the Coordination of Humanitarian Affairs
OPD	Organisations of Persons with Disabilities

Acronym	Description
PNG	Papua New Guinea
PResCoM	Pacific Humanitarian Response Coordination Mechanism
PRP	Pacific Resilience Partnership
RTR	Real-time Review
SOGIESC	Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics
SOP	Standard Operating Procedures
SPC	The Pacific Community
UNDAC	United Nations Disaster Assessment and Coordination
UNHCR	UN High Commissioner for Refugees
WASH	Water, sanitation, and hygiene
WFP	World Food Programme

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Executive summary

This independent evaluation examines **Phase II (2022–2027)** of the **Australian Humanitarian Partnership (AHP)**. The AHP is DFAT's flagship mechanism for delivering timely, inclusive, and locally led humanitarian assistance and strengthening disaster preparedness in partnership with NGOs.

This evaluation assesses the **effectiveness, relevance, and operational model** of the AHP within a rapidly evolving humanitarian landscape. It identifies **strategic considerations for the design of Phase III** of the partnership.

The evaluation was guided by five Key Evaluation Questions covering relevance, appropriateness, coherence, and effectiveness, including the integration of Gender Equality, Disability, and Social Inclusion (GEDSI). Findings are based on evidence from:

- A review of 61 program / policy documents
- 85 stakeholder consultations across DFAT NGOs, and local partners in Fiji, Vanuatu, Timor-Leste, and Myanmar.
- A survey of 30 AHP partners (with an 80 per cent response rate) and DFAT staff.
- Validation and sensemaking workshops with DFAT and the Evaluation Working Group.

Background and context

The evaluation examined whether the AHP delivery mechanism remains **fit for purpose** and consistent with the priorities of *Australia's Humanitarian Policy (2024)*. It assessed the partnership's performance against its three **End-of-Program Outcomes (EoPOs)** and its ability to adapt to shifting geopolitical, climate, and humanitarian conditions.

A **realist, mixed-methods approach** combined qualitative and quantitative data, triangulated across documents, interviews, a partnership survey, and program data. The scope covered AHP's three interlinked components:

- **Disaster READY** – community preparedness and resilience in four Pacific countries and Timor-Leste.
- **Humanitarian activations** – rapid-onset and protracted crisis response globally.
- **Partnership learning and practice** - including the Monitoring, Evaluation and Learning (MEL) arrangements for the partnership.

AHP in the current humanitarian landscape

The AHP operates within a **complex and volatile global environment**, marked by intensifying climate impacts, increasingly protracted crises, shrinking humanitarian space, and growing constraints on international humanitarian law and funding.

Within this context, the AHP remains **central to DFAT's humanitarian and resilience ecosystem**, delivering assistance through six accredited Australian NGOs and their networks of more than 1,100 local and faith-based partners across the Indo-Pacific region and global crisis settings.

The partnership is managed through a **tripartite structure** comprising:

- **DFAT**, providing policy leadership, funding, and leading partnerships with Australian NGOs.
- The **AHP Support Unit (AHPSU)**, responsible for grants management, MEL, and coordination.
- **Lead Australian NGOs**, leading risk-managed implementation with local partners.

At a glance:

Duration: Two five-year phases (2017–2022; 2022–2027) with AUD 50 million per phase for Disaster READY, plus AUD 280+ million in crisis funding since 2017.

Components: Disaster READY | Humanitarian Response | Partnership Learning and Practice

Reach: Fiji, Papua New Guinea, Solomon Islands, Timor-Leste and Vanuatu (Disaster READY), plus 21 global activations.

Partners: 6 Australian NGOs, 1,100+ local and faith-based organisations.

Delivery speed: Humanitarian responses mobilised “as fast as government can get” - in some cases within 48 hours of activation approval.

Phase II funding focus: Approximately 45 per cent allocated to protracted crises; the remainder to preparedness (~31 per cent) and rapid-onset response (~22 per cent).

Key Achievements:

- Strengthened national disaster preparedness systems in line with national frameworks in Disaster READY countries.
- Enabled rapid, inclusive responses to crises such as the Enga landslide (PNG) and Cyclones Judy and Kevin (Vanuatu).
- Promoted gender and disability inclusion in all program phases, with organisations of persons with disabilities (OPDs) and women’s networks now integrated into national coordination systems.
- Advanced anticipatory action pilots in three countries, linking early-warning systems to pre-agreed financing triggers.
- Institutionalised a comprehensive MEL Framework, strengthening reflection, accountability, and evidence-based adaptation across the partnership.

Key findings

The AHP remains a fit-for-purpose, relevant, and adaptive mechanism for advancing Australia’s humanitarian objectives. Its increasingly locally led, inclusive, and partnership-based model provides DFAT with a credible and flexible platform for humanitarian action in the Indo-Pacific and beyond. However, sustained effectiveness will depend on greater regional coherence, predictable multi-year financing in protracted settings, and more equitable risk and resource sharing with local partners.

Alignment with Australia’s Humanitarian Policy

The AHP is strongly aligned with the policy’s three pillars: preparedness, effective crisis response, and system reform.

- Through Disaster READY, AHP has enhanced community-led preparedness and anticipatory action, operationalising Australia’s commitments to localisation and inclusion.
- There are opportunities for Phase III to strengthen integration of conflict sensitivity, peacebuilding, and First Nations perspectives within program design and learning systems, which were not part of the original Phase II design.

System coherence: DFAT ecosystem, regional mechanisms and cluster links

- AHP complements other DFAT instruments (e.g., Australia Assists, the ARC Partnership, Humanitarian Logistics Capability) and aligns closely with national coordination systems in Pacific countries.
- Example: In Timor-Leste, AHP partners co-designed national disaster Standard Operating Procedures (SOPs) with the Civil Protection Authority, now adopted as the national reference guide.
- Yet, coherence with regional mechanisms such as the Pacific Humanitarian Response Coordination Mechanism (PResCoM) and PRP remains underdeveloped, and internal DFAT coordination can be ad hoc rather than fully institutionalised.

Localisation, inclusion, and climate integration

- **Localisation:** Funding to local partners increased from ~20% (2018) to 42% (2024) with local NGOs now co-chairing some DRCCs.
- **Inclusion:** AHP has placed a notable emphasis on disability-inclusive humanitarian action, with strong participation of disability and women’s organisations.
- **Climate integration:** Disaster READY pilots demonstrate early progress in anticipatory action and risk-informed planning, but climate adaptation remains under-resourced and not yet systematically embedded.

Progress toward End-of-Program Outcomes

- **EoPO 1 – Disaster READY:** Strengthened community preparedness and inclusive local governance in all five Pacific countries and Timor-Leste.

- **EoPO 2 – Rapid/protracted crisis response:** Fast, locally led responses achieved through pre-positioned funding; performance in protracted crises (e.g. Myanmar, Bangladesh) constrained by short funding cycles.
- **EoPO 3 – Partnership learning and practice:** A mature MEL system supports reflection and adaptation, though translation of learning into DFAT policy and regional influence remains uneven.

MEL and risk management

The AHP MEL Framework (2022) strengthened consistency, reflection, and results measurement across partners.

- *Example:* In Timor-Leste, partnership-wide learning events at the municipal level, supported village Disaster Management Committees to prepare and table village DRR action plans that were subsequently reflected in municipal development/work plans.
- Risk systems are robust and proportionate, but risk sharing remains uneven. Local partners often shoulder operational risk without equivalent decision-making authority or financial flexibility.

What’s working?

- **Relevance and alignment:** Strong fit with Australia’s humanitarian priorities and global reform agendas.
- **Timeliness:** Among DFAT’s fastest mechanisms for mobilising humanitarian assistance.
- **Local leadership:** DRCC structures are functioning platforms for coordination, learning, and inclusion.
- **Assurance and accountability:** DFAT accreditation and the AHPSU’s oversight maintain high compliance standards.
- **Learning culture:** Evidence-informed reflection processes are increasingly beginning to drive program design and management.
- **Gender and disability inclusion:** Consistently promoted, and increasingly embedded, as key features of AHP’s practice.

What needs work?

- **Protracted crisis continuity:** Unpredictable, short-term funding undermines program stability and localisation.
- **Regional and system coherence:** Weak linkages with PRP, PResCoM, and intra-DFAT coordination limit efficiency and visibility.
- **Diversity of partners:** Narrowed partner pool through the decline of technical consortia risk impeding innovation and technical depth.
- **Risk asymmetry:** Local actors bear disproportionate operational and security risk without a commensurate shift in decision-making authority

Priority considerations

Recommendation	Risks if not adopted
<p>Secure predictable and flexible funding</p> <ul style="list-style-type: none"> • Increase the availability of multi-year, flexible funding envelopes for protracted crises to ensure continuity, staff retention, and adaptive management. • Expand and standardise pre-positioned and rapid-access funds (e.g., PNG Emergency Response Fund, El Niño Fund, crisis modifiers) so early action is possible across all Disaster READY countries. 	<p>Without predictable and flexible financing, AHP partners will face stop-start implementation, staff attrition, and reduced capacity for adaptive management. Program reach and quality will decline, early-action mechanisms will remain uneven, and the AHP’s reputation for reliability and timeliness in crises will weaken.</p>
<p>Strengthen localisation and partnership equity</p> <ul style="list-style-type: none"> • Explore ways to rebalance risk-sharing arrangements so local partners are not disproportionately exposed to financial risk, including through access to small contingency or core-funding lines. • Reinforce DRCC engagement with national systems by promoting greater participation from key government and other humanitarian actors, positioning DRCCs as integral, not parallel, coordination platforms. 	<p>Failure to advance localisation as a strategic necessity, not just a policy commitment, will limit AHP’s long-term viability in an era of shrinking humanitarian space and increasing regional leadership. Without equitable risk-sharing and deeper integration with national systems, the partnership risks losing relevance, legitimacy, and access.</p>

Recommendation	Risks if not adopted
<ul style="list-style-type: none"> Co-design localisation outcomes and indicators, ensuring a shared definition of localisation and measurable accountability across AHP. 	
<p>Consider periodically refreshing the partner base</p> <ul style="list-style-type: none"> Periodically review and refresh the partner pool to include smaller, specialist, or regionally based NGOs, maintaining innovation, technical depth, and inclusivity. Define transparent performance metrics and establish clear entry and exit pathways to reward innovation and address under-performance. 	<p>A static partner base risks stagnation, narrowing innovation and technical capability. Absence of transparent performance criteria will reduce accountability and incentives for improvement, allowing under-performing partners to persist and excluding capable actors who could enhance impact.</p>
<p>Maintain technical excellence and inclusion standards</p> <ul style="list-style-type: none"> Review resourcing model and consider centralised and/or percentage-based resourcing for access to technical expertise in gender equality, sexual and gender diversity, disability inclusion, protection and safeguarding to ensure do no harm principle is maintained and to maximise GEDSI-sensitive budgeting by individual partner agencies and the program as a whole. 	<p>Lack of prioritisation for resourcing of technical expertise would erode inclusion and safeguarding standards, increasing risk of harm and reputational damage. Without systematic integration of inclusion in learning, GEDSI progress may plateau and Australia’s standing as a leader in disability-inclusive and gender-responsive humanitarian action would diminish.</p>
<p>Improve system coherence and regional alignment</p> <ul style="list-style-type: none"> Institutionalise coordination across DFAT humanitarian mechanisms (AHP, Australia Assists, ARC Partnership, HLC, ANCP) through a complementarity map and periodic portfolio reviews. 	<p>Fragmented coordination will lead to duplication, missed synergies, and inefficient use of resources across DFAT’s humanitarian instruments. Australia’s collective humanitarian footprint will appear disjointed, reducing policy coherence, regional visibility, and influence within Pacific-led coordination mechanisms.</p>

1 Introduction

1.1 Evaluation purpose and scope

The Australian Humanitarian Partnership (AHP) is a ten-year, Australian Government initiative that provides a coordinated platform for the Department of Foreign Affairs and Trade (DFAT) and six accredited Australian Non-Government Organisations (NGOs) to deliver humanitarian assistance and strengthen disaster preparedness. It comprises two main components: Disaster READY, which strengthens community resilience in Pacific countries and Timor-Leste, and humanitarian response activations for rapid or protracted crises globally.

DFAT commissioned Tetra Tech International Development ('Tetra Tech') to undertake an independent evaluation of the AHP ('the Program') from May to November 2025. The purpose of this independent evaluation is to assess whether the AHP delivery mechanism, specifically Phase II (2022–2027), remains fit for purpose within an evolving humanitarian landscape and is consistent with the priorities of Australia's Humanitarian Policy (2024).

This evaluation assessed the effectiveness, relevance, and operational model of AHP in Phase II, including the appropriateness of contractual and delivery mechanisms. It examined progress towards EoPOs, the suitability of management and funding arrangements, and the program's ability to adapt to emerging humanitarian, geopolitical and climate challenges. The evaluation is forward-looking, with findings and recommendations intended to inform DFAT's decisions on the design and strategic orientation of the next phase of the AHP, scheduled to commence in 2027.

1.2 Methodology

Designed to generate practical and evidence-based findings and recommendations relevant to DFAT and AHP partners, the evaluation adopted a **realist, mixed-methods** approach. This involved building a deep understanding of the roles and interests of stakeholders and ensuring that local and partner perspectives were central to data collection and the contextualisation of findings.

The mixed-methods approach utilised combined qualitative and quantitative data from both primary and secondary sources. This involved:

- A **document review** of 61 program documents, including AHP annual reports, AHP Partner Capability Statements in various countries, evaluations, AHP design documents and MEL Framework, AHPSU Standard Operating Procedures (SOP) and Program Manual.
- A short online **survey** of DFAT, AHP lead NGOs, and their consortia partners provided initial perspectives and informed lines of enquiry for in-depth consultations. The survey received an 80 per cent response rate (N=30).
- Eighty-five in-country and remote **stakeholder consultations** through key informant interviews and group discussions and roundtables. Further information of stakeholders consulted is provided at Annex A.
- **Sensemaking and/or validation workshops**, including touchpoints with the Evaluation Working Group (EWG) to support coordination and checking for accuracy and early perspectives.
- The evaluation teams' **analysis** involved qualitative coding (NVivo) and cross-source triangulation, light quantitative analysis from program data, and **synthesis** structured by KEQs.

A purposive sampling strategy guided the selection of four country or data collection sites outside of Australia. These included: Vanuatu (in-country), Fiji (in-country), Timor-Leste (in-country) and Myanmar (hybrid). These countries were chosen to capture insights from both Disaster READY and activations in both rapid onset and protracted crisis contexts. Stakeholders consulted within these countries included DFAT staff, AHP partners, local partners, government counterparts, community representatives (from gender and disability-focussed organisations) and external humanitarian stakeholders. All data collection followed ethical evaluation principles, including voluntarism, confidentiality and anonymity.

Following data collection, the evaluation team facilitated an internal sensemaking workshop involving all local consultants who co-led the country consultations as part of comprehensive approach to data coding, analysis and triangulation. The evaluation team then convened a sensemaking workshop with delivery partners and validation workshops with DFAT. These sessions were used to test the accuracy of emerging findings, refine recommendations and to ensure alignment with DFAT's priorities for the design of the next phase of the AHP.

An Evaluation Working Group (EWG) consisting of representatives from DFAT, the AHPSU, and the AHP's six lead agencies contributed high-level guidance throughout. A total of four EWG meetings were convened, providing feedback on the Evaluation Plan, stakeholder lists and engagement strategies, and preliminary findings.

Limitations

The evaluation focused on assessing the effectiveness of the AHP model rather than the impact of individual responses. As such, community-level engagement was limited, and findings on outcomes rely largely on documentary evidence, stakeholder consultations and reported data rather than direct observation or impact measurement. The scope covered a selection of countries and responses intended to reflect the diversity of the partnership, but not all geographic contexts were examined. Timing also posed constraints, as some initiatives and supporting documentation, such as finalised reports on recent humanitarian response activations and program pilots, were still in progress or unavailable at the time of review. These factors limit the depth of impact assessment but do not materially affect the evaluation’s conclusions on the model’s overall effectiveness, relevance and coherence.

It should also be noted that an independent evaluation focussed specifically on the Disaster READY component of the program is ongoing and scheduled for completion in 2026. This will provide a more in-depth analysis and assessment of the Disaster READY model and its efficacy.

1.3 Key Evaluation Questions

The evaluation was guided by a set of five Key Evaluation Questions (KEQs) and related sub-questions, organised around two primary evaluation criteria drawn from DFAT’s quality criteria and the Organisation for Economic Co-operation and Development – Development Assistance Committee evaluation criteria:

1. Relevance (including appropriateness and coherence)
2. Effectiveness.

Across all questions, the evaluation assessed the integration of Gender Equality, Disability, and Social Inclusion (GEDSI) principles as relevant in the humanitarian and partnerships context.

The following KEQs were developed collaboratively with DFAT’s AHP team and the EWG to ensure the evaluation is directly relevant to DFAT’s information needs for decision-making.

Table 1: Key Evaluation Questions

Criteria	Key Evaluation Questions
Relevance (including appropriateness and coherence)	How fit for purpose is the current AHP contractual and delivery model to deliver these End-of-Program Outcomes? How relevant are the AHP outcomes and delivery model in a changing international humanitarian and geopolitical context?
Effectiveness	To what extent has the AHP delivered the anticipated End-of-Program outcomes? To what extent have AHP monitoring, evaluation, learning and risk management processes supported effective program management and adaptation?
Overarching	What are the implications of this evaluation for the next phase of AHP or similar mechanisms?

A full list of sub-questions that operationalise the KEQs and guided data collection and analysis is presented in Annex C.

1.4 Report structure

Section 2 outlines the evolving humanitarian landscape, Australia’s Humanitarian Policy, DFAT’s humanitarian and resilience ecosystem, and the positioning of the AHP.

Section 3 presents the evaluation findings, structured around the two primary evaluation criteria, relevance, appropriateness and coherence; and effectiveness, and thematic sub-sections.

- **Section 3.1** examines the relevance of AHP outcomes and delivery model within the changing humanitarian context.
- **Section 3.2** assesses what the AHP has achieved, analysing progress towards the three End-of-Program Outcomes (EoPOs) and related Intermediate Outcomes.
- **Section 3.3** explores how the AHP delivery model has enabled or constrained these results, considering timeliness, quality, localisation, inclusion, role clarity and complementarity with other mechanisms.
- **Section 3.4** reviews monitoring, evaluation, learning and risk-management systems supporting adaptive management and accountability.

Section 4 synthesises overall conclusions, highlighting key strengths and limitations, and provides practical recommendations and considerations to guide DFAT’s strategic direction for the next phase of the AHP.

2 Background

2.1 Australia’s Humanitarian Policy

Australia’s Humanitarian Policy: Making a difference for people in crisis (Australia’s Humanitarian Policy 2024) reaffirms Australia’s commitment to principled, effective and accountable humanitarian action, grounded in the internationally agreed humanitarian principles and consistent with its role as a signatory to the Grand Bargain. While this evaluation assesses alignment with the policy, it is noted that the policy was released after the Phase II redesign (2021–22). As such, alignment findings are prospective and intended to inform future program design.

The policy sets out a framework for action through three central priorities:

1. **Building readiness and preparedness** – Enhancing early-warning systems, anticipatory action, disaster risk reduction and pre-positioning of supplies to help governments and communities anticipate, manage and mitigate risks before crises strike. This includes strengthening local leadership, amplifying the voices of women, people with disability, and First Nations and Indigenous communities, and harnessing innovation, science and technology to improve forecasting and planning.
2. **Responding to crises and disasters effectively** – Delivering timely, needs-based humanitarian assistance that places protection at its core, with particular focus on women, children, people with disability, displaced populations and LGBTQI+ communities. Australia’s approach spans both rapid onset disasters and protracted crises, using flexible and multi-year funding to enable sustained responses and supporting durable solutions for displaced persons. An emphasis is also placed on linking humanitarian action with long-term recovery and development
3. **Reinforcing the international humanitarian system and championing reform** – Leveraging multilateral leadership to strengthen compliance with international humanitarian law, including through a new Declaration for the Protection of Humanitarian Personnel. Australia is committed to driving reform in areas such as crisis prevention, innovative and flexible financing, disability inclusion, and supporting local leadership and decision-making. The policy underscores Australia’s role as an actor that can amplify Indo-Pacific perspectives in global forums.

Beyond these priorities, the policy commits to embedding conflict prevention, peacebuilding and crisis resilience within Australia’s broader foreign policy and development programming. This includes tackling the root causes of crises, deepening engagement in peacebuilding and arms control, and joining the UN Peacebuilding Commission in 2025–26.

The delivery of Australian humanitarian assistance is further guided by *Australia’s International Gender Equality Strategy: For a safer, more prosperous Indo-Pacific and world* (2025) which includes among its five main delivering gender-equitable responses to humanitarian crises. In parallel, DFAT’s *Disability Equity and Rights Strategy* (2023) commits to advancing disability-inclusive humanitarian response, providing an additional policy direction for AHP’s inclusion work.

2.2 DFAT humanitarian and resilience ecosystem

The Australian Humanitarian Policy is translated into action through a wide range of delivery channels and instruments that are referred to collectively here as the ‘DFAT humanitarian and resilience ecosystem’. DFAT often characterises its response capability across this ecosystem through three interconnected pillars: **money**, **people** and **stuff**. See Figure 1 below.

Within this ecosystem, the AHP occupies a distinctive role, leveraging the reach, relationships and technical expertise of Australian NGOs (ANGOs) and their local partners to deliver humanitarian response and strengthen disaster preparedness and resilience across the Indo-Pacific. See Annex F for a more detailed mapping of the DFAT humanitarian and resilience ecosystem by partnership mechanisms.

Figure 1: DFAT's humanitarian and resilience ecosystem overview



2.3 The Australian Humanitarian Partnership

The AHP is a ten-year strategic collaboration (2017–2027) between the DFAT and six accredited Australian non-government organisations (ANGOs)¹. The partnership enables the Australian Government to deliver humanitarian assistance that is timely, inclusive, locally led, and responsive to changing needs.

The AHP is being implemented in two five-year phases, each with an allocation of AUD 50 million for Disaster READY, together with activation funding for humanitarian responses. Since inception in 2017, more than AUD 280 million has been channelled through AHP for humanitarian response (see Section 3.3.3 for a breakdown of funding by component, and Section 3.3.2 for a breakdown of funding by partner).

The AHP is structured around three interdependent components, each aligned with an EoPO (see Annex E for the full Program Logic):

¹ CARE Australia, CAN DO (led by Caritas Australia), Oxfam Australia, Plan International Australia, Save the Children Australia, and World Vision Australia.

Figure 2: AHP components and End-of-Program Outcomes



The AHP operates through a tripartite structure, complemented by country-level coordination mechanisms:

- **DFAT** is partnership lead with NGOs, provides funding, strategic leadership and policy direction, and ensures alignment with Australia’s humanitarian and development objectives.
- **The AHPSU**, delivered by Alinea International, provides grant administration, MEL, and partnership coordination and technical support. Alinea’s role is limited to managing the Support Unit; the AHP itself does not operate under a managing-contractor model.
- **ANGOs** implement programs, manage risk and lead partnerships with local implementing agencies and in some cases in consortia with international NGOs (see Annex I for a list of consortia partners).

Governance is overseen by the **AHP Steering Committee**, chaired by DFAT, which provides strategic direction and oversight. At the country level, **Disaster READY Country Committees (DRCCs)** operate as the formal governance and coordination bodies for Disaster READY in five countries (PNG, Vanuatu, Solomon Islands, Fiji and Timor-Leste) and convene a mix of competitive and collaborative proposals during activations.

3 Findings

3.1 How relevant are the AHP outcomes and delivery model in a changing international humanitarian and geopolitical context?

This section assesses the extent to which the AHP remains relevant to Australia’s humanitarian policy objectives and the evolving humanitarian landscape. It examines the alignment of the AHP’s design and delivery model with international reform directions, including the *Grand Bargain 3.0*, and with Australia’s *Humanitarian Policy (2024)* priorities of localisation, inclusion and anticipatory action. Drawing on document review and stakeholder consultations across DFAT, implementing partners and in-country humanitarian stakeholders, the section considers both the strategic alignment of the AHP and its operational coherence at country and system levels.

Overall, the AHP remains a relevant and adaptive mechanism for advancing Australia’s humanitarian objectives. Opportunities exist to strengthen strategic integration across DFAT’s programming, regional coherence and to tighten linkages between preparedness, response and recovery.

3.1.1 AHP in the evolving humanitarian landscape

Relevance of AHP in a shifting context

The AHP continues to be broadly relevant and aligned with the evolving humanitarian landscape, particularly in its flexibility and in regard to its focus on localisation and community resilience. However, its future relevance will depend on its continued adaptability in a rapidly changing operating environment marked by escalating geopolitical tensions, climate-related disasters, and a major recalibration of the global humanitarian system.

Consultations with DFAT, partners, and external stakeholders suggest that the AHP's model, linking DFAT with ANGOs and their local partners, is increasingly valued for its trusted networks, flexible delivery capacity, and strong local presence. These attributes are critical in a global context characterised by shrinking humanitarian space, declining donor funding, and the reassertion of national sovereignty in humanitarian coordination.

Yet, maintaining the AHP's relevance will require faster adaptation to system-wide reforms, particularly those emerging under the UN's *Humanitarian Reset* and the *Grand Bargain 3.0*, as well as a clearer articulation of its role relative to Australia's broader humanitarian and climate-resilience ecosystem.

Humanitarian challenges and reform efforts

The global humanitarian system is under acute strain. Record levels of displacement, more frequent and severe disasters, and widespread disregard for humanitarian law have produced unprecedented need against a backdrop of declining resources.

Stakeholders and global reviews consistently identify five interrelated system-wide pressures:

1. Expanding scale and duration of crises, outpacing institutional capacity.
2. Severe and chronic underfunding, leaving global appeals historically short of targets.
3. Slow progress on localisation, with local actors still shouldering disproportionate delivery risks without commensurate control of resources.
4. Shrinking humanitarian space, including growing political interference, bureaucratic impediments, and deliberate targeting of aid workers.
5. Increasing operational complexity, as compliance requirements, sanctions, and misinformation drive up delivery costs and risk exposure.

Successive reform efforts have sought to address these pressures. Since 2016, the World Humanitarian Summit's Grand Bargain² has been the principal reform compact between major donors and aid agencies aimed at grappling with these challenges. Grand Bargain 2.0³ (2021) sharpened focus on quality (flexible, multi-year) funding, participation/accountability to affected people, and locally led response; Grand Bargain 3.0⁴ (2023–26) keeps these as core priorities and adds anticipatory action, innovative financing, and a stronger humanitarian-development-peace nexus.

The 2025 UN "Humanitarian Reset", launched in response to unprecedented funding cuts and what the UN Emergency Relief Coordinator described as a "massive funding, morale, and legitimacy crisis"⁵ in the humanitarian community, calls for streamlined coordination, localisation, and greater reliance on pooled funding mechanisms - all areas where the AHP model has strong potential relevance.

Geopolitical and donor realignments

In 2025, reduced donor funding has triggered a significant contraction in the humanitarian system. Projected scenarios provided by the Active Learning Network for Accountability and Performance (ALNAP) indicate funding from public donors could drop by between 34 and 45 per cent in 2025 from their peak in 2023. Within the broader UN80 reform, the UN's Inter-Agency Standing Committee is leading a '*Humanitarian Reset*' to prioritise humanitarian action based on greatest need. Goals include increasing localisation, reducing duplication and bureaucracy, and defending humanitarian principles.

This donor retrenchment is accelerating calls for regionalisation and localisation of humanitarian response, with middle-income and emerging actors, particularly in Asia and the Pacific, taking on greater roles in crisis management. In this context, AHP's design as a locally led, regionally embedded partnership positions it well to

² [The Grand Bargain \(Official website\) | IASC](#)

³ [\(EN\) Grand Bargain 2.0 Framework.pdf](#)

⁴ [Grand Bargain beyond 2023 - Framework.pdf](#)

⁵ [UN, partners unveil hyper-prioritized aid appeal amid 'cruel math' of brutal funding cuts | OCHA](#)

complement these shifts. DFAT's early identification of localisation, system reform, and pooled funding as key priorities under its response to the Humanitarian Reset⁶ aligns directly with AHP's operational strengths.

Emerging trends and their implications for AHP

Stakeholder consultations across DFAT, partners and external stakeholders identified several key trends shaping the relevance of AHP outcomes and its delivery model:

1. **Regionalisation and new coordination frameworks.** The rise of regionally led mechanisms, particularly in the Pacific, such as PResCoM and the Pacific Resilience Partnership (PRP), reflects a shift toward Pacific-led crisis coordination and ownership. AHP is well positioned to complement these frameworks, given its established local networks and its ability to deliver operational support aligned with regional priorities. However, clarity on the division of labour between AHP, regional institutions, and DFAT's bilateral programs will be critical to avoid duplication.
2. **Climate change as a humanitarian driver.** The Indo-Pacific remains the most disaster-prone region globally, with climate change intensifying both humanitarian demand and complexity. The AHP's Disaster READY program has already embedded climate adaptation, risk reduction, and community preparedness into its design, giving it a unique edge compared to many global humanitarian mechanisms. Nevertheless, the growing intersection of humanitarian, climate, and development work calls for a stronger nexus approach, with potential for closer integration and complementarity between AHP and DFAT's climate-resilience investments, including the Climate Resilient Communities (CRC) initiative - a similarly gender-responsive, community-based program building resilience against climate and disaster risks, and the Pacific Climate Infrastructure Financing Partnership (PCIFP).

These recommendations complement those from the AHP commissioned study *Beyond Barriers*, published in October 2023. The study recommends breaking down siloed approaches that separate DRR and Climate adaptation within organisations. It also calls for donor funding to be aligned across resilience and climate investments. Moreover, it stresses the importance of including community voices, especially marginalised groups, in policy and program decisions.

3. **Anticipatory Action and early financing.** AHP's investment in anticipatory action (AA) pilots reflects an alignment with global priorities for acting ahead of crises. Pilots in Vanuatu, Timor-Leste, and PNG, demonstrate that the partnership is contributing to learning on forecast-based financing and pre-arranged triggers. Yet, these initiatives remain small in scale and dependent on project-based funding. Scaling anticipatory action within core AHP mechanisms would strengthen its relevance under Grand Bargain 3.0 priorities for predictable financing and early response.
4. **Localisation and community leadership.** Localisation continues to be one of the most significant trends shaping the evolution of humanitarian delivery globally and in the Indo-Pacific. The movement toward locally led action reflects a systemic shift in how humanitarian assistance is conceptualised, coordinated, and delivered and is increasingly seen as a survival strategy for the humanitarian system, rather than a policy imperative. The increasing shift towards localisation will require grappling with the transfer of power and decision-making authority to local partners and a re-imagining of their role in the AHP.
5. **Gender, disability and safeguarding.** Stakeholders highlighted increasing potential for backlash against GEDSI efforts, with certain donors vocally deprioritising these agendas. In contrast, it was frequently noted that AHP's emphasis on GEDSI and safeguarding is essential to its relevance as a principled, values-based delivery mechanism aligned with Australia's humanitarian priorities. However, maintaining this leadership will require sustained investment in technical expertise and advocacy.
6. **Comparative advantage and complementarity.** AHP's model, that leverages NGOs and their networks, offers comparative advantages in access, agility, and legitimacy. Its partnerships with community-based organisations and governments allow Australia to reach crisis-affected populations that in some contexts can be difficult to access through other avenues. However, AHP's relevance is also dependent on continued engagement with multilateral frameworks (e.g., OCHA cluster coordination, IFRC mechanisms) and clearer articulation of its niche and potential for complementarity relative to DFAT's other humanitarian programs.

Key findings: The AHP remains relevant amid escalating climate shocks, protracted crises, and a shrinking humanitarian space, largely because of its trusted NGO networks and flexible delivery model. It aligns well with global and national reforms that prioritise localisation, anticipatory action, and quality funding. However, there are opportunities to more firmly embed conflict sensitivity and more systematically connect humanitarian programming with climate-resilience investments.

As regionalism in the Pacific continues to strengthen, the AHP must remain agile and ensure coordination with both national and regional bodies to avoid duplication and parallel effort.

⁶ Summarised from an unpublished document shared by DFAT Canberra during consultations

3.1.2 Alignment with Australia's Humanitarian Policy

The evaluation finds that the AHP is closely aligned with the intent and priorities of *Australia's Humanitarian Policy (2024)* and the *International Development Policy (2023)*. As DFAT's principal NGO-delivery mechanism for humanitarian assistance, the AHP provides a coherent operational vehicle through which the department delivers on its commitments to local leadership, inclusion, protection, climate resilience, and system reform in the Indo-Pacific.

DFAT representatives consistently identified AHP as a practical expression of Australia's humanitarian vision, capable of translating policy commitments into action. As one DFAT official explained, AHP programs regularly feature in ministerial communications because they visibly demonstrate Australia's reform and inclusion priorities: *"AHP was the one that was delivering on all of the priorities ... Whenever they were looking for a case to put into a speech ... it was always AHP because we're doing localisation, we're doing disability inclusion, we're doing grand bargain commitments, we're doing multi-year funding"*.

Another noted: *"NGOs do great work and are aligned with humanitarian policy priorities. They structure proposals, programming, and reporting to fit our priorities"*.⁷

Perceptions of alignment and gaps

Across consultations, stakeholders identified three primary areas where alignment between AHP implementation and Australia's humanitarian priorities is strongest:

Localisation. Stakeholders consistently described the AHP as one of the strongest mechanisms for locally led and collaborative humanitarian preparedness and response. The partnership's networks of local NGOs, religious groups / organisations, and CSOs provide a credible way to advance local leadership and coordination. As one DFAT representative noted, *"I think AHP partners do relatively well on localisation, I've also seen AHP partners in some circumstances take some really interesting risks regarding localisation"*.

At the same time, it was also observed that while implementation is increasingly localised, decision-making authority remains concentrated with ANGOs and DFAT, suggesting room for further progress toward genuine power transfer.

Disability inclusion. AHP is widely recognised as a leader in disability-inclusive humanitarian action, particularly through the Disaster READY program. Interviewees credited the partnership with mainstreaming disability across planning, preparedness, and response. One respondent observed, *"I think obviously the Disaster READY really tried to push forward that disability inclusion component"*.

Across multiple countries, collaboration with organisations of persons with disabilities (OPDs) appears to have improved accessibility, participation, and visibility of people with disabilities in disaster preparedness and coordination structures.

Timely response capacity. Respondents from all levels of the partnership highlighted AHP's activation model as one of its strengths, enabling rapid and reliable delivery of humanitarian assistance. This timeliness is underpinned by long-term partner relationships, established governance mechanisms, and, more recently, pre-positioned and rapid-response funding tools such as the PNG Emergency Response Fund and the El Niño Pre-Positioned Response Fund. While some noted that DFAT's internal approval processes can delay activations, AHP was consistently described as one of the most agile mechanisms in DFAT's humanitarian portfolio.

However, partners and DFAT staff also highlighted several opportunities for strengthening alignment, noting that Australia's humanitarian Policy was developed after the AHP Phase II design. These include:

Conflict sensitivity and peacebuilding are underdeveloped, particularly in protracted crisis settings. There is no explicit mechanism for integrating conflict analysis or addressing underlying drivers of fragility.

Predictability of funding in protracted crises continues to undermine continuity and localisation, contrasting with the policy's emphasis on multi-year, flexible, and nexus-oriented programming.

Visibility and influence in global policy fora remain limited. While AHP partners contribute individually through their international networks, the AHP as a collective mechanism lacks a distinct profile in humanitarian reform discussions.

First Nations perspectives and Indigenous knowledge systems have not been systematically incorporated into design and implementation, although some individual examples are evident.

⁷ DFAT Canberra stakeholders

The table below summarises the evaluation’s assessment of AHP’s alignment with the Policy priorities, drawing on evidence from DFAT policy mapping, AHP program documentation, and interviews with DFAT, ANGOs, and local partners.

Table 2: Alignment of AHP with the Australian Humanitarian Policy (2024)

Policy priority	AHP contributions	Opportunities and gaps
<p>Build readiness and preparedness</p> <p>Strengthen the capacity of Indo-Pacific governments and communities to prepare for and lead their own responses.</p> <p>Invest in anticipatory action, early-warning systems, and pre-positioning of supplies.</p> <p>Elevate the voices of First Nations peoples, Indigenous knowledge systems, women, and people with disabilities.</p>	<p>Disaster READY has demonstrably strengthened community and government preparedness and leadership across four Pacific countries and Timor-Leste.</p> <p>Anticipatory Action pilots provide evidence of innovation in early-warning and pre-disaster financing. Strong mainstreaming of gender and disability inclusion throughout program design and delivery.</p>	<p>Embedding of climate resilience could be more explicitly considered, integrated and resourced.</p> <p>Minimal incorporation of First Nations perspectives or Indigenous knowledge systems.</p> <p>While there is a strong focus on women and girls and people with disability, there is less evidence that other marginalised voices are considered.</p>
<p>Respond to crises and disasters effectively</p> <p>Deliver fast, reliable, principled responses that support recovery and resilience.</p> <p>Provide multi-year, flexible funding in protracted crises to strengthen continuity and linkages to development.</p>	<p>AHP activations provide one of DFAT’s fastest, most accountable, and locally led channels for crisis response.</p> <p>Gender and disability inclusion consistently mainstreamed across activations.</p> <p>Multi-year approaches used in select contexts (e.g., Bangladesh) offer potential to enhance quality and sustainability.</p>	<p>Limited use of predictable multi-year funding for protracted crises.</p> <p>Funding predictability in protracted crises remains limited, creating gaps between program phases.</p> <p>Sectoral depth has narrowed with the decline in multi-INGO consortia, risking loss of technical specialisation (e.g., gender, protection, shelter).</p> <p>Limited links to long-term recovery and durable solutions.</p> <p>Limited integration of environmental responsibility.</p>
<p>Reinforce and reform the humanitarian system</p> <p>Advocate for localisation, accountability, and system reform.</p> <p>Amplify Indo-Pacific voices in global fora and humanitarian reform processes.</p>	<p>DRCC structures model effective NGO–government collaboration at national and sub-national levels.</p> <p>Operationalises Australia’s Grand Bargain and localisation commitments.</p> <p>Partnership learning and MEL systems promote accountability to affected people and cross-sector learning.</p>	<p>AHP as a collective is not consistently visible or recognised in global fora.</p> <p>Limited role in advocacy for humanitarian law and system reform.</p>
<p>Crosscutting: Conflict prevention, peacebuilding, crisis resilience</p> <p>Integrate conflict sensitivity and risk reduction across humanitarian action and development programs.</p>	<p>AHP programs indirectly contribute to crisis resilience by strengthening social cohesion, inclusion, and locally led coordination in the Pacific and Timor-Leste.</p>	<p>Peacebuilding and conflict prevention are not explicitly embedded.</p> <p>Limited focus on addressing root causes of fragility and conflict in protracted crisis.</p>

Key findings: Strong alignment across the Policy’s pillars: preparedness (Disaster READY), effective response (Activations), and system reform (localisation, Accountability to Affected Populations (AAP), GEDSI).

Clear strengths in promoting disability inclusion and locally led preparedness; timeliness is a comparative advantage for DFAT.

Gaps persist on predictable multi-year resourcing for protracted crises, First Nations perspectives, and visibility of AHP as a collective voice in global fora.

3.1.3 Alignment and coordination with other humanitarian initiatives

The AHP complements and coordinates with other humanitarian initiatives primarily through its engagement with national coordination systems, DFAT-managed mechanisms, and international NGO networks. Across all contexts assessed in the evaluation, AHP provides an effective conduit for collaboration between key AHP stakeholders including NGOs, DFAT, and - where political and institutional conditions allow - government authorities.

The strength of this coordination, however, remains uneven, particularly when considering outward-facing alignment and interoperability with other coordination mechanisms and systems. While the AHP is well aligned with national disaster management systems in Pacific Disaster READY countries, its connections to regional coordination mechanisms, multilateral frameworks, and other DFAT-funded humanitarian instruments are less consistent and often informal.

Country-level coordination

At the **national level**, AHP complements government-led humanitarian systems by embedding NGO networks within established coordination structures such as National humanitarian cluster arrangements. This alignment enhances local ownership and reduces duplication during emergencies, though visibility beyond the NGO–government interface is often limited. Examples of national-level strengths and opportunities include:

- **Timor-Leste:** Alignment between the AHP and government systems is strong. Consultations describe close collaboration with the Civil Protection Authority (CPA), which validates AHP activities through administrative posts and village chiefs (*suco* leaders). However, while collaboration with CPA is strong, coordination often relies on informal channels (e.g., WhatsApp) and lacks formalised systems.
- The AHP-supported Standard Operating Procedures (SOPs) for disaster response, now formally approved, are expected to serve as the national reference for coordinated action. Broader engagement through the CPA–UN co-chaired humanitarian system is also evident, with AHP partners active in cluster coordination. However, stakeholders observed that coordination capacity has weakened as UN presence has declined.
- **Myanmar:** Coordination is constrained by the complex political and security environment. AHP's complementarity lies in its continuity of local delivery networks, maintaining community access where other actors can face prohibitive constraints. However, evidence of systematic coordination with other humanitarian initiatives is limited due to operational sensitivities.
- **Vanuatu:** The AHP aligns closely with the National Disaster Management Office (NDMO) through its cluster system and sector-based coordination model. The DRCC has strengthened relationships through regular information sharing, SitRep exchanges, and occasional staff secondments. Government counterparts value this engagement but requested greater transparency on the breadth of AHP activities across Disaster READY and activations. One NDMO official characterised AHP as primarily an NGO coordination mechanism: *"I see the AHP mechanism primarily as a coordination system to ensure that partners do not duplicate efforts. It is largely an internal arrangement among the partners"*.
- This reflects the need for stronger outward linkage with other national actors. External stakeholders suggested promoting greater participation of "observers" in AHP learning and coordination fora to foster broader sectoral integration.
- **Fiji:** Coordination between AHP, the NDMO, and the Fiji Council of Social Services (FCOSS), which represents civil society on the National Disaster Council, has been positive. Government representatives acknowledged that AHP activities *"complement, in a big way, the overall objectives of the government."* However, FCOSS- previously a partner in the delivery of AHP -has since stepped away from implementation, leaving a potential gap in NGO–government liaison. Officials described the DRCC as a *"one-stop shop"* for coordination and questioned whether the model could be replicated across sectors: *"If this sort of mechanism could be duplicated right across the social sector, it'd be very easy for us."* Despite this, links between AHP and the inter-agency cluster mechanism remain limited, with one stakeholder noting, *"Apart from just focusing on FCOSS, and NDMO... where is the connection with the inter cluster system? Where is the connection of the partners to the nine clusters, and we are in phase two?!"*

Across these countries, AHP's complementarity is most visible in its ability to link national disaster management authorities with communities and civil society networks. This is distinct from many preparedness programs which focus on the national level.

Regional and international coordination

At the regional level, AHP's engagement with broader coordination frameworks such as the PResCoM and the Framework for Resilient Development in the Pacific is limited but evolving. Stakeholders in several Pacific countries pointed to regional bodies and wondered whether better engagement could enhance coherence and avoid duplication. One participant in Fiji, for example, suggested that *"AHP could be made more prominent within the Pacific Resilience Partnership [PRP] to harmonise Australia's humanitarian investments under a single regional platform"*.

Such alignment would capitalise on AHP's NGO networks to strengthen Pacific-led coordination and reinforce regional ownership of resilience initiatives.

However, evidence of sustained engagement at this level is sparse. While individual AHP partners (e.g., Oxfam, CARE, World Vision) contribute to regional dialogues through their global confederations, several stakeholders suggested that AHP in Disaster READY countries could strengthen its role in regional coordination and policy dialogue.

At the **international level**, AHP partners continue to engage through their respective confederations and sectoral networks (e.g., Grand Bargain working groups, Charter for Change and humanitarian clusters). However, the AHP itself is not recognised as a collective actor in global coordination fora. DFAT representatives reiterated that the AHP "is not an advocacy body," positioning its contribution as operational rather than representational. Its value lies in generating field-based evidence that informs DFAT's policy engagement within multilateral institutions (e.g., OCHA, WFP, IFRC) rather than in direct participation.

Alignment within DFAT's humanitarian ecosystem

Within DFAT's own humanitarian ecosystem, AHP activations generally align well with other mechanisms during crisis response. DFAT's Response Director oversees activations to ensure complementarity with programs such as Australia Assists, the ARC Partnership, and the Humanitarian Logistics Capability, avoiding duplication and maintaining visibility across funding streams.

Beyond immediate activations, however, strategic coordination across DFAT programs remains weak. As one DFAT official noted, "*Ongoing touchpoints with other mechanisms are less clear... I'm not sure what they are*".

This gap limits joint planning and the exchange of operational learning across the humanitarian–development–climate continuum.

There is also potential to further build complementarity between AHP and the Australian NGO Cooperation Program (ANCP), as some NGOs receive funding for Anticipatory Action under both mechanisms.

Key findings: National alignment is strong in Disaster READY countries, where DRCCs interface credibly with NDMO/cluster systems.

Regional and multilateral linkages are limited and AHP's collective identity is limited outside country systems.

Intra-DFAT coordination beyond activations is ad hoc rather than institutionalised.

3.2 To what extent has the AHP delivered the anticipated EoPOs?

This section assesses progress towards AHP Phase II outcomes, drawing on monitoring data, independent evaluations, learning products and stakeholder consultations. For each EoPO we summarise Phase-II developments, present Intermediate Outcome (IO)-level evidence and assess contribution to the outcome. Evidence focuses on what changed for communities, civil society and government systems. Analysis of how the AHP model enabled or constrained these results is provided in Section 3.3.

3.2.1 EoPO 1: Disaster READY

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

Developments in Phase II

Phase II marked a deliberate move from a regionally coordinated to a country-specific model, following lessons from Phase I that emphasised the need for deeper contextualisation and ownership.

Under the earlier regional structure, activities were guided by a single framework that enabled shared standards and efficiency but often produced overly generic programming. As partners reflected, the regional model was useful for establishing foundations and consistency, yet less responsive to context-specific political, cultural and institutional realities.

The country-specific approach introduced in Phase II has allowed for more locally tailored planning and deeper government engagement. Each DRCC now develops an annual work plan aligned with national frameworks. The evaluation found that this shift has enabled closer integration with national disaster management plans and local development priorities.

However, some participants in DRCCs observed that the focus on country-level coordination misses opportunities for cross-country learning and joint advocacy on regional and global issues. Although some cross-country learning events have occurred, many staff working within DRCCs had no engagement beyond their own

country, reducing the exchange of good practice on common themes such as community early-warning systems or localisation strategies. The consensus among these stakeholders was that their work could be strengthened by enhancing knowledge-sharing under AHPSU's coordination.

Introduction of Anticipatory Action (AA) pilots

The introduction of AA pilots represents an important innovation in Disaster READY's preparedness-response continuum. Implemented in Vanuatu, Timor-Leste, and Papua New Guinea, the pilots link early-warning systems to pre-agreed triggers and financing protocols that allow pre-emptive action.

Early results are encouraging with partners reporting the potential for faster mobilisation and better coordination, particularly in flood- and cyclone-prone communities. In **Vanuatu**, ActionAid described how AA funding enabled early stockpiling and communications, reducing disaster losses and reinforcing women's leadership.

Despite this progress, the pilots remain at an early stage and relatively small in scale. Consultations back up findings from the AHP Anticipatory Action Learning Report (2025), which identified several key challenges to embedding AA as a sustainable component of Disaster READY:

- **Technical capacity and data reliability:** Accurate forecasting and locally owned trigger systems are essential for anticipatory models, but meteorological and hydrological infrastructure across Pacific Island countries remains under-resourced and inconsistent. Data gaps and reliance on external systems reduce the reliability of triggers, limiting confidence in early activation.
- **Institutional integration:** While national disaster-management authorities (such as NDMOs and the CPA) have expressed strong support for anticipatory approaches, they have yet to institutionalise them through formal Standard Operating Procedures (SOPs), legal frameworks, or financing arrangements. Without this, AA risks remaining parallel to national disaster management processes.
- **Process and time demands:** The AA model requires longer lead times for simulation, coordination, and government validation than traditional disaster response mechanisms. Partners in **Vanuatu** and **Timor-Leste** emphasised that bureaucratic and donor funding timelines often clash with the need for rapid pre-disaster decision-making, creating friction between anticipatory and reactive models.

Despite these challenges, early outcomes have demonstrated that forecast-based triggers, local partnerships and pre-arranged funding mechanisms can significantly enhance preparedness and response efficiency, moving towards more proactive humanitarian practice.

Community empowerment for gender-responsive and inclusive preparedness

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

Strong progress. The evaluation found clear examples of community structures planning, acting and interfacing with authorities. In **Timor-Leste**, village/*suco* disaster committees are integrated into local governance and municipal coordination, with communities using their plans to prioritise resilience measures (e.g. water systems, savings groups, climate-smart livelihoods). However, Focus Group Discussions with implementing partners revealed uneven GEDSI implementation at community level.

In **Vanuatu**, (re)activation of Community Disaster & Climate Change Committees and collaboration with women-led and disability networks have improved early-warning reach, inclusive participation, and influence over local response priorities. In some cases Ni-Vanuatu women-led networks such as the Action Aid supported Women I Tok Tok Tugeta (WITTT) have been recognised as exerting considerable influence on Government agendas and plans- specifically in recent Earthquake recovery planning. In **Fiji**, training and practical preparedness exercises have built confidence among community groups and producer associations (e.g., fisherwomen's groups) to undertake risk assessments and implement household-level mitigation.

Gender equality and disability equity: GEDSI analysis is now an established element of preparedness and response planning under Disaster READY and supported by *AHP* Guidance Notes, which provide common guidance on gender and disability analysis, inclusive early-warning systems and participation standards. In practice, this has led to tangible shifts in women's leadership and disability inclusion at community level. In **Timor-Leste** and **Fiji**, collaboration with OPDs such as RHTO and the Fiji Disabled People's Federation has normalised the use of accessibility checklists, gender-sensitive evacuation-centre standards and community mapping of at-risk households.

However, progress has been mixed since the transition to Phase II. In-country consultations in Fiji, Vanuatu and Timor-Leste validated findings of the *AHP Beyond Barriers* study that despite strong frameworks, planning and guidance, program actions do not always meet the needs of those most at risk – in terms of both social and geographic isolation and marginalisation. Achieving fully empowered communities, where at-risk groups can plan and implement effective, inclusive adaptation and preparedness activities remains a work in progress. This is particularly true for some of the most remote communities affected by climate change, for which AHP offers few incentives in terms of resourcing sustained engagement. As one agency representative noted, "*we talk a lot*

about the most vulnerable. But there's a lot of times where I've sat in a meeting and I'm questioned ... Both by Donors and for instance colleagues in our Australia office. It's not a conversation that I've had, at least in AHP that for those of us that have committed to being in those [most vulnerable] areas, there's any incentives that we can get."

The evaluation also found that the Phase I *shared-services* model, where a virtual pool of gender and inclusion advisers made up of existing expertise from within AHP agencies provided coordinated technical support across countries, has not been sustained or prioritised within partner budgets. As one country-level partner representative explained, *"so that hope, that partners would be more willing to fund from their own pool of funds didn't happen. You'd think that from Phase I after five years, that would change people's mindset around inclusive budgeting, but it didn't"*.

Other partners similarly noted that while disability inclusion has been strengthened through DRCC-led initiatives, partnerships that previously advanced gender and Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics (SOGIESC) inclusion, such as *Rainbow Pride Fiji*, have been lost due to the funding shortfall. The Phase II design therefore delivered a stronger institutional platform for OPDs but a thinner resourcing base for broader gender and diversity work. While the AHPSU and AHP partners have been proactive in commissioning the development of a diverse SOGIESC toolkit for CBDRR that has been taking place throughout 2025, this will need to be accompanied by a well-considered technically supported approach to socialisation and training. As one agency expert noted, *"do we think training is going to change people's lives. No, it won't... So people, you know, they regress, they'll go back to things prior to a one-day training .. And in the space of the rights of LGBTQI people, that's really dangerous"*.

Stakeholders also highlighted that the absence of an overarching GEDSI Strategy has limited the continuity and uptake of Phase I achievements. Tools and manuals developed with AHP support have often been used transactionally rather than as part of a sustained strategic approach, and the reduction of pooled technical expertise has curtailed mentoring and peer learning.

Strengthening local civil society capacity

IO 1.2 – Local CSO actors have improved institutional and technical capacity to fulfil their role in effective disaster preparedness and adaptation

Good progress: Local NGOs, religious organisations / networks and CSOs report strengthened institutional and technical capability through mentoring, joint planning, and increased roles in coordination fora. In **Timor-Leste**, local partners have assumed greater responsibility day-to-day delivery and liaison with municipal authorities, and local CSOs participate in co-chair roles on the DRCC; in **Vanuatu** and **Fiji**, partnerships with women's groups, faith actors and OPDs have widened reach and legitimacy. The localisation trajectory is visible in the shift of delivery roles toward local partners and the growing emphasis of ANGOs on quality assurance, safeguarding and MEL support.

However, CSOs continue to depend heavily on donor-funded programs for technical and financial resources. The evaluation notes that while local partners are increasingly visible, their ability to access and manage funding independently remains limited. This tends to relegate local partners to the role of sub-contractor rather than equal partner with recognised and acknowledged co-design capabilities.

Capacity support has enabled more representative participation in preparedness structures (e.g., OPDs, women's groups), and partners report better accommodation of diverse needs in drills, shelters and communications.

Government leadership and coordination

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

Good progress: At the national and sub-national levels, AHP has strengthened the role of government agencies as leaders and coordinators of disaster preparedness and response. Authorities in **Timor-Leste**, **Vanuatu** and **Fiji** have used AHP support to align community preparedness with national DRR frameworks, strengthen early-warning and clarify roles between national/sub-national/community actors.

The CPA in **Timor-Leste**, for example, described the AHP-supported SOPs as "a clear and practical guide that will serve as the national manual for disaster response" and plans to institutionalise it across municipalities. AHP activities have also supported the establishment of early-warning systems, risk mapping, and village/suco-level training, aligning community preparedness with national frameworks.

In **Vanuatu**, coordination between the AHP DRCC and the NDMO has improved, with regular information exchange and joint participation in cluster meetings. Nonetheless, government stakeholders have called for greater visibility into AHP partners' work to avoid duplication and improve transparency. The cluster system remains the primary coordination mechanism, and NDMO representatives have suggested that AHP's internal

coordination model could be more outward-facing, with other national actors, such as the Vanuatu Red Cross, granted observer status in DRCC learning events.

In Fiji, Disaster READY has strengthened alignment between NGOs and the NDMO, but coordination challenges persist, particularly in linking community disaster committees with national cluster structures. Integration with the Fiji Council of Social Services (FCOSS) has supported greater localisation and civil-society participation in humanitarian coordination, though gaps remain in systematic communication between government and NGO networks.

The coordination between national governments and NGOs has also made it easier to standardise minimum inclusion expectations (e.g. accessible information, referral pathways, data disaggregation). However, some government officials pointed out the need for further standardisation across organisations as different organisations use different tools and approaches, creating confusion and inefficiency.

The evaluation found that AHP partners have made good progress in supporting disaster risk reduction, preparedness, and climate change adaptation at national and sub-national levels. However, there are still areas that need improvement. One key issue is including community voices in policy design and decision-making for climate adaptation. This means using traditional knowledge to monitor climate and weather, plan for basic needs, and build adaptive capacity. It also requires making sure community members can attend national and sub-national planning and policy dialogue events.

Key findings: Communities are better organised and connected to authorities and inclusion for women and people with disabilities is strengthened through AHP.

Local CSOs have stronger roles in delivery but decisions are still largely made by ANGOs and DFAT.

Government leadership has strengthened; integration into national SOPs and plans is advancing, with variation across countries, however local voices need to be more present in policy making.

Anticipatory action shows promise but needs systematising through better data, triggers, and budget mechanisms.

Work in some of the most remote and climate-affected communities can be difficult within the cost-benefit parameters of AHP

3.2.2 EoPO 2: Rapid onset and protracted crisis

Outcome statement: *Affected populations, particularly women, people living with disabilities and other at-risk groups, receive timely, high quality and locally led humanitarian assistance that meets priority needs appropriate to the context.*

Developments in Phase II

The AHP has consolidated its role as DFAT's primary mechanism for flexible, NGO-led humanitarian response across both rapid onset and protracted crises. Between mid-2022 and mid-2024, the AHP undertook more than 20 major activations in over 20 countries, valued at approximately AUD 85–90 million. The mechanism has matured from an activation-based model to one that combines pre-positioned, anticipatory and pivot-funding modalities that embed preparedness within ongoing programming.

Pre-positioned and pivot funding mechanisms

The launch of the PNG Emergency Response Fund (2024) exemplifies this adaptive architecture. Managed through DFAT Post with AUD 1.2 million in pre-positioned finance, it enabled AHP partners to deliver immediate food, shelter and Water, sanitation, and hygiene (WASH) support within days of the Enga landslide and Goroka floods. A DFAT-commissioned review concluded the fund “*proved to be an effective emergency funding mechanism which builds agility into AHP and Disaster READY, positioning DFAT and partners to be early responders to PNG disasters*”,⁸

Complementary mechanisms introduced during Phase II (including the El Niño Pre-Positioned Response Fund, Anticipatory Action Fund, and the Crisis Modifier (pivot) mechanism) have enhanced responsiveness for smaller-scale shocks that fall below national activation thresholds. However, consultations in Fiji and Timor-Leste found uneven awareness and use of these tools, highlighting the need for clearer guidance and staff training to optimise uptake.

The El Niño Pre-positioned Response Fund has evolved into the Indo-Pacific Response Flexible Fund (IPRFF) and draws on lessons from AHP and ARC programming. The fund is a rapid response mechanism which began in July 2025, as part of a commitment by DFAT to new, flexible humanitarian funding in the region. The funding,

⁸ Papua New Guinea Emergency Response Fund AHPSU Rapid Review (2025)

which is designed to address gaps in funding at the onset of disasters, particularly where partner governments may not declare emergencies, also attempts to find synergies and use shared templates and processes across AHP and ARC envelopes. While partners across the IPRFF welcome the initiative and the opportunity to coordinate, they have also indicated the initiative highlights the importance of testing DFAT's definition of flexible and whether this relates to timing, scope or other factors. Partners also see DFAT has a critical convenor role in optimising coordination for programmatic effectiveness.

"When we ask about what coordination [across the initiative] looks like -and we understand the ideal of wanting to have Australia's support streamlined and not have duplication- the reality is that a lot of our work is naturally complementary and DFAT is best placed to discern that – but where it occurs naturally those relationships are often on the ground and we feel that's appropriate".

Timeliness, flexibility and early recovery

IO2.1 AHP NGO partners deliver timely, well-coordinated and integrated responses to rapid onset disasters that promote early recovery and resilience to future disaster

Significant progress. Evidence across contexts confirms that AHP partners delivered rapid, well-coordinated and context-appropriate responses that enabled faster recovery. Key examples include **Türkiye earthquakes (2023)**, **Pakistan floods (2022–23)**, **Vanuatu's Tropical Cyclones Judy, Kevin and Lola (2023)**, **Morocco earthquake (2023)** and **PNG rapid activations (2024)**.

In **Vanuatu**, responses were channelled through NDMO-led clusters and harmonised situation reporting, showing close government alignment. The 2023–24 **El Niño preparatory activities** in Timor-Leste, PNG, Vanuatu, Fiji and Solomon Islands illustrate maturing anticipatory capability: early-warnings triggered targeted actions in water management, food security and community awareness.

AHP's built-in flexibility proved critical in fragile settings. In **Myanmar**, partners combined earthquake response with longer-term protracted crisis programming, reallocating budgets within DFAT's 10 per cent variation threshold to maintain operations. The **Ukraine response**, a multi-country Mental Health and Psychosocial Support (MHPSS) and protection program, was praised in its real-time review as *"relevant, effective and well-tailored to context"*, with DFAT's flexible funding cited as a decisive factor in adaptive success.

The average response time between proposal submission and implementation start was 8.9 days, with 10 responses having an activation time of 1 day or less.⁹

Context-specific design and sustainability in protracted crises

IO2.2 AHP NGO partners deliver responses to protracted crisis with context-specific design and management arrangements that promote sustainability

Good progress. AHP programs have become more adaptive and locally anchored, with continuity through complex crises. Evidence of long-term programming is emerging, particularly in Bangladesh, but remains constrained by short funding cycles and limited institutional financing for local partners.

AHP Phase II responses in **Bangladesh, Lebanon, Sri Lanka, the Horn of Africa, Ukraine and Myanmar** demonstrate context-specific design and sustained engagement despite volatile operating conditions.

- In **Bangladesh**, the Rohingya Phase IV response maintained multi-sector programming (protection, WASH, health, disability inclusion) and strengthened refugee-host cohesion.
- **Lebanon** programming continued protection services through the economic collapse, illustrating adaptive management.
- In **Sri Lanka**, AHP targeted livelihoods and nutrition, later pivoting as the crisis eased.
- In **Ethiopia and Kenya**, drought responses combined emergency nutrition and resilience building.
- The **Ukraine response** reached over 8,000 children with psychosocial support and 6,000 with education, while local partners gained enduring MHPSS capability.

These responses illustrate how AHP bridges humanitarian and development goals by supporting local systems and partners. In **Myanmar**, partners emphasised the importance of flexible funding with budget-variation provisions praised, though partners advocated expanding contingency thresholds in inflationary environments and providing greater access to multi-year funding.

Local leadership, coordination and inclusion

IO2.3 AHP NGO partner responses in Disaster READY countries demonstrate increased local leadership, coordination and capacity

⁹ Timelines for Activations – document shared by AHPSU

Significant progress. DRCCs function as legitimate coordination platforms linking community, government and partner systems. Decision-making is increasingly localised, though power and risk sharing are not yet fully equalised. While in some contexts preparedness activities are translating to local leadership in emergencies, in other contexts, program reach and local governance in emergencies is slower.

Localisation accelerated during Phase II. In **Fiji** and **Vanuatu**, faith-based and community partners (CAN DO, Live & Learn) trained church and village networks in disaster preparedness, protection and psychosocial first aid. Agencies in these contexts also noted CDCCC's they had been working with had better understanding of decentralised (Vanuatu) and District (Fiji) structures which made coordination and reporting more efficient and effective in emergencies.

In **Timor-Leste**, the CPA confirmed that AHP coordination through the DRCC is building local level leadership and trust between communities and authorities. The DRCC model of having local organisation co-chair DRCC meetings and conducting meetings in Tetun is also said to have enhanced communication and deepened trust. However, Focus Group Discussion with local partners highlight that decision-making authority and risk-sharing remain unequal.

Localisation gains are visible in resource flows and roles, with funding to local partners has risen from about 20 percent in 2018 to 42 percent in 2024, reflecting a substantial shift towards local delivery and leadership.

While progress is steady, much of the focus in Disaster READY contexts is on partner and budget management, achievement of preparedness activities and direct implementation of plans in emergencies, meaning agencies would benefit from better activity to outcome linkages to further increase local leadership, coordination and inclusion.

Key findings: Rapid responses are among DFAT's fastest and most coordinated; pre-positioned funds materially improve early action.

Protracted responses are relevant and inclusive but constrained by short, unpredictable funding cycles and governance complexity.

Local leadership is growing (rising funding shares to local partners; DRCC co-chairs), though risk and decision rights remain less equal.

3.2.3 EoPO 3: Partnership learning and practice

Outcome statement: *AHP Partners and other humanitarian stakeholders in Australia and the region strengthen policy and practice through collaboration and lessons learnt.*

Developments in Phase II

Phase II of the AHP saw learning and adaptation elevated from an ad hoc activity to a core program function. The AHPSU expanded MEL capacity (see Section 3.4.1) and introduced Learning Action Agendas through the DRCCs. These mechanisms created structured spaces for reflection, lesson capture and adaptation, replacing the ad-hoc exchange that characterised Phase I.

A series of strategic reviews and evaluations supported this learning architecture, including the *Real-Time Review of the Ukraine Response (2023)*, the *AAP Thematic Review (2024)*, and evaluations of anticipatory action pilots. Together, they built a credible evidence base on localisation, accountability and inclusion, while regular Steering Committee meetings and associated quarterly learning events strengthened collective oversight.

Phase II was also characterised by the deliberate effort to strengthen communications capacity across the partnership, with targeted mechanisms integrated into Disaster READY, such as the community of practice and the investment in DRCC Communications Focal Points. Communities of practice are providing opportunities for AHP stakeholders to regularly share lessons, effective approaches, and challenges in communications- including ways in which community engagement and accountability feedback loops work.

Evidence generation

IO3.1 – AHP NGO partners learn and adapt through reflection, monitoring, evaluation, and research.

Strong progress. Phase II produced a demonstrable shift from “monitoring for compliance” to monitoring for learning. Each Disaster READY country now runs an annual reflection and lesson-sharing cycle; reports are collated by the AHPSU and fed into design refreshes and policy discussions.

- The *AAP Thematic Review (2024)* documented broad progress from the existence of feedback systems to their active use and analysis. Most partners now operate multi-channel CFMs systems such as Oxfam's COMPASS.

- Real-time reviews (RTRs) have shown their value and potential to become a core learning tool. The *Ukraine RTR* identified coordination and inclusion gaps early and enabled partners to adapt MHPSS delivery and rebalance gender targeting before mid-cycle.
- The *Anticipatory Action Learning pilots* generated research on trigger reliability, financing and local ownership. This documentation is now used by DFAT and NDMOs to refine preparedness financing models.

Collectively, these initiatives have increased the use of evidence for decision-making and to inform design and implementation of activities.

Application of learning and adaptation

IO3.2 NGO partners enhance program quality through joint activity in key crosscutting areas, including localisation, accountability to affected populations and GEDSI.

Strong progress. Evidence from across Phase II demonstrates that learning is translating into operational change rather than remaining at report level.

Adaptive programming and accountability

- Feedback data triggered concrete adjustments to delivery models. *World Vision PNG* and *CARE Lebanon* repositioned cash-transfer distribution points after feedback highlighted access barriers for women and persons with disabilities.
- In **Vanuatu**, the “Women Wetem Weta” phone-tree system and *Women i Tok Tok Tugeta* mobilisers improved two-way communication, enabling faster updates during Cyclones Judy and Kevin and reinforcing women’s participation in emergency governance.
- Learning reviews on cash and early-recovery programming fed into updated guidance on gender-safe cash systems now applied across AHP activations.

Localisation and inclusion practice

- Through partnership agreements and DRCC structures, local organisations moved from sub-contracted delivery to co-leadership in planning and monitoring. Local co-chairs now lead DRCC meetings in Timor-Leste and Fiji, and the use of local languages (e.g., Tetun) has improved inclusivity and ownership.
- GEDSI Guidance Notes and joint training developed by the AHPSU mainstreamed GEDSI analysis into preparedness and response planning. Field evidence shows tangible gains: *ActionAid’s Women Weather Watch* increased women’s leadership in early-warning dissemination, and *fisherwomen’s cooperatives in Fiji* now integrate risk reduction into business planning.
- Nevertheless, the AAP Review observed that inclusion progress is uneven—several local NGOs still rely on external technical support, and some inclusion efforts remain procedural rather than transformative.

Collaborative culture and shared tools

- The **Vanuatu** DRCC developed a harmonised Situation Report template after the 2023 cyclones, improving information consistency and reducing reporting burdens.
- Joint proposals, such as the single integrated response to TC Judy/Kevin, illustrate mature collaboration underpinned by shared learning agendas.
- Across programs, partners emphasised that learning investments have strengthened mutual accountability, with country partnership agreements functioning as living documents revised annually through reflection sessions.

Overall, AHP’s Phase II learning environment has changed how partners work: from isolated project reporting to collaborative adaptation and standard-setting in localisation, inclusion and accountability.

Influence/coordination

IO3.3 AHP partners engage effectively with external stakeholders at country, regional and global levels.

Emerging progress. While most learning to date has strengthened internal practice, there is growing evidence that AHP lessons are shaping national and regional policy and coordination systems.

National integration and policy uptake

- In **Timor-Leste**, the CPA drew directly on DRCC learning to integrate village/*suco* disaster committees into municipal governance and formalised collaboration with AHP partners through an MoU in 2024. This institutionalises community-to-government linkages and embeds inclusion principles in official SOPs.
- In **Vanuatu**, joint reflection on coordination bottlenecks led the NDMO and AHP partners to adopt shared situation-report templates and align community assessments with national clusters, strengthening coherence across the response system.

- DFAT Posts in **Fiji** and **Vanuatu** now use DRCC outputs to inform engagement with Pacific Islands Forum Secretariat and Pacific Humanitarian Team, ensuring locally generated lessons influence regional frameworks.

Regional and global engagement

- AHP's thematic reviews on AAP and anticipatory action are informing DFAT's policy dialogues within Grand Bargain 2.0 workstreams and the IASC AAP Community of Practice.
- Several partners (e.g., CARE, World Vision, Plan International) have used AHP-derived evidence in global protection and localisation fora, though external stakeholders often recognise individual agency brands more readily than the collective AHP identity.

Key findings: MEL is evolving from compliance to learning and adaptation. Structured reflection routines, strategic reviews, and evaluations are informing operational changes.

Policy influence is emerging where governments adopt DRCC-derived tools and SOPs; cross-country and global visibility remain uneven.

3.3 How fit for purpose is the current AHP contractual and delivery model to deliver these EoPOs?

Building on the results in Section 3.2, this section examines whether the AHP contractual and delivery model is *fit for purpose* to deliver those outcomes. It focuses on the design, structure, and operational systems of the AHP rather than the results achieved, analysing how the mechanism's architecture supports or constrains the delivery of timely, high-quality, locally led and inclusive humanitarian assistance. It assesses: (i) role clarity and decision-rights between DFAT, AHPSU and ANGOS; (ii) partner range and added value; and (iii) timeliness, quality, localisation and inclusion.

3.3.1 Roles and responsibilities

Formally, the division of roles and responsibilities within the AHP is well defined and documented through a series of governance instruments, including the *AHP Phase II Partnership Charter (2022)*, *Standard Operating Procedures (2025)*, and the *Risk Management Framework (2025)*. These documents clearly articulate lines of accountability, operational mandates and communication pathways between DFAT Canberra, DFAT Posts, the AHPSU, and ANGOS.

However, evidence from consultations and the 2024 Partnership Health Check indicates that role clarity often weakens in practice, particularly during activations and in communication between DFAT Canberra, DFAT Posts and the AHPSU. The result is a system that is structurally sound but operationally inconsistent, with blurred boundaries in decision-making and accountability at times.

Formal role definition

The *AHP Partnership Charter (2022)* sets out the following roles:¹⁰

- **DFAT Canberra** holds overall accountability for humanitarian policy alignment, funding allocations, risk management and compliance. It also chairs the AHP Steering Committee and oversees strategic coherence across activations and programs.
- **DFAT Posts** ensure country relevance, maintain relationships with partner governments and provide contextual oversight. Posts are responsible for aligning AHP activities with national frameworks and political sensitivities.
- **AHPSU** serves as DFAT's operational facilitator, coordinating grants, managing MEL and communications, providing technical assistance and supporting consistency in reporting and compliance.
- **ANGOs** lead implementation, manage sub-grants, and ensure fiduciary accountability, compliance and risk mitigation while working with local civil society partners.
- **DRCCs** operate as in-country coordination and learning platforms, convening ANGOS, local partners, and DFAT Posts for joint planning, reflection and activation.

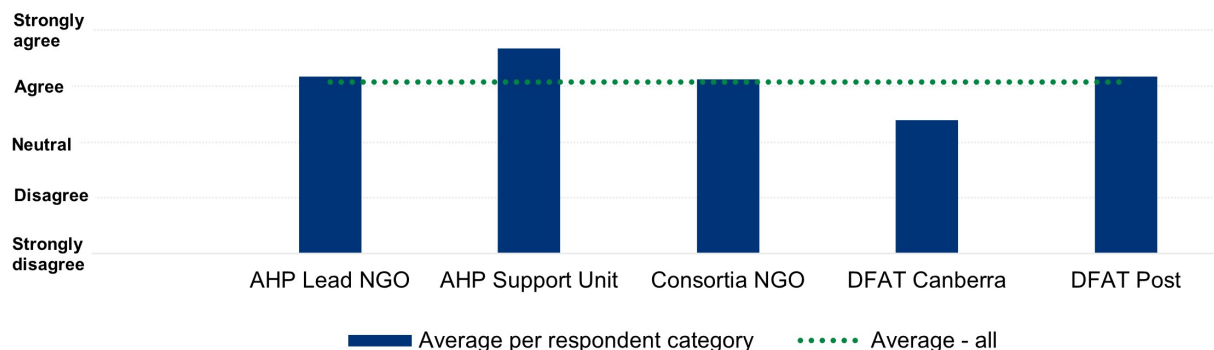
While this structure is sound, the practical application of roles and responsibilities is not always consistently understood or applied across different country contexts, exacerbated by staff turnover, decentralised decision-making, and the episodic nature of humanitarian activations. As one DFAT representative noted, "*the theory is*

¹⁰ A more detailed breakdown of specific roles and responsibilities is provided in Annex G.

relatively clear, but the practice varies depending on the operational context, the timeframes we're dealing with, and, frankly, the staffing and presence of DFAT's desks and posts".

The 2024 Partnership Health Check similarly observed that "turnover across all partners has resulted in a loss of institutional knowledge and continuity," particularly regarding activation protocols and decision-making roles.

Figure 3: Roles and responsibilities within the AHP are clear and appropriate



Role and effectiveness of the Support Unit

Since 2022, the AHPSU has increasingly functioned as the partnership's backbone, and is widely recognised for its value in coordination, MEL, communications and partnership management. Consultations across DFAT and partner agencies confirm that the AHPSU has been instrumental in maintaining operational coherence, ensuring timely funding flows and preserving institutional memory between activation cycles. It also plays a critical mediating role during tensions between partners or where accountability lines are unclear. DFAT representatives described using the AHPSU "as a bit of a referee" during contested consortium arrangements, crediting it with restoring order and standardising financial and reporting practices.

Nevertheless, ambiguity persists about the AHPSU's intermediary role. Several NGO partners expressed concern that communication between DFAT and implementing agencies is increasingly filtered through the AHPSU, limiting opportunities for direct engagement. While this layered model improves quality assurance and consistency, it can create a perception of distance between DFAT decision-makers and implementing partners.

Some partners also questioned the sustainability of the AHPSU's performance, noting that its effectiveness is heavily dependent on individual staff capability. One NGO also expressed discomfort with sharing confidential information with a managing contractor rather than directly with DFAT, underscoring the potential for trust and perception challenges in this intermediary model.

Despite these tensions, overall sentiment toward the AHPSU from both DFAT and NGO partners is overwhelmingly positive. Both DFAT and NGO respondents agreed that the Support Unit's role has become clearer and more effective over time. As one DFAT official reflected, "there was confusion around the Support Unit and how it factored in... That was early days. I think now there's greater understanding of the Support Unit's roles".

Canberra-Post-AHPSU interface and decision-making

The interface between DFAT Canberra, DFAT Posts and the AHPSU remains the most significant area of role ambiguity. While Canberra leads policy and funding allocations, Posts are responsible for contextual oversight and the AHPSU handles operational facilitation. The boundaries between these functions are often blurred in practice.

Posts reported uncertainty about their oversight and feedback roles, particularly when reporting is mediated through the AHPSU. There was a perception that this could result in Posts receiving "filtered" or delayed information, reducing their ability to provide context or feedback. Conversely, ANGOs described confusion over where final decision-making authority resides within DFAT. As one NGO representative observed, "it's a case of ask DFAT Canberra, then DFAT Canberra says ask Post, and Post asks DFAT Canberra... it's a bit unclear who's making those decisions and where the responsibility lies".

Another added, "when it goes upstairs into DFAT land, that's where I feel like there's a little bit less transparency in how decisions are made".

This lack of clarity was most pronounced during activations, where timeliness depends on swift coordination between Canberra, Posts, and the Support Unit. Some partners cited instances where "Posts were ready to move" but were waiting on Canberra sign-off, and examples were provided in Timor-Leste where delays were perceived by partners to be the result of unclear approval processes between Canberra and Posts.

Overall, while the governance structure provides a clear theoretical framework, its practical execution during activations is hindered by role overlap, communication gaps and reliance on individual relationships rather than systematic coordination mechanisms.

Performance management of AHP lead agencies

Performance management within the AHP is governed by DFAT's contractual agreements, the Phase II Partnership Charter, and the program's MEL Framework. Lead agencies are accountable for upholding agreed standards of humanitarian quality and accountability (Sphere, CHS, AAP), safeguarding, financial integrity, localisation, and inclusion. Performance is monitored through annual reporting, independent evaluations, compliance reviews, and ongoing dialogue facilitated by the AHPSU.

There is no formal performance rating process or defined mechanism for partner removal; instead, issues are addressed through targeted remediation and performance discussions coordinated by DFAT and the AHPSU.

Partnership Health Checks are conducted periodically by an independent partnership broker to assess how well DFAT, the AHPSU, and AHP partners are upholding the agreed Partnership Principles. Findings from the PHCs are discussed collectively and translated into management responses providing a mechanism for mutual accountability. Insights from the 2019 and 2024 Health Checks directly informed revisions to the Partnership Charter, SOPs, and MEL Framework.

Key findings: Roles are well defined on paper (Charter, SOPs, RMF) but variable in practice, especially across the Canberra–Post–AHPSU interface during activations.

AHPSU is an effective backbone for grants, MEL, communications, visibility and coordination, though its intermediary role can distance DFAT decision-makers from implementers.

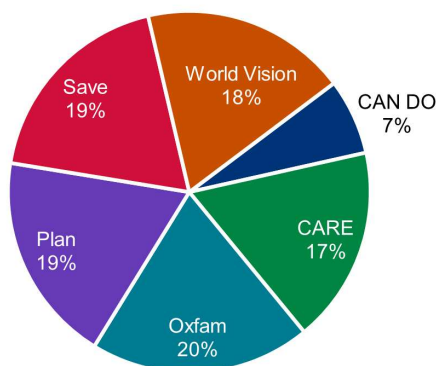
Performance management relies on dialogue and remediation; formal performance tiers are absent.

3.3.2 Range and value of NGO partnerships

Range and suitability of partners

The AHP has established a core group of six accredited ANGOs as lead partners, complemented by an extensive network of local affiliates, faith-based organisations and civil society partners. Collectively, these organisations extend DFAT's operational reach across both rapid onset and protracted crises, providing geographic breadth, sectoral diversity and a combination of technical expertise and local access.

Figure 4: Proportion of grant funding per AHP partner (Phase II)



An assessment of partner capability across 14 recent activation countries, shows that the six AHP partners collectively provide Australia with comprehensive humanitarian reach, spanning health, protection, education, food security, livelihoods, Shelter, WASH, Cash Transfer and DRR/climate resilience. They have delivered through networks of more than 1170 local partners in these countries, placing the AHP as one of the most operationally extensive humanitarian consortia among bilateral NGO partnerships globally. See Annex H for a breakdown of partner capabilities by recent activation country.

When the AHP was established, DFAT, working through the ACFID Humanitarian Reference Group (HRG), implemented a formal selection process to identify suitable partners. Members of the ACFID Humanitarian

Reference Group (excluding ARC and RedR Australia)¹¹ were invited to submit proposals that were assessed against criteria relating to: (i) the capacity for emergency response; (ii) response in protracted crises; (iii) building local humanitarian capability; (iv) protection and inclusion; and (v) partnership, innovation and communication. Six NGOs were chosen for the partnership in Phase I and were renewed in Phase II after the Mid-Term Review (2020) concluded that the modality “provided for efficient and timely use of Australian funds”.¹²

However, while this process met DFAT’s due-diligence and accreditation requirements, interviewees indicated that details of the selection rationale and criteria are not widely known across the broader sector. Several stakeholders perceived a lack of transparency in how the partner mix was determined and how future participation might be possible. Some non-lead accredited NGOs described the AHP as closed, perceiving the AHP as a mechanism that has ‘picked winners,’ limiting opportunities for smaller or specialist agencies to engage. Similarly, FGDs carried out in Timor-Leste revealed perceptions that the technical diversity in the partnership had narrowed (e.g., in disability inclusion and shelter).

Despite these perceptions, the current configuration of partners provides a broadly balanced portfolio. The group collectively covers all major humanitarian sectors (health, protection, WASH, education, livelihoods and disaster risk reduction) and have their own areas of comparative strength. This combination provides both breadth and depth across the humanitarian spectrum.

While the range of partners is therefore broadly appropriate, there is a perceived lack transparency and flexibility in the processes that resulted in the current selection of six lead ANGO partners.

Added value and unique role of NGOs as delivery partners

Consultations across DFAT Canberra, DFAT Posts, and Local partners consistently underscored the unique value NGOs add to Australia’s humanitarian capability. This includes:

Extending reach and access. AHP partners maintain permanent in-country operations and trusted relationships with local CSOs, including religious organisations / groups, and other community groups. These networks allow DFAT to operate effectively in a range of contexts, particularly in politically sensitive contexts where multilateral agencies have limited presence. For example, in Myanmar, AHP partners leveraged existing local networks to maintain assistance, demonstrating the flexibility of NGO delivery compared to regime or UN mechanisms.

Timeliness and agility. Once funding is approved, AHP partners can deploy personnel, supplies and cash within days, often faster than other DFAT mechanisms. The use of pre-cleared templates, pre-positioned funds, and established logistical networks allows NGOs to act as early responders while maintaining compliance and accountability.

Technical and sectoral expertise. The consortium of AHP partners brings broad expertise across humanitarian sectors. The group collectively covers most major humanitarian sectors (health, protection, WASH, education, livelihoods, shelter and disaster risk reduction) and have their own areas of comparative strength. See Annex H for a detailed breakdown of partner capability.

Their collective knowledge was widely perceived to contribute to policy and practice improvements both within DFAT and across the broader humanitarian community: *“I think one of the interesting things that AHP partners bring is an opportunity to tap into broader NGO lessons and learning and build on that and feed that back into us”*.¹³

Credibility and soft diplomacy. AHP partners play a critical role in projecting Australia’s humanitarian values at both community and diplomatic levels. Their on-the-ground delivery provides tangible evidence of Australia’s assistance, supporting DFAT’s visibility and influence. As one DFAT representative points out, *“AHP plays a very big role in terms of the comms component and the advocacy component of the Australian government. It gives great visibility; it gives great attribution”*.

This was contrasted with multi-lateral mechanisms in which DFAT support is more hidden.

Assurance and risk management. All lead ANGOs are DFAT-accredited, meaning their systems for safeguarding, fraud control and financial oversight are pre-vetted. DFAT benefits from strong assurance while maintaining a lean administrative footprint. In effect, this allows DFAT to outsource operational complexity while retaining control over strategic intent.

¹¹ Act for Peace, ActionAid Australia, ADRA, Australian Lutheran World Service, CARE Australia, Caritas Australia, Child Fund Australia, Habitat for Humanity Australia, Oxfam Australia, Plan International Australia, Save the Children Australia, Transform Aid Australia and World Vision Australia.

¹² Australian Humanitarian Partnership Mid Term Evaluation (2020) pp. 2

¹³ DFAT Canberra representative

Resource leverage. AHP partners frequently report amplifying DFAT funding by mobilising resources from other funding streams for program delivery. Where this occurs, this leverage effect multiplies and, in some cases, subsidises the impact of Australia’s investments and enhances Value for Money. In several country contexts, partners spoke at length about resource leverage and particularly the specific relationship between ANCP and AHP funding. This relationship was reflected on as a way NGO’s strategically program across the development/humanitarian nexus when utilising dual funding sources in the same geographic areas – efficiently utilising organisational resources for maximum benefit. While partners are keen to provide examples of leverage, they also point out that in an environment of shrinking resources, synergised programming and resource supplementation are necessary to achieve donor, government and community expectations.

“[The cash pilot we did] was, in large part funded by ANCP as well, and some other philanthropic funds that we had access to. Without that you don’t stand up a pilot of that scale. You won’t get the same sort of learnings that come with it and the M&E. We hired a consultant to run a really robust M&E process attached to it so that we could share the learnings more widely with government... So, if you just had Disaster READY as a program by itself, it would struggle, absolutely”.

Evolution in partnership models

One of the most notable changes from Phase I to Phase II highlighted by NGO partners and affirmed by DFAT and the AHPSU has been a shift away from formal multi-INGO consortia. In Phase I, consortium arrangements were intentionally designed to streamline DFAT’s management to lead agencies, while encouraging collaboration with smaller, technically specialised agencies.

While this model offered efficiencies for DFAT, consortium experiences also revealed practical challenges. Internal reviews and stakeholder feedback highlighted issues such as blurred accountability, competition within consortia, and slow decision-making.

In Phase II, most partners have shifted resourcing and partnership emphasis to direct or bilateral partnerships with local implementing organisations.

The CAN DO consortium remains an outlier, with its continued success as a consortium attributed to several factors, including mutual trust rooted in shared (faith-based) purpose, an associated lack of intra-consortium competition, formal governance with defined roles and recurring decision-making forums, and the establishment of a dedicated coordination unit. Together, these factors have enabled CAN DO to remain cohesive and operationally effective.

Loss of specialised expertise and implications

The move away from formal consortia in Phase II, particularly for response proposals has streamlined management and reduced the administrative burden for lead agencies, but it has also come at the cost of losing specialised technical expertise that once enriched the AHP’s collective capacity. Although some technical partners remain, overall resourcing, and thus access to technical advice, declined across programs and countries.

Under Phase I, consortia structures allowed smaller and technically focused NGOs to contribute niche skills. These arrangements enabled DFAT to access a wider pool of technical knowledge across agencies, improving the potential for quality, coherence, and innovation in humanitarian programming. Participants from previous consortium arrangements noted that such models allowed agencies to combine their complementary expertise and deliver more integrated approaches to preparedness and response.

In the absence of consortia arrangements, the AHP’s technical diversity has narrowed, creating risks for its future flexibility and fit-for-purpose design. The loss of partners with specialised capacities in areas such as resilient shelter, public health, disability inclusion, understanding of people with diverse SOGIESC, protection, and cash-based programming has reduced the mechanism’s ability to draw on a broad spectrum of sectoral skills during both rapid onset and protracted crises. This is particularly concerning given the increasing complexity of humanitarian contexts, where responses increasingly demand multidisciplinary expertise to address complex climate, displacement, and protection challenges. Without access to a wider pool of technical actors, activations risk being shaped primarily by the comparative strengths (and limitations) of individual lead NGOs rather than by the full range of community needs.

The shelter sector provides a useful example of this broader issue. Under earlier consortium arrangements, technical specialists jointly developed tools and standards that informed regional and national policy frameworks, such as national shelter guidelines and resilient housing models. In Phase II, however, such initiatives have largely moved outside of AHP. The result is a delivery model that, while administratively efficient, is less able to adapt to emerging priorities. Several stakeholders expressed concern that narrowing the partnership base has made the mechanism less innovative and less able to evolve alongside the changing humanitarian system.

Key findings: The AHP’s six accredited ANGO partners provide broad sectoral and geographic coverage, strong assurance, and access to extensive local and faith-based networks that enhance DFAT’s reach, credibility, and soft

diplomacy. Their established systems enable rapid mobilisation and effective risk management, while leverage from international confederations and public appeals increases value for money.

However, the shift away from multi-INGO consortia may narrow access to specialised expertise in areas such as shelter, public health, protection, and disability inclusion, limiting innovation and flexibility.

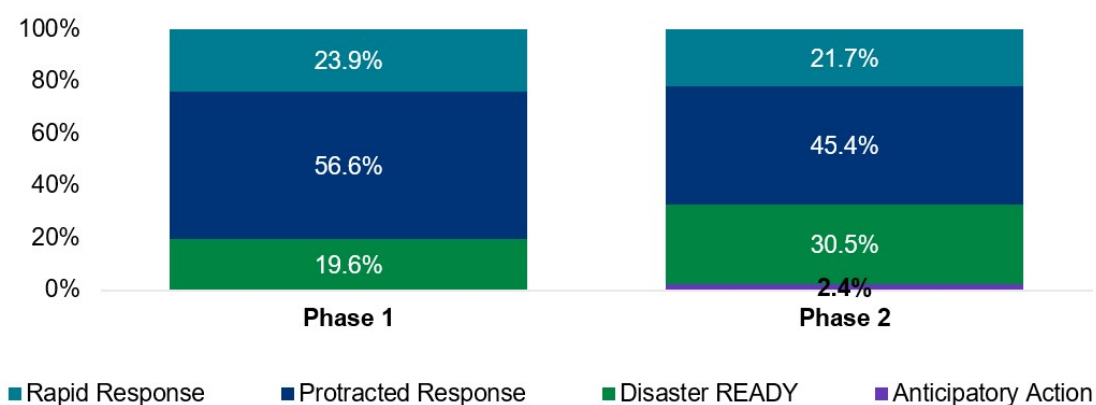
3.3.3 Timely, high-quality, locally led and inclusive humanitarian assistance

Evidence from across Phase II indicates that the AHP delivery model effectively supports timely, contextually appropriate, inclusive, and increasingly locally led humanitarian assistance, particularly in rapid onset crises and preparedness. It achieves this through a design that integrates three mutually reinforcing components: Disaster READY, activations (rapid and protracted), and partnership learning and practice. In theory, these components form a continuum that connects community-based preparedness, local response and evidence-driven adaptation.

The AHP’s model lends itself naturally to preparedness and rapid-onset response, combining agility, localisation, and assurance in ways that few other mechanisms within DFAT’s humanitarian ecosystem can. However, in protracted crisis environments, where humanitarian and development needs intersect, the model encounters structural constraints linked particularly to the difficulty in securing predictable and flexible multi-year funding.

As shown in Figure 3 below, despite these limitations, protracted crises continue to absorb nearly half of AHP funding (56.6 per cent in Phase I and 45.4 per cent in Phase II). This suggests a need to recalibrate the model’s funding mechanisms so that it is better suited to long-term, durable-solutions-oriented engagement.

Figure 5: Proportion of grant value by activity type



Coherence between AHP components

The AHP’s three core components are conceptually complementary, forming a coherent model that bridges preparedness, response, and learning. The model is strongest where all three components operate concurrently (e.g., in Disaster READY countries), enabling a seamless flow from preparedness to response and recovery. In contrast, in stand-alone activations are less consistent.

- **Disaster READY** establishes the foundation for effective response by building national and local systems, coordination mechanisms and inclusive community preparedness. In the Pacific and Timor-Leste, these arrangements have made collaboration the default and have delivered practical dividends in real emergencies. In Vanuatu, all partners used the existing partnership agreement to settle roles, funding and coordination, which enabled a single, joint proposal after Tropical Cyclones Judy and Kevin. That experience demonstrates how investment in DRCCs translate into faster, more coherent responses when shocks occur.
- **Activations** (rapid and protracted) then operationalise these capacities. In Disaster READY countries, trained personnel were immediately deployed during emergencies, demonstrating how preparedness investments translate into early action. In protracted contexts, such as Myanmar and Bangladesh, partnerships built under AHP have provided a similar platform for timely response during rapid onset crises in these contexts.
- **Partnership learning and practice** functions as the connective tissue across all components. It captures and disseminates lessons that inform future programming. For instance, in Vanuatu, joint learning events helped improve the design of inclusive response kits and community preparedness materials. However, the feedback loop between learning and program adaptation remains inconsistent. Lessons are not always systematically integrated into planning or funding cycles.

- **Anticipatory and pre-positioned instruments** strengthen the continuum between preparedness and response. The AHP Anticipatory Action trial now operates across multiple countries, and El Niño Pre-Positioned Response Funds have been used to bridge preparedness with early response. These pilots are deliberately documented to inform future uptake, though triggers, data quality and institutionalisation in government systems remain works in progress.

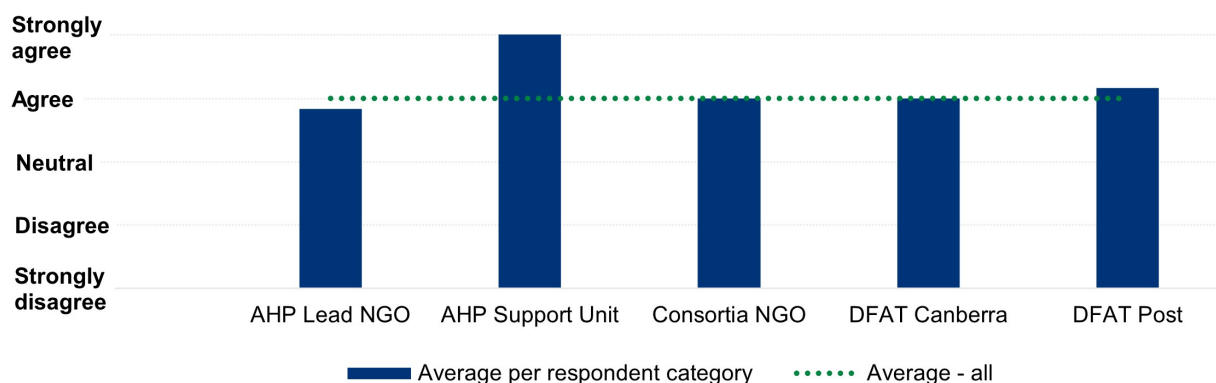
Timeliness and flexibility of the activation model

Rapid onset crises

The activation framework is generally considered to be fit for purpose for rapid response. Across multiple reviews, it is described as one of DFAT’s fastest and most dependable humanitarian delivery channels. As one DFAT official put it, its “as fast as government can get.”

For example, in **Vanuatu**, partners responding to the 2023 earthquake “*came together very quickly... within a couple of hours we had reached out to the AHP Support Unit and prepared to respond,*” submitting a joint proposal within 48 hours.

Figure 6: The AHP delivery model is appropriate for responses to rapid onset or acute crises



This efficiency stems from the use of pre-approved contracting templates, standardised activation processes, the AHPSU’s secretariat role in facilitating rapid financial flow, and increasingly in the use of pre-positioned funding.

The *PNG Emergency Response Fund Review (2025)*, for example, found that once approval was given, AHP partners were able to disburse funds and commence operations within 48 hours, a timeline rarely achievable through other DFAT mechanisms. In the Goroka floods and Enga landslide, the pre-positioned fund allowed partners to initiate immediate assistance well before standard activation procedures could have been mobilised. DFAT Post and partners agreed that the fund enabled early action that would not otherwise have occurred, underscoring AHP’s agility as a delivery instrument when bolstered through pre-positioned funding.

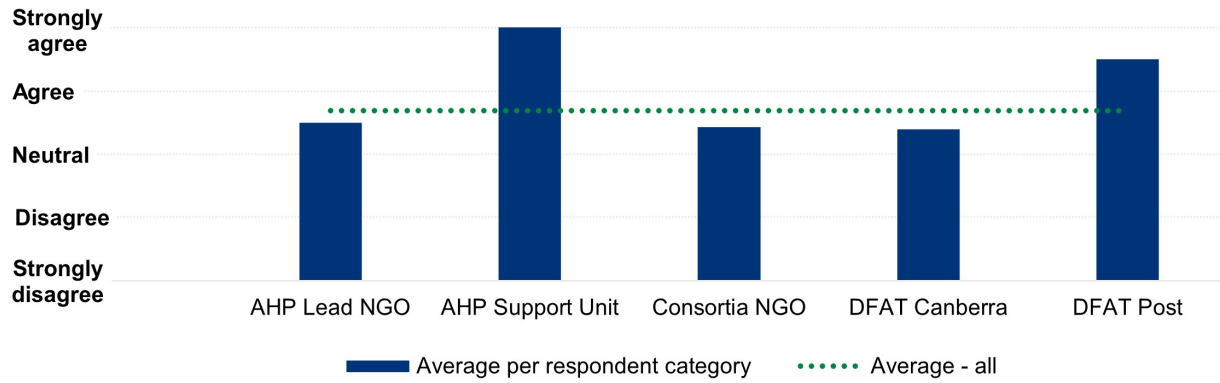
However, as NGOs and DFAT staff both noted, delays most often occur before the activation is formally announced, when ministerial or senior DFAT approval is still pending. As one partner in a recent earthquake response observed, “*the support could not reach the affected communities on time, possibly because the donor government needed additional time to approve the funding. As a result, the assistance was provided only after one or two weeks*”.

Protracted crises

The model’s performance in protracted and complex crises is more variable. Evaluations of AHP responses in Bangladesh, Myanmar, Lebanon, and Ukraine show that while programs deliver high-quality, locally anchored humanitarian outcomes, the short funding cycles and complex consortium governance structures limit flexibility and continuity.

In the limited cases where programs are structured around multi-year funding packages (i.e. Bangladesh), a lack of predictability and delays in renewal created gaps between phases. These interruptions affect staffing stability, undermine local partnerships, and erode program momentum, and are factors that weaken the consistency of support to affected populations. DFAT Posts described the process as “stressful” and unpredictable.

Figure 7: The AHP delivery model is appropriate for responses to complex emergencies and protracted crises



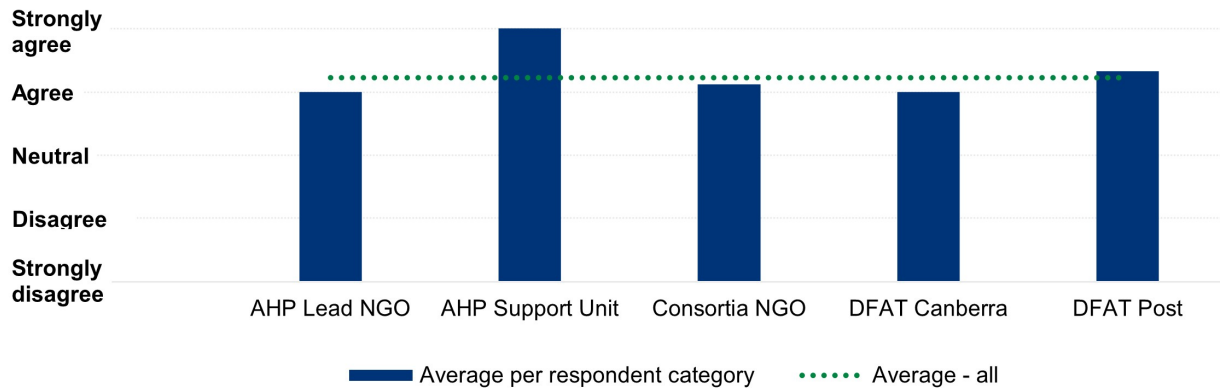
The *Bangladesh Evaluation* found that the consortium design, though collaborative in intent, “added administrative layers and diluted decision accountability,” making it harder to adapt to changing needs. While the *Ukraine Real-Time Review (2023)* acknowledged strong adaptation and inclusion outcomes but noted that start-up delays were exacerbated by unfamiliar partnership structures and recruitment constraints in new operating environments.

AHP Learning Event 2 on protracted crises echoed these findings, highlighting that the current AHP architecture is optimised for short-term activations and struggles to align with the multi-year, adaptive management requirements of protracted settings. Participants recommended multi-year rolling grants with annual performance reviews, simplified lead-agency arrangements, and greater investment in local partner institutional capacity. These lessons suggest that while the model is capable of functioning effectively in complex crises, its suitability would be enhanced through longer funding horizons and tailored governance.

Preparedness through Disaster READY

Disaster READY remains the cornerstone of AHP’s preparedness architecture and is widely regarded as a successful investment in locally led disaster risk management. The DRCC structure combined with country partnership agreements and Learning Action Agendas, have made significant strides towards promoting a country-led approach to disaster preparedness.

Figure 8: The AHP delivery model effectively supports preparedness in Disaster READY countries



In **Timor-Leste**, collaboration between the DRCC and CPA has mainstreamed community disaster committees into municipal development plans, while in **Vanuatu**, the DRCC is fully embedded in NDMO cluster coordination, facilitating harmonised planning and reporting. The *Partnership Health Check (2024)* identified these DRCCs as “pockets of partnership progress,” where local leadership and joint planning have produced tangible coordination dividends.

The *Anticipatory Action pilots*, implemented in Vanuatu, Timor-Leste, and PNG, have further strengthened preparedness by linking meteorological data (or traditional knowledge in the case of Timor-Leste) to pre-agreed financial triggers. Early lessons confirm that anticipatory mechanisms enhance timeliness and cost-effectiveness, although sustainability depends on national institutionalisation of trigger protocols and integration into government budget frameworks.

Nevertheless, performance varies. Where there is consistent leadership and dedicated facilitation, DRCCs function effectively as learning and coordination platforms. However, others remain overly administrative and are perceived to not be fulfilling their potential.

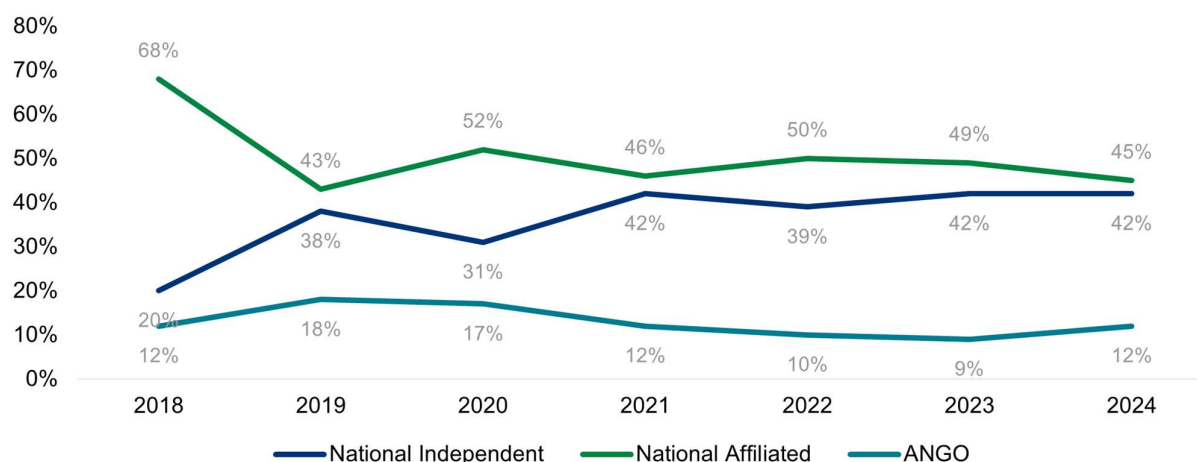
Where it is practised, leadership rotation, which is intended to promote shared ownership, has sometimes disrupted continuity, suggesting the need for context-sensitive governance. In the example of Timor-Leste, the DRCC has elected to not rotate leadership citing advantages in terms of greater continuity and less disruption. Despite these gaps, Disaster READY continues to provide a scalable and contextually grounded preparedness model.

Localisation and coordination

Localisation is a design principle of AHP and is increasingly becoming a key structural feature. Evidence from across Phase II demonstrates clear progress in devolving decision-making, strengthening local leadership, and embedding coordination with national systems.

According to the *Partnership Health Check (2024)*, localisation was rated by partners as one of the strongest aspects of the AHP model, though still an “unfinished agenda” requiring deeper power transfer and flexible funding. As shown in Figure 9, funding flows to local partners have increased markedly, from roughly 20 percent in 2018 to over 40 percent by 2024. The 2023 *Locally Led Humanitarian Action Learning Event* highlighted that DRCC partnership agreements, co-chaired by local NGOs, have improved trust and transparency, transforming coordination from a compliance function into a genuine decision-making forum.

Figure 9: Proportion of AHP funding by organisation type



In the **Pacific**, DRCCs have successfully linked NGO consortia with NDMO-led clusters. The *PNG Emergency Response Fund Review (2025)* confirmed that this coordination structure enabled partners to align closely with provincial and national authorities, even under difficult security and access conditions during the Enga landslide.

Inclusivity

Inclusivity is embedded as a cross-cutting priority across all AHP modalities. AHP’s GEDSI requirements and support from the AHPSU have pushed many local organisations to develop stronger analytical and practical capabilities in these areas. As one partner noted, “*Mainstreaming GEDSI in this project was a new experience for both [Affiliate NGO 1] and [Affiliate NGO 2]*”.

AHP Learning Event 3 (2023) on disability and SOGIESC inclusion documented practical progress across partners, including collaboration with *Rainbow Pride Fiji*, which co-developed inclusive disaster management manuals and advocated for the recognition of LGBTQI+ needs in national DRR frameworks.

However, both the *AAP Review* and *Partnership Health Check* caution that inclusion efforts are often constrained by resource limitations and competing priorities. The AAP review found that smaller or rapid activations frequently struggle to maintain comprehensive feedback systems, while partners still focus more on the presence of mechanisms than on evidence of community influence on decisions.

Funding adequacy and sustainability

The AHP’s contractual and financial model delivers speed and assurance but remains under strain from non-indexed budgets, short funding cycles, and administrative complexity. The *Partnership Health Check (2024)* found that while partners view AHP as a good model for DFAT–NGO collaboration, they also described the current funding environment as “modest” relative to level of ambition.

In-country stakeholders identified funding adequacy as one of the most significant constraints facing Disaster READY. While the value and impact of AHP’s investments were widely acknowledged, partners noted that current funding levels are insufficient to sustain the program’s ambition. As one DFAT representative observed,

“from the outside looking in, it feels very spread thin, and it doesn’t feel very deep.” Several NGO and government counterparts similarly commented that the scale of the program does not match the breadth of its mandate and the growing number of communities seeking support.

This challenge has been compounded by the fact that AHP allocations are not indexed to inflation, resulting in a steady erosion of purchasing power over time. Partners explained that while operational costs such as staff salaries, logistics, and procurement have increased significantly, funding has remained static, forcing agencies to stretch budgets further each year. In both **Fiji** and **Vanuatu**, partners described increasingly having to “bundle” AHP resources with other donor funds to maintain continuity. DFAT representatives recognised that this leveraging can enhance efficiency and coordination, but also acknowledged that it blurs the visibility of AHP’s contributions and complicates accountability for results.

At the organisational level, several local NGOs reported that AHP budgets typically cover only direct activity costs, leaving core overheads, staff time, and technical functions (such as monitoring, evaluation, and financial management) to be “subsidised” through other donor funds or organisational reserves. While this demonstrates commitment to partnership, it risks undermining program quality and organisational sustainability, particularly for smaller local partners without diversified funding bases.

Budgetary pressures have been visible in inclusion and capacity-building work. When talking about inclusion efforts, one **Fiji** NGO representative explained that “in Phase I, there was like an allocated pot, and then in Phase II that pot got taken away, and people were asked to take it from their own activities.” Similar concerns were raised in **Vanuatu**, where partners described reduced opportunities for inclusion-focused training and outreach, especially for gender and disability programs that rely on sustained engagement.

In practice, NGOs are increasingly forced to make trade-offs between coverage and quality, with some opting to reach more communities with limited inputs, and others focusing resources on fewer areas to maintain program standards. These decisions are being made on a case-by-case basis rather than guided by an overarching strategy or framework for prioritisation.

Key findings: The model is highly suitable for preparedness and rapid-onset response with pre-approved templates and routines, and pre-positioned finance accelerating delivery.

Suitability is weaker for protracted crises without multi-year, flexible envelopes. Stop-start cycles erode continuity and impede strategic long-term program design.

Inclusivity standards are embedded but harder to maintain in small/fast activations without “light touch” tools and ring-fenced resources.

3.4 To what extent have AHP monitoring, evaluation, learning and risk management processes supported effective program management and adaptation?

3.4.1 MEL framework and system

Monitoring, evaluation and learning (MEL) within the AHP has evolved substantially since Phase I, moving from a fragmented, compliance-oriented system toward a more coherent, partnership-wide learning architecture. During Phase I, MEL systems were largely siloed, with separate program logics were applied to Disaster READY and humanitarian responses, and monitoring during activations focused on individual events rather than whole-of-program performance. This structure limited opportunities for aggregation, cross-country comparison, and collective learning, and reflection spaces were poorly defined.

The introduction of the *Phase II AHP MEL Framework (2022)* addressed many of these shortcomings. The Framework establishes a whole-of-program structure that embeds reflection, accountability, and evidence-based learning across multiple levels of the partnership. It promotes consistent reporting standards, shared indicators (disaggregated by gender, age, and disability), and clearly defined partner roles and responsibilities. It also formalises review and reflection mechanisms that enable the partnership to examine strategic areas of practice, including localisation, inclusion, and accountability to affected populations.

Effectiveness in capturing and evidencing outcomes

Evidence from consultations and document review indicates that AHP’s MEL systems have become increasingly effective at capturing and evidencing program results, particularly in relation to GEDSI and localisation. Shared indicators and the more systematic disaggregation of data by gender and disability have improved comparability across countries and activations, providing a stronger evidence base than in Phase I.

Communications functions also play a role at both DRCC (for DR countries) and AHPSU levels in capturing, reporting and evidencing outcomes, as well as in communicating these impacts to DFAT through Annual Reports and other communications products such as case studies, fact sheets, web stories and infographics. Stakeholders across all consultation countries described the current MEL requirements as appropriate and proportionate, noting that they are consistent with expectations from other donors. As one partner explained, *“compared to the reporting requirements of other donors, the AHP’s reporting requirements are not difficult for us. The only specific detail that needs to be included is GEDSI”*.

The framework’s emphasis on participatory reflection has improved adaptive management. Country-level Learning Action Agendas (LAAs) and annual reflection workshops, facilitated through DRCCs, have enabled partners to collectively review progress, identify gaps, and share learning. Many partners were able to point to concrete examples of knowledge gained through these processes and how it had informed practice. For instance, in **Timor-Leste**, joint reflection between NGOs and the CPA led to the integration of village disaster committees into village/suco development plans, while in Vanuatu, DRCC learning sessions prompted the adoption of unified situation-report templates to reduce duplication during activations.

Despite this progress, learning is not yet fully consistent across the partnership. Several stakeholders observed that information-sharing remains uneven and that MEL processes can sometimes feel extractive, serving upward accountability needs rather than fostering peer learning or community ownership. Limited resourcing for follow-up engagement was identified as a key constraint, reducing opportunities to close feedback loops with communities and validate findings at the local level.

Contextual and operational considerations

Several contextual and operational barriers continue to affect MEL implementation, particularly for local partners. In some complex or high-risk settings, MEL requirements are difficult to operationalise due to security risks and access limitations. In **Myanmar**, for example, partners reported that collecting MEL data can expose staff and communities to danger.

Capacity constraints are another recurring issue. While ANGOs often have dedicated MEL staff and systems, many local organisations lack the technical capacity or resources to meet data collection and reporting requirements efficiently. This disparity reinforces reliance on international partners and limits the sustainability of MEL practices at the local level.

Stakeholders also noted that the stability of MEL requirements is a continuing concern. Even minor changes to indicators, templates or reporting systems can create cascading effects across multiple program layers, requiring widespread adjustments to processes and tools. These changes are particularly burdensome for smaller local partners, who often have limited resourcing and flexibility to adapt quickly.

Enabling learning and adaptation

The AHP’s MEL system now underpins a more comprehensive learning ecosystem that integrates evaluation, reflection and evidence translation. Quarterly partnership-level learning events, linked to Steering Committee meetings, bring together DFAT, partners, and external experts to explore cross-cutting themes such as AAP, GEDSI, anticipatory action and cash programming. Across Phase II, seven such events were held, engaging 371 participants from implementing partners, ANGOs, local affiliates, DFAT and government counterparts.

At the country level, DRCC learning processes have facilitated a strong culture of evidence-based reflection. One NDMO representative in **Vanuatu** commented that, *“the partners test out within their different organisations, with their communities [...] They have massive lessons learned”*.

However, cross-country learning remains a gap. The shift from a regional to a country-specific model has increased local relevance but reduced opportunities for systematic cross-DRCC learning and regional knowledge exchange. Stakeholders felt that structured cross-country reflection (potentially through regional convenings or peer-learning visits) would strengthen the partnership’s collective capacity to scale innovation and replicate good practice.

Key findings: The Phase II MEL Framework has enhanced AHP MEL within the partnership. Shared indicators, standardised templates, and disaggregated data have improved comparability and strengthened evidence. Routine reflection processes are now driving learning and influencing practice.

However, information sharing can still feel extractive and upward-focused, and local capacity is limited.

3.4.2 Risk management

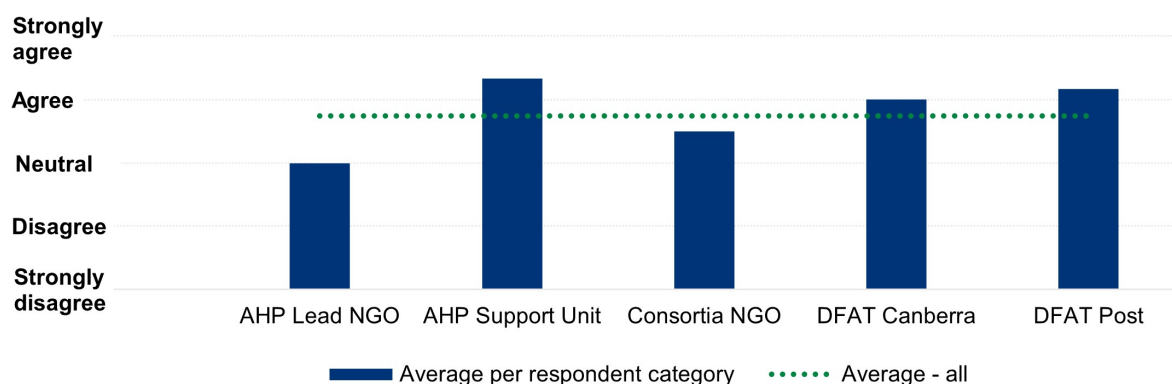
Risk management was consistently highlighted by stakeholders across DFAT as a key feature of the AHP and a central factor in determining whether to use the AHP or alternative humanitarian modalities. Decisions on when to activate the AHP are informed as much by the program’s ability to mitigate and manage risk as by its operational agility. On the one hand, DFAT officials emphasised that the strong fiduciary, safeguarding, and

accountability frameworks of AHP’s accredited NGO partners provide a high degree of confidence in compliance and delivery integrity. The system’s structured assurance mechanisms, combined with the proximity and contextual understanding of NGO networks, make it a trusted and relatively low-risk vehicle for humanitarian delivery.

On the other hand, the visibility and direct association of AHP responses with DFAT can heighten reputational, political, and consular risk, turning what is a strategic strength in stable contexts into a liability in volatile or contested environments. This is particularly relevant in active conflict settings, where DFAT often opts for multilateral or pooled mechanisms to maintain diplomatic distance and mitigate exposure. As one senior DFAT representative explained, *“Ukraine had an immense amount of stuff going on ... when you attach money to Australian NGOs, you then cross into consular risk”*.

This reflection illustrates a critical balance DFAT must strike between control and exposure. This requires a careful calibration of risk tolerance, particularly in fragile or politically sensitive settings. It is worth noting that consultations with AHP actors with experience operating in fragile and conflict-affected areas largely considered the AHP’s risk management protocols to be suitable for operating in these contexts. Several ANGO partners felt that the AHP could be used more in these contexts and some questioned whether DFAT’s risk appetite was too low.

Figure 10: Risk management processes are appropriate and effective



Governance and compliance framework

Risk management within the AHP combines structured compliance and assurance mechanisms with adaptive monitoring and partner-led accountability practices. The *AHP Risk Management Framework (2025)* sets out clear governance responsibilities and risk processes across all levels of the partnership aligned with DFAT’s *Development Risk Management Policy (2023)*.

Under the framework, DFAT retains ultimate accountability for strategic, fiduciary, and reputational risk; the AHPSU manages program-wide risk monitoring and reporting; and ANGOs hold responsibility for compliance through downstream partner agreements, due diligence, and financial oversight.

A structured risk management system has been established that includes:

- **Quarterly risk meetings** between DFAT and AHPSU to identify emerging risks and mitigation actions.
- **Program and project risk registers** (maintained in AidWorks) that monitor nine core risk categories.
- **Spot checks and audits** by AHPSU to test compliance with financial, safeguarding, and contractual obligations.
- **Partnership Health Checks** serve as an independent risk-sensing mechanism, identifying relational or systemic risks not captured through routine monitoring.

Together, these mechanisms provide a structure for consistent and transparent management of fiduciary and operational risk across the partnership.

All six AHP lead agencies and their Australian consortium partners are DFAT-accredited under the ANCP, ensuring baseline assurance on governance, safeguarding, fraud control, and environmental and social standards. The Administrative Controls Framework (ACF) introduced by AHPSU in 2024 standardises verification processes and introduces stronger documentation of risk assessments before fund disbursement. Reviews now cover child protection, gender-based violence (GBV) safeguarding, anti-fraud, and modern slavery obligations, with identified risks requiring corrective action plans monitored by AHPSU.

Consultations confirm that these systems are broadly effective and contribute significantly to DFAT’s confidence in AHP as a delivery channel. However, their implementation was noted to be resource intensive, particularly for

smaller local partners that must often navigate multiple donor compliance frameworks with limited administrative capacity. Several ANGOs argued that DFAT accreditation under ANCP should already serve as sufficient assurance. DFAT representatives, however, justified the additional oversight, citing the higher risk environment and complexity of humanitarian operations compared to development programs.

Risk sharing and localisation

Risk-sharing remains a persistent challenge within the partnership. While the current RMF assigns fiduciary and reputational risk primarily to ANGOs and DFAT, security risks are largely transferred to local partners, particularly in high-risk settings such as Myanmar and PNG.

Such cases highlight the potential asymmetry in risk burden and decision-making authority. While local actors shoulder significant personal and security risk, their ability to influence risk management decisions or access dedicated contingency funds remains limited.

DFAT and AHPSU have made progress in developing context-sensitive tools, such as remote monitoring, contingency planning, and risk-adjusted programming. However, ongoing work to ensure these and related tools are strengthened and consistently applied will be essential for ensuring AHP's continued relevance and effectiveness in an era of increasingly complex and protracted humanitarian crises.

Key findings: AHP's structured risk management system, anchored in DFAT's Risk Management Framework and the ANCP accreditation process, provides strong fiduciary and safeguarding assurance. Regular risk reviews, spot checks, and Partnership Health Checks contribute to DFAT's high confidence in AHP's delivery integrity, making it a trusted and relatively low-risk mechanism in stable contexts.

However, security risks are disproportionately borne by local partners, especially in fragile contexts like Myanmar and PNG. Compliance requirements also create heavy administrative burdens for smaller organisations.

4 Conclusions and future directions

4.1 What are the implications of this evaluation for the next phase of AHP or similar mechanisms?

4.1.1 Overall conclusions on AHP Phase II

Phase II demonstrates that the AHP has matured into one of DFAT's most agile and principled mechanisms for delivering humanitarian assistance. It has proven capable of translating Australia's humanitarian commitments into practice, providing timely, inclusive, and locally led responses while strengthening community resilience and regional partnerships.

AHP's tripartite delivery model, linking DFAT, AHPSU, and the six lead ANGOs, continues to offer DFAT a robust, accountable, and flexible platform. Its strengths are most evident where the three program components operate in concert:

- Disaster READY, which builds preparedness and risk reduction;
- Humanitarian activations, providing rapid and protracted response capacity; and
- Partnership learning and practice, which drives reflection, adaptation, and quality improvement.

Together, these elements form a coherent continuum from preparedness to response to adaptation.

Maturity and alignment

AHP's design remains strongly aligned with *Australia's Humanitarian Policy (2024)* and with the reform priorities of *Grand Bargain 3.0*. The partnership has operationalised commitments to localisation, inclusion, anticipatory action, and protection, positioning Australia as a credible, values-driven humanitarian actor in the Indo-Pacific. However, integration of conflict sensitivity, peacebuilding, and First Nations perspectives is limited. Addressing these dimensions will be essential in Phase III to ensure AHP can respond effectively to increasingly complex, climate- and conflict-driven crises.

Governance and delivery performance

Governance and delivery arrangements are sound on paper but uneven in practice. While roles and responsibilities are clearly defined through the Partnership Charter and Standard Operating Procedures, blurred accountability at the Canberra–Post–AHPSU interface sometimes leads to inconsistent decision-making during

activations. The AHPSU has evolved into an indispensable coordination and quality-assurance hub, but its intermediary role can distance DFAT decision-makers from implementers.

Across the broader DFAT humanitarian ecosystem, AHP's coordination with mechanisms such as *Australia Assists*, the *Australian Red Cross Partnership*, and the *Humanitarian Logistics Capability* remains largely undeveloped. Strengthening these internal linkages would enhance portfolio-level coherence and reduce duplication.

Results and contributions

Across the three End of Program Outcomes, Phase II results are largely positive:

- EoPO 1 – Disaster READY: Deepened local ownership and institutionalised inclusive preparedness, especially for women and people with disabilities.
- EoPO 2 – Rapid and protracted crises: Rapid-onset responses are timely and well-coordinated, though protracted-crisis responses are constrained by short funding cycles and unpredictable approval processes.
- EoPO 3 – Partnership learning and practice: MEL and learning systems now generate actionable insights that inform operations and strategy, though their influence on DFAT policy and global forums remains uneven.

Overall, AHP continues to combine speed, assurance, and localisation in ways that few mechanisms achieve, providing DFAT with a trusted platform for humanitarian assistance.

Strategic implications for future investment

As the humanitarian landscape shifts toward regional leadership, climate-driven crises, and protracted complexity, the AHP will need to evolve. Four overarching implications emerge for DFAT's future investment and design of Phase III.

1. Regionalism and DFAT's convening role

The Indo-Pacific humanitarian environment is moving decisively toward regionalism and national leadership. Mechanisms such as the PRP and PResCoM now provide state-endorsed coordination platforms. These shifts offer opportunities for alignment but also create uncertainty about AHP's niche. Without a clearly articulated role within this architecture, there is a risk of duplication or fragmentation, and potentially diminished legitimacy with regional institutions and governments.

To remain relevant, DFAT should use its convening power to position AHP as a complementary, enabling mechanism within this regional ecosystem. This would strengthen Pacific-led coordination, leverage civil-society networks, and reinforce, rather than compete with, government-mandated frameworks. This will require institutionalised channels for information-sharing, joint planning, and learning between DFAT, regional organisations, and AHP partners. More systematic communication within DFAT's humanitarian ecosystem would also help connect AHP with climate-resilience, peacebuilding, and development investments, ensuring a coherent Australian contribution across the nexus.

2. Protracted crises: aligning design with reality

Protracted crises have become the largest share of AHP expenditure, yet the mechanism's design and funding modalities are still optimised for short-term activations. Reliance on short or unpredictable funding cycles places significant operational risk on partners, undermining their capacity to sustain staff, maintain relationships, and deliver consistent assistance in volatile contexts.

To remain effective, AHP should seek to shift from 'projectised' cycles to predictable envelopes that allow strategic, multi-year planning. This will entail recalibrating the architecture to include flexible, multi-year financing, flexible management provisions, and clearer linkages with development and peacebuilding programs. AHP's comparative advantage, its trusted local networks and low-visibility operational capacity, makes it particularly well suited to contexts where other modalities face political or security constraints; however, this value will only be realised with more stable financing and streamlined management arrangements.

3. Partnership and Localisation

AHP has demonstrated strong alignment with Australia's Humanitarian Policy and its focus on localisation, yet further progress requires clearer strategic coherence and more transformative approaches to decolonisation in its partnerships as opposed to sub-contracting arrangements for the delivery of local program activities. The next phase must move beyond alignment towards the true and measurable transfer of power, resources and decision-making authority to local authorities and partners. Achieving this will likely entail re-imagining the role and function of ANGO's, to enable greater equity in partnerships and promote sustained local leadership.

The central challenge lies in evolving a model designed for DFAT to partner with ANGO's to one that can sustain this approach while driving change and empowerment across diverse regional, country and community contexts. While AHP has supported locally led decision making in many countries where it has operated, across the

program, there remains a lack of shared understanding about how to define localisation and about what AHP’s localisation agenda seeks to achieve, along with what success in this area looks like.

To realise this meaningful change, shifts in funding modalities, particularly through the provision of core or more flexible funding, will be required to strengthen the administrative and institutional capacities of local partners. ANGO’s will also need to ensure their approaches and skill sets complement rather than constrain the expanding roles of local actors.

As part of these evolving approaches to partnership, in the next phase, risk-sharing mechanisms should also evolve to move away from the narrow and compliance-focussed concept of partners being “donor ready”. Instead, there should be at least equal focus on fostering mutual understanding of local contexts, enabling adaptive ways of working and building reciprocal capacities among both ANGO’s and their local partners.

4. Prioritisation and “even-over” choices

Phase II illustrated the challenge of sustaining depth, diversity, and quality across a wide network of ANGOs, their in-country affiliates, and hundreds of local partners within finite resources. As DFAT and partners plan Phase III, explicit “even-over” propositions will be needed to guide design trade-offs. For example:

- Strengthening local and community-based partners even over expanding ANGO participation;
- Investing in transformative inclusion and equality even over geographic coverage;
- Supporting institutional sustainability for local actors even over short-term output targets; and
- Prioritising specialised capability and innovation even over a static partner pool.

These choices will influence partner selection, resource allocation, and the degree of technical accompaniment required to ensure quality and do-no-harm outcomes. Being explicit about priorities will help manage expectations, improve accountability, and sharpen AHP’s contribution to systemic humanitarian reform.

Overall conclusion

The AHP remains a pillar of Australia’s humanitarian architecture. It is a mechanism that combines speed, accountability, and principled, locally led delivery. However, its continued relevance will depend on how effectively Phase III consolidates its proven strengths while adapting to a more resource-constrained, regionalised, climate-affected, and complex humanitarian environment. Embedding localisation as a strategic driver, ensuring predictable financing, and strengthening system coherence across DFAT’s humanitarian portfolio will be critical for sustaining Australia’s influence and impact going forward.

4.1.2 Considerations and recommendations for Phase III design

Table 3: Evaluation recommendations - Funding and resourcing

Recommendation	Lead responsibility	Risks if not adopted
Strengthen access to multi-year, flexible funding envelopes for protracted crises to enable continuity, staff retention, and adaptive management.	DFAT (Humanitarian Division)	Without predictable funding, partners face stop-start delivery, high turnover, and limited capacity to plan or sustain local partnerships. Short-term funding also undermines DFAT’s reputation for reliability in protracted contexts.
Expand and standardise pre-positioned and rapid-access funding mechanisms (e.g. PNG Emergency Response Fund, El Niño Fund, crisis modifiers) to strengthen timeliness and flexibility across all countries.	DFAT / AHPSU	Without broader access, activation timeliness will remain variable and smaller crises may go unsupported, reducing DFAT’s capacity for early action and visible responsiveness.
Clarify criteria for using competitive vs. collaborative activations and communicate these to partners and Posts.	DFAT / AHPSU	Lack of transparency risks partner confusion, slower mobilisations, and inconsistent application across countries.
Clarify and standardise allowances for administrative overheads and indirect cost recovery (ICR), ensuring greater equity across Australian and local partners and enabling localised core funding to strengthen institutional sustainability and ability to meet DFAT standards and manage risk. Establish clear guidance on allowable overhead	DFAT / AHPSU	Without transparent and equitable ICR and overhead policies, local partners remain structurally under-resourced, dependent on short-term project funds, and unable to maintain essential compliance, safeguarding, and MEL functions. This perpetuates unequal risk exposure and undermines localisation objectives.

Recommendation	Lead responsibility	Risks if not adopted
rates, reporting requirements, and conditions for local partner ICR eligibility.		

Table 4: Evaluation recommendations - Partner selection and performance

Recommendation	Lead responsibility	Risks if not adopted
Establish a process for periodically refreshing or revalidating the partner pool. This should aim to include smaller, specialist, or regionally based NGOs, maintaining diversity of technical expertise and innovation.	DFAT	A static partner base risks limiting innovation and responsiveness to emerging priorities, while excluding capable regional actors reduces localisation and equity.
Define clear performance metrics linked to selection criteria and introduce pathways in and out of the partnership to reward performance and innovation.	DFAT / AHPSU	Without transparent performance criteria, accountability and incentives for innovation are reduced, and under-performing partners remain within the system by default.

Table 5: Evaluation recommendations - Roles and responsibilities

Recommendation	Lead responsibility	Risks if not adopted
Clarify decision-making and communication responsibilities across DFAT Canberra, DFAT Posts, and the AHPSU by developing a concise Decision Rights and Delegation Framework (RACI) for activations and funding approvals.	DFAT / AHPSU	Without a clear RACI, role ambiguity will persist, delaying activation decisions and undermining trust between DFAT, AHPSU, and partners.

Table 6: Evaluation recommendations - Climate Integration

Recommendation	Lead responsibility	Risks if not adopted
Review Program incentives and disincentives for working in the most remote and climate-affected communities	DFAT (Humanitarian Division)	Without understanding and addressing disincentives such as cost factors and logistical risks, failure to reach under-served and most-affected communities will persist. Incentives linked to local priorities support strategic objectives to foster localisation and promote the long-term sustainability of program outcomes.
Facilitate and enable community voices – especially those of more marginalised communities - to directly contribute to National and sub-national decision making and policy development.	AHPSU/ ANGO's/ Local Partners	Marginalised communities and individuals face disproportionate vulnerability to climate change and disasters. They also have direct experience of the barriers and challenges policies aim to address. Policies developed without their input risk missing hidden inequities or perpetuating exclusion and harmful norms.
Ensure maximum flexibility in AHP climate integration resourcing and ensure climate and resilience investments- particularly in the Pacific and Timor-Leste- do not duplicate efforts or divert resources away from priorities identified by Governments and local communities.	DFAT/ ANGO's	Without flexible and aligned funding models, scarce resources may get diverted to externally driven projects rather than priorities identified by Governments, community organisations and communities themselves. Alignment across investments increases trust across multiple stakeholders and decreases the likelihood of community resources contributing to maladaptation in efforts to address local needs.

Table 7: Evaluation recommendations - Inclusion

Recommendation	Lead responsibility	Risks if not adopted
Maintain and expand access to specialist technical assistance on gender equality, disability, protection, and safeguarding, including roving or pooled expertise available to all partners.	DFAT / ANGOs	Loss of technical depth would increase risk of harm, compromise inclusion standards, and weaken Australia's standing as a leader in disability-inclusive humanitarian action.

Recommendation	Lead responsibility	Risks if not adopted
Strengthen the “Do No Harm” approach within AHP GEDSI integration – particularly increasing socialisation and training on approaches to LGBTIQ+ inclusion and addressing the needs of people with diverse SOGIESC. Any organisations using the diverse SOGIESC toolkit for CBDRR should increase technical training and guidance before/with use.	DFAT/ AHPSU/ ANGO’s/ Local Partners	Marginalised communities face heightened risks of discrimination, violence and exclusion. A Do No Harm approach within community programming must assess local threats and protections or risk triggering backlash-increasing risks for already vulnerable community members. A strong Do No Harm approach characterised by rigorous efforts to test and address attitudes and behaviours of program implementers is particularly critical in contexts where team members may unintentionally perpetuate harmful norms.
Consider resourcing the formal integration of leading and nationally recognised Feminist organisations into local program advisory and coordination mechanisms (such as DRCC’s) where they are not currently part of local consortia.	DFAT/ AHPSU	Without meaningful input from local Feminist organisations, programs, AHP lacks access to critical, locally-informed expertise on gender and inclusion challenges and how to address them in communities and at National levels. Exclusion of Feminist actors signals a lack of commitment to equitable, locally owned transformation.
For the next Phase of AHP, consider a determination on whether to adapt an integrated approach to mainstreaming Gender Equality, Disability and Social Inclusion across all activities and operations or a transformative approach which seeks to challenge and fundamentally change underlying norms and power structures.	DFAT	Failure to explicitly clarify the GEDSI approach to be used within the program can lead to inconsistent or superficial GEDSI outcomes. The needs and aspirations of marginalised groups may be overlooked, or at worst set back through a lack of intentional approach.

Table 8: Evaluation recommendations - MEL

Recommendation	Lead responsibility	Risks if not adopted
Maintain stability of MEL requirements to avoid excessive changes that create cascading system effects and high administrative burdens, especially for local partners.	DFAT / AHPSU	Frequent changes undermine data comparability and create disproportionate reporting load for smaller partners.
Facilitate peer-learning and exchange across DRCCs through regional reflection events and virtual platforms to promote knowledge transfer and innovation.	AHPSU / DRCCs	Without structured exchange, good practice remains siloed and opportunities for regional learning and coherence are lost.
Strengthen inclusion components within learning exercises to ensure ongoing improvements in practice	AHPSU / DRCCs	Without dedicated inclusion focus in learning, progress on gender equality, disability inclusion and protection may stall, reducing the depth and quality of AHP’s social impact and weakening Australia’s reputation for inclusive humanitarian leadership.

Table 9: Evaluation recommendations - System coherence and coordination

Recommendation	Lead responsibility	Risks if not adopted
Strengthen communication and coordination across DFAT-funded humanitarian mechanisms (AHP, Australia Assists, ARC Partnership, HLC, ANCP) through “complementarity mapping”, regular portfolio reviews and the development of strategic guidance notes that outline how each of DFAT’s humanitarian response mechanisms are to work together to deliver DFAT’s	DFAT (Humanitarian Division)	Without system-level coordination, overlap and inefficiencies persist, diluting impact and obscuring Australia’s collective humanitarian contribution.

Recommendation	Lead responsibility	Risks if not adopted
humanitarian policy, how this is operationalised in response and recovery and how this will be led.		
Promote and explore ways to strengthen greater regional coherence by convening an annual humanitarian coordination and learning forum with PRP, PResCoM, CROP agencies, and AHP partners.	DFAT / AHPSU	Lack of regional alignment risks duplication and weakens Australia’s visibility within Pacific-led coordination mechanisms.

Table 10: Evaluation recommendations - Partnership and localisation

Recommendation	Lead responsibility	Risks if not adopted
Rebalance risk-sharing and overhead support to ensure local partners are not disproportionately exposed to financial or operational risk. Provide access to modest core funding or contingency lines within grants.	DFAT / ANGOs	Continuing asymmetry in risk burden undermines localisation commitments and increases exposure to safeguarding and fiduciary risks.
Reinforce local leadership within Disaster READY and activations by formalising DRCC engagement with national coordination systems and granting observer status to key government and humanitarian actors.	DFAT / AHPSU / ANGOs	If not adopted, DRCCs may remain inward-facing and risk being perceived as NGO coordination mechanisms rather than integral parts of national systems.
Strengthen the feedback loop between country learning and program design by ensuring Learning Action Agendas inform DFAT funding decisions and AHP planning cycles.	AHPSU / DFAT	Valuable lessons risk being under-used, reducing the program’s adaptability and evidence-based credibility.
Phase III design should include partnership brokering sessions, setting joint priorities and co-designing localisation outcomes and indicators as well as reviewing current localisation frameworks to gain consensus on AHP definitions of localisation.	AHPSU / DFAT	Without a shared understanding and co-designed indicators, localisation efforts may remain fragmented and inconsistently measured, limiting accountability and the ability to demonstrate progress toward equitable partnerships.

Annex A: Stakeholder list and documents reviewed

Stakeholder list

A total of 85 consultations were conducted during the data collection phase. This included both remote and in-country consultations in the four selected countries – Fiji, Vanuatu, Timor-Leste, and Myanmar. Given travel advisories and restrictions in Myanmar, consultations were conducted with a hybrid format with the Myanmar Consultant conducting interviews in person, accompanied by the Evaluation Team Leader joining in remotely.

There were three sub-phases to the stakeholder consultations

- Preliminary consultations – These included interviews with a range of stakeholders from various parts of the Humanitarian Division in DFAT. Findings from this sub-phase was used to inform subsequent data collection efforts
- AHP Survey – Distributed to high-level stakeholders in DFAT in Canberra, Posts, AHPSU, AHP Lead NGOs, and Consortia NGOs. Thirty out of the 47 stakeholders invited responded to the survey (63.8 per cent response rate)
- In-country consultations - A wide and comprehensive range of stakeholders were consulted, from DFAT Posts, relevant government representatives, consortia NGOs, local implementing partners, and humanitarian coordinating agencies in the UN. Where possible, the Evaluation Team was able to meet with government representatives from relevant ministries from General-Director level to the technical officer level. This was done in Fiji, Vanuatu, and Timor-Leste. The Evaluation Team did not meet with representatives of the Myanmar military regime.
- Remote consultations – These included interviews and FGDs with various personnel in the AHPSU, AHP Lead NGOs, and other relevant stakeholders such as the Australian Council for International Development (ACFID).

PRELIMINARY CONSULTATIONS

Stakeholder type	Stakeholder organisation	Modality / number	Location
DFAT	Humanitarian Division	KII x 2, FGD	Remote - Preliminary
DFAT	Response/Operations/Deployments	KII x 1	Remote - Preliminary
DFAT	DRR/Preparedness/AA	FGD	Remote - Preliminary
DFAT	Other Partnerships	FGD	Remote - Preliminary
DFAT	Protracted Crises	FGD	Remote - Preliminary
DFAT	Humanitarian Context and Reset	FGD	Remote - Preliminary

IN-COUNTRY CONSULTATIONS - FIJI

Stakeholder type	Stakeholder organisation	Modality / number	Location
Government of Fiji	National Disaster Response and Management Office	KII x 1	Fiji
Government of Fiji	Ministry of Women	KII x 1	Fiji
Other	DRCC	KII x 1	Fiji
Other	Pacific Islands Forum	KII x 1	Fiji
Other	IFRC	KII x 1	Fiji
Other	Pacific Community	KII x 1	Fiji
Other	Habitat for Humanity Fiji	KII x 1	Fiji
Other	FCOSS	KII x 1	Fiji
Other	Fiji Red Cross	KII x 1	Fiji
Local partner	WIF Network	KII x 1	Fiji

Stakeholder type	Stakeholder organisation	Modality / number	Location
Local partner	Empower Pacific	FGD	Fiji
Local partner	PCDF	KII x 1	Fiji
Local partner	FDPF	FGD	Fiji
Consortia NGO	CAN DO	KII x 1	Fiji
Consortia NGO	ADRA	FGD	Fiji
Consortia NGO	Oxfam	KII x 1	Fiji
Consortia NGO	Care International	KII x 1	Fiji
DFAT	DFAT Post	KII x 1	Fiji

IN-COUNTRY CONSULTATIONS - VANUATU

Stakeholder type	Stakeholder organisation	Modality / number	Location
Government of Vanuatu	NDMO	KII x 2	Vanuatu
Government of Vanuatu	Shefa Province	KII x 1	Vanuatu
Government of Vanuatu	Ministry of Agriculture, Livestock, Forestry, Fisheries, and Biosecurity	KII x 1	Vanuatu
Government of Vanuatu	Vanuatu Meteorology and Geo-Hazards Department (VMGD)	KII x 1	Vanuatu
Government of Vanuatu	Department of Local Authority	KII x 1	Vanuatu
Other	IOM	KII x 1	Vanuatu
Other	Red Cross	KII x 1	Vanuatu
Other	DRCC	KII x 3	Vanuatu
Other	DRCC	KII x 1	Vanuatu
Other	VANGO	KII x 1	Vanuatu
Local partner	Wan Smolbag	FGD	Vanuatu
Local partner	Vanuatu Society for People with Disability	FGD	Vanuatu
Local partner	Vanuatu Disaster Promotion and Advocacy Association	FGD	Vanuatu
Local partner	Anglican Church of Melanesia in Vanuatu	FGD	Vanuatu
Local partner	Women I Tok Tok Tugeta	FGD	Vanuatu
Local partner	WITTT Sunshine	FGD	Vanuatu
Consortia NGO	Vanuatu Christian Council (VCC)	FGD	Vanuatu
Consortia NGO	ADRA Vanuatu	FGD	Vanuatu
Consortia NGO	Anglican Church of Melanesia	FGD	Remote
Consortia NGO	International; Christian Church Vanuatu	FGD	Remote
Consortia NGO	ActionAid Vanuatu	KII x 1	Vanuatu
Consortia NGO	Oxfam	KII x 1	Vanuatu
Consortia NGO	World Vision Vanuatu	KII x 1	Vanuatu
Consortia NGO	Save the Children	KII x 1	Vanuatu
Consortia NGO	Care International	KII x 1	Vanuatu

Stakeholder type	Stakeholder organisation	Modality / number	Location
Consortia NGO	CAN DO	KII x 1	Vanuatu
DFAT	DFAT Post	KII x 2	Vanuatu

IN-COUNTRY CONSULTATIONS – TIMOR-LESTE

Stakeholder type	Stakeholder organisation	Modality / number	Location
Government of Timor-Leste	Ministry of Interior - National Disaster Management Directorate	FGD	Timor-Leste
Government of Timor-Leste	Civil Protection Authority	KII x 1	Timor-Leste
Government of Timor-Leste	Ministry of Solidarity and Social Inclusion	KII x 1	Timor-Leste
Government of Timor-Leste	Ministry of Public Works	FGD	Timor-Leste
Other	UNEP	FGD	Timor-Leste
Other	UN Resident Coordinator's Office	KII x 1	Timor-Leste
Other	UNDP	KII x 1	Timor-Leste
Other	DRCC	KII x 1	Timor-Leste
Local partners	Knua Haberan Comunidade (KHC)	FGD	Timor-Leste
Local partners	Fundasaun Maubisse Hametin Futuru (MAHARU)	FGD	Timor-Leste
Local partners	Ra'es Hadomi Timor Oan (RHTO)	FGD	Timor-Leste
Local partners	Iokál Asosiasaun Foinsa'e Futuru Sustentabilidade (A-FFOS)	FGD	Timor-Leste
Local partners	Asosiasaun MANEO	FGD	Timor-Leste
Local partners	Fundasaun HADEER	FGD	Timor-Leste
Local partners	Binibu Faesf Nome (BIFANO)	FGD	Timor-Leste
Local partners	Sharis Haburas Comunidade (SHC)	FGD	Timor-Leste
Local partners	Mata Dalan Institute (MDI)	FGD	Timor-Leste
Consortia NGO	CARE in Timor-Leste	KII x 2	Timor-Leste
Consortia NGO	Oxfam Timor-Leste	KII x 1	Timor-Leste
Consortia NGO	World Vision Timor-Leste	FGD	Timor-Leste
Consortia NGO	Plan International Timor-Leste	FGD	Timor-Leste
Consortia NGO	Caritas Timor-Leste	KII x 1	Timor-Leste
Consortia NGO	ChildFund	FGD + KII	Timor-Leste
DFAT	DFAT Post	KII x 1	Timor-Leste

IN-COUNTRY CONSULTATIONS – MYANMAR

Stakeholder type	Stakeholder organisation	Modality / number	Location
DFAT	DFAT Post	KII x 1	Hybrid
Local implementing partner	Local implementing partner	KII x 1	Hybrid
Local implementing partner	Local implementing partner	KII x 1	Hybrid

Stakeholder type	Stakeholder organisation	Modality / number	Location
Local implementing partner	Local implementing partner	KII x 1	Hybrid
Consortia NGO	Consortia NGO	KII x 1	Hybrid
Consortia NGO	Consortia NGO	KII x 1	Hybrid
Consortia NGO	Consortia NGO	KII x 1	Hybrid
Consortia NGO	Consortia NGO	KII x 1	Hybrid
Consortia NGO	Consortia NGO	KII x 1	Hybrid
Consortia NGO	Consortia NGO	KII x 1	Hybrid

REMOTE CONSULTATIONS

Stakeholder type	Stakeholder organisation	Modality / number	Location
AHP Lead Partner	CARE Australia	KII x 1	Remote
AHP Lead Partner	Oxfam	FGD	Remote
AHP Lead Partner	Caritas Australia	KII x 1	Remote
AHP Lead Partner	CAN DO	FGD	Remote
AHP Lead Partner	Save the Children Australia	KII x 1	Remote
AHP Lead Partner	World Vision Australia	KII x 1	Remote
AHP Lead Partner	Plan International Australia	KII x 1	Remote
AHP Support Unit	AHP Support Unit	FGD x 2	Remote
Other	Australian Council for International Development (ACFID)	FGD	Remote
Other	Habitat for Humanity	KII x 1	Remote

Documents reviewed

As part of the desktop review, the Evaluation Team received 61 program documents, including AHP Annual Reports, Learning Reports, various evaluations and reviews, meeting minutes, design documents and MEL Framework, Partnership Health Checks, AHPSU Program Manual and SOPs, as well as a range of AHP Partner Capability Statements by country. These documents were then coded against a coding framework on NVivo, based on the KEQs. The list of documents reviewed are as follows:

1. Core program design and strategy documents

These were used to define the overall purpose, structure, and design logic of the AHP and its components.

- Investment Design Document
- Disaster READY Phase II Program and Design Summary
- AHP Phase II Partnership Charter
- AHP Phase II Communications Strategy
- AHP Program Manual 2025
- AHP Standard Operating Procedures (SOP)
- AHP SOP Annexes
- AHP SOP Guidance Documents
- AHP Risk Management Framework 2024
- AHP MEL Framework
- AHP Phase II Partnership Charter
- AHPDR Flyer

2. Governance, accountability and risk management

Documents outlining partnership performance, compliance, and management processes.

- Partnership Health Check 2018
- Partnership Health Check 2019
- Partnership Health Check 2024
- PNG Emergency Response Fund Review
- AHP Activations – Data Flow Diagram
- Grant Management System as of June 2025
- AHP activation timeframes
- AHP funding flows to local organisations
- AHP Risk Management Framework 2024 (*cross-listed under design*)

3. Annual and corporate reporting

Routine program performance reporting and updates to DFAT and partners.

- AHP Annual Report 2018
- AHP Annual Report 2019
- AHP Annual Report 2020
- AHP Annual Report 2021–2022
- AHP Annual Report 2023
- AHP Annual Report 2024

4. Evaluations and reviews

Independent and thematic evaluations of AHP components and responses.

- AHP Mid-Term Evaluation 2020
- Final AHP Horn of Africa Evaluation Report
- AHP Bangladesh Evaluation Report
- Management Response – AHP Bangladesh Phase III Evaluation
- Final Report – Real Time Review of AHP Ukraine Response
- Combined ANGO Management Response – AHP Food Security and Livelihoods Ethiopia and Kenya Evaluation
- Theology of Disaster Resilience in a Changing Climate Review Report
- Theology of Disaster Resilience in a Changing Climate Management Response

5. Thematic learning and knowledge products

Reports and learning outputs exploring specific humanitarian practice areas.

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- AHP AAP Learning Report (Feb 2025)
- AHP AAP Thematic Review – Final Report (8 Oct)
- Climate Change and AHP
- Beyond Barriers: From Evidence to Action (October 2023)
- Disability Inclusion in AHP
- Gender Equality in AHP
- Localisation in AHP
- AHP Sectors

6. Learning events and reflection outputs

Outputs from AHP and DFAT learning events, including collaborative workshops, Communities of Practice (CoP) events, and participant tracking.

- AHP Learning Event 1 – Locally Led Humanitarian Development
- AHP HRG DFAT Learning Event 2 – Protracted Crisis Responses
- AHP HRG DFAT Learning Event 3 – Inclusion
- AHP HRG DFAT Learning Event 4 – Protection
- AHP and DFAT Learning Event 5 Report
- Learning Event Participants Tracker

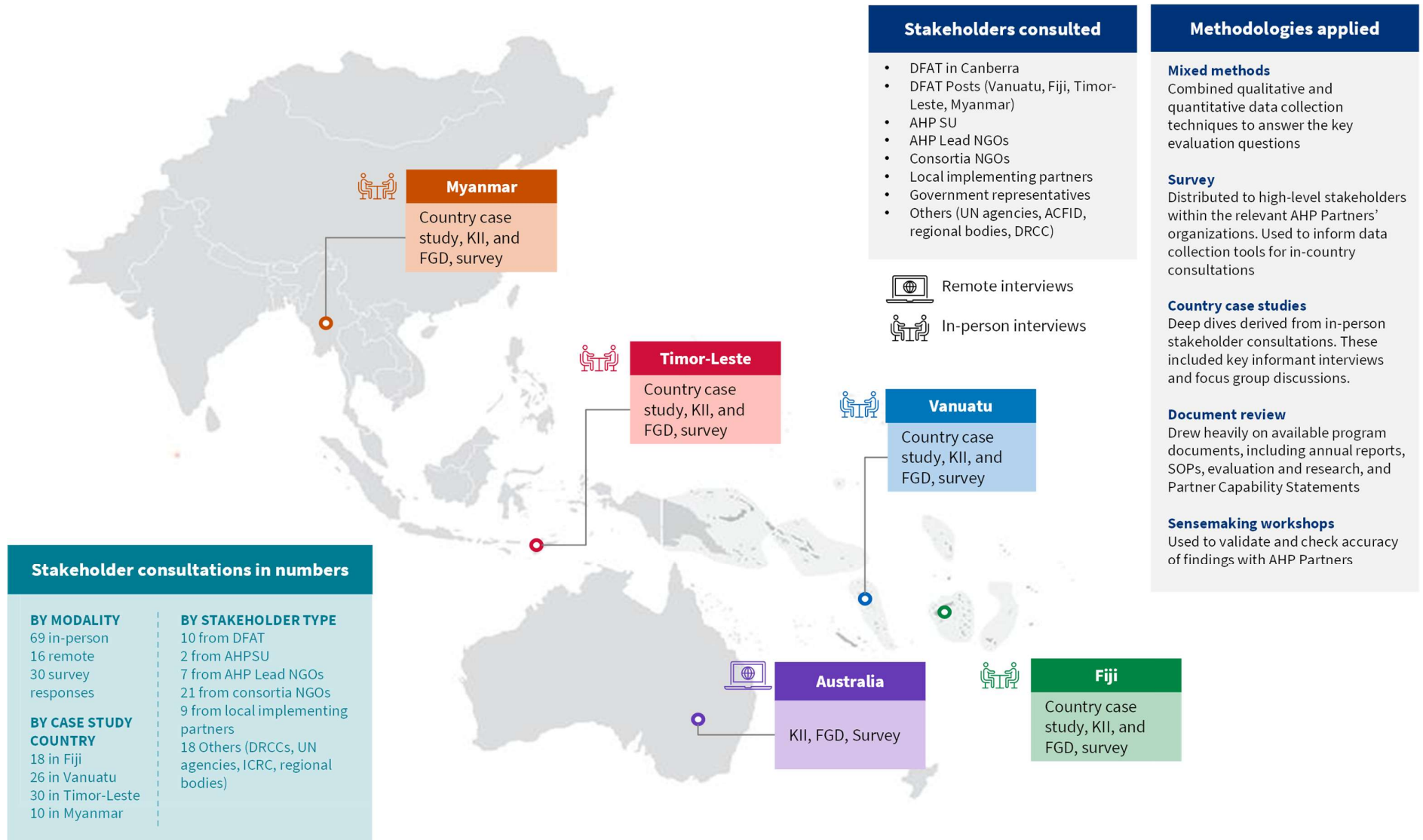
7. Partner capability statements

Statements detailing partner strengths, coverage, and sectoral expertise by country.

- AHP Partner Capability Statement – Afghanistan
- AHP Partner Capability Statement – Ethiopia
- AHP Partner Capability Statement – Indonesia
- AHP Partner Capability Statement – Jordan
- AHP Partner Capability Statement – Lebanon
- AHP Partner Capability Statement – Myanmar
- AHP Partner Capability Statement – Pakistan
- AHP Partner Capability Statement – Philippines
- AHP Partner Capability Statement – Somalia
- AHP Partner Capability Statement – South Sudan
- AHP Partner Capability Statement – Sudan
- AHP Partner Capability Statement – Syria
- AHP Partner Capability Statement – Ukraine
- AHP Partner Capability Statement – Yemen

Annex B: Methodology

Figure 11: Methodology map



Annex C: Key evaluation questions and sub-questions

Criteria: Effectiveness

Key evaluation question (KEQs)	Sub questions
1. To what extent has the AHP delivered the anticipated end of program outcomes?	<ul style="list-style-type: none"> • How have affected populations benefitted from AHP humanitarian assistance in rapid onset and protracted crises, considering also gender equality and disability equity? • Is there evidence that responses were timely, inclusive, contextually appropriate, and implemented according to international humanitarian standards, principles and agreements? • To what extent have activities implemented under Disaster READY helped Pacific countries and Timor-Leste communities prepare for and respond to disasters and climate change, considering also gender equality and disability equity? • To what extent has the Partnership generated lessons for policy and practice amongst partners and stakeholders? How have these lessons been used across responses, phases/program iterations?
2. To what extent have AHP monitoring, evaluation, learning and risk management processes supported effective program management and adaptation?	<ul style="list-style-type: none"> • How effective have AHP MEL systems been in capturing and evidencing program outcomes (including reflecting gender equality and disability equity), and enabling learning and informing program adaptation? • Is the current program logic and MEL framework fit-for-purpose? • Have risk management processes (including for downstream partners) been fit-for-purpose (compliance with DFAT's Development Risk Management Policy, Value for Money, accountable to local communities/stakeholders, risk sharing)

Criteria: Relevance, appropriateness and coherence

Key evaluation question (KEQs)	Sub questions
3. How fit for purpose is the current AHP contractual and delivery model to deliver these end of program outcomes?	<ul style="list-style-type: none"> • Does the delivery model support timely, high-quality, locally led and inclusive humanitarian assistance? • How does AHP complement and coordinate with other international humanitarian initiatives? • Are the roles and responsibilities between DFAT, AHPSU, and ANGOs clearly defined and effective? • Has the selection process for AHP partners achieved a suitable range of partners? • What is the added value/unique role of NGOs as a delivery partner of the Australian Government through AHP? • Are the AHP components complementary and mutually reinforcing?
4. How relevant are the AHP outcomes and delivery model in a changing international humanitarian and geopolitical context?	<ul style="list-style-type: none"> • To what extent is the AHP model aligned with the priorities of DFAT's 2024 Humanitarian Policy and 2023 International Development Policy, including in its: Geographical footprint, partnerships and support to local leadership, approach to protection, reinforcing and reforming the humanitarian system, climate resilience, and embedding conflict prevention, peacebuilding and crisis resilience

Criteria: Overarching

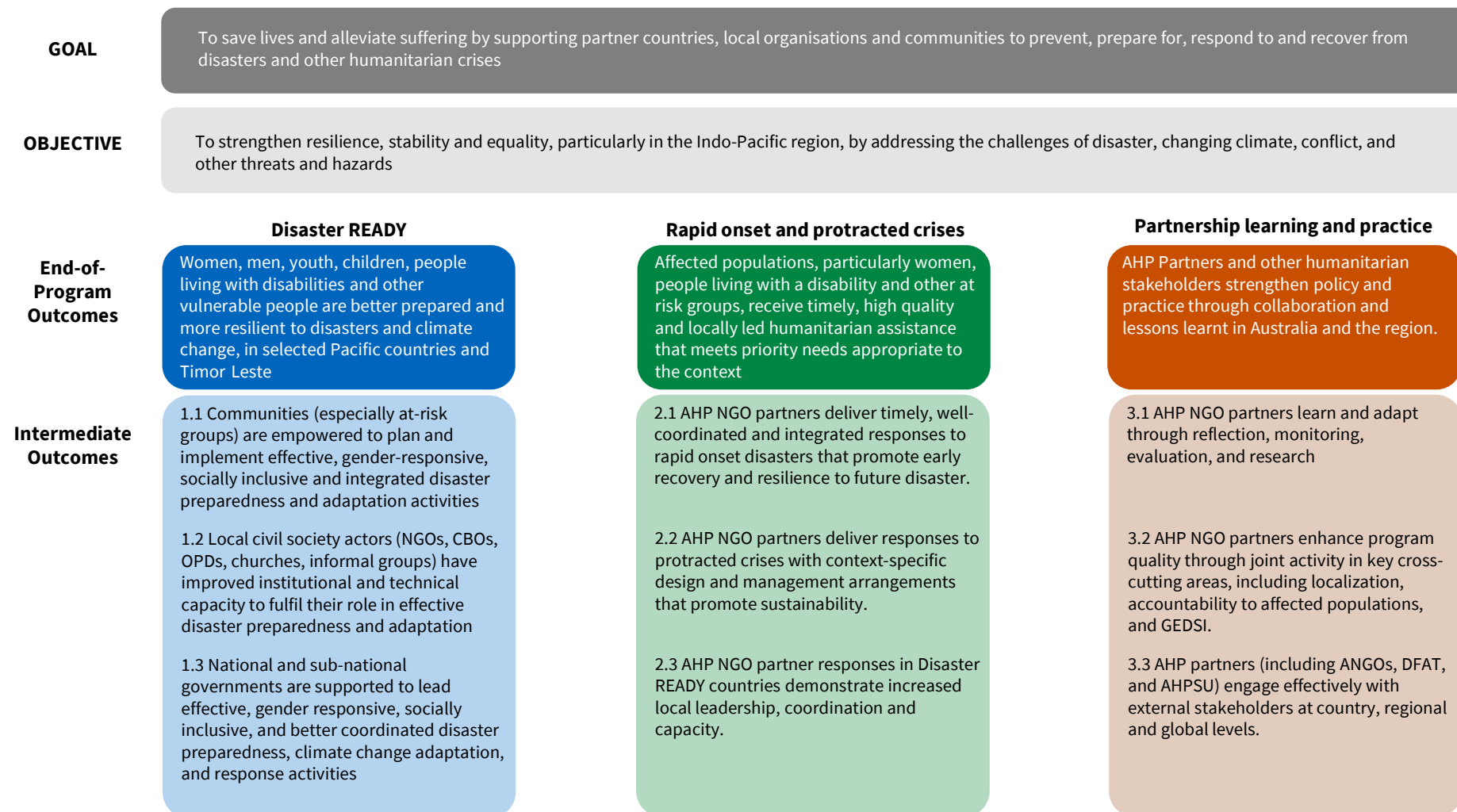
Key evaluation question (KEQs)	Sub questions
5. What are the implications of this evaluation for the next phase of AHP or similar mechanisms?	<ul style="list-style-type: none"> • What are key design recommendations for the next phase of AHP or similar mechanisms? • What aspects of the current model should be retained, adapted, or replaced • Are there any notable gaps in the AHP delivery model that should be addressed in future AHP?

Annex D: EoPO performance assessment rubric

Scale	Descriptor	Performance characteristics
Fully Achieved / Transformative	EoPO achieved and showing systemic or transformative influence.	Widespread, sustained results; institutionalisation in national systems; strong evidence of replication or policy uptake; equitable and inclusive participation; learning influencing DFAT and regional policy.
Substantially Achieved / Strong Progress	Major intended results achieved with moderate gaps.	Clear and verifiable outcome achievement in most areas; mechanisms functioning effectively; inclusion and localisation consistently embedded but not yet universal.
Moderate Progress / On Track	Evidence of meaningful outcome progress with mixed or partial coverage.	Clear contributions and visible results, but variable depth or sustainability; inclusion and localisation improving but uneven across contexts.
Limited Progress / Early Stage	Early or fragmented outcome-level results.	Activity and output delivery occurring, but weak evidence of sustained behavioural or systemic change; results rely on project-level inputs.
Minimal or No Progress	Little or no demonstrable movement toward EoPO.	Limited data or weak contribution logic; activities remain ad hoc, siloed or unsustainable; systems not yet functioning.

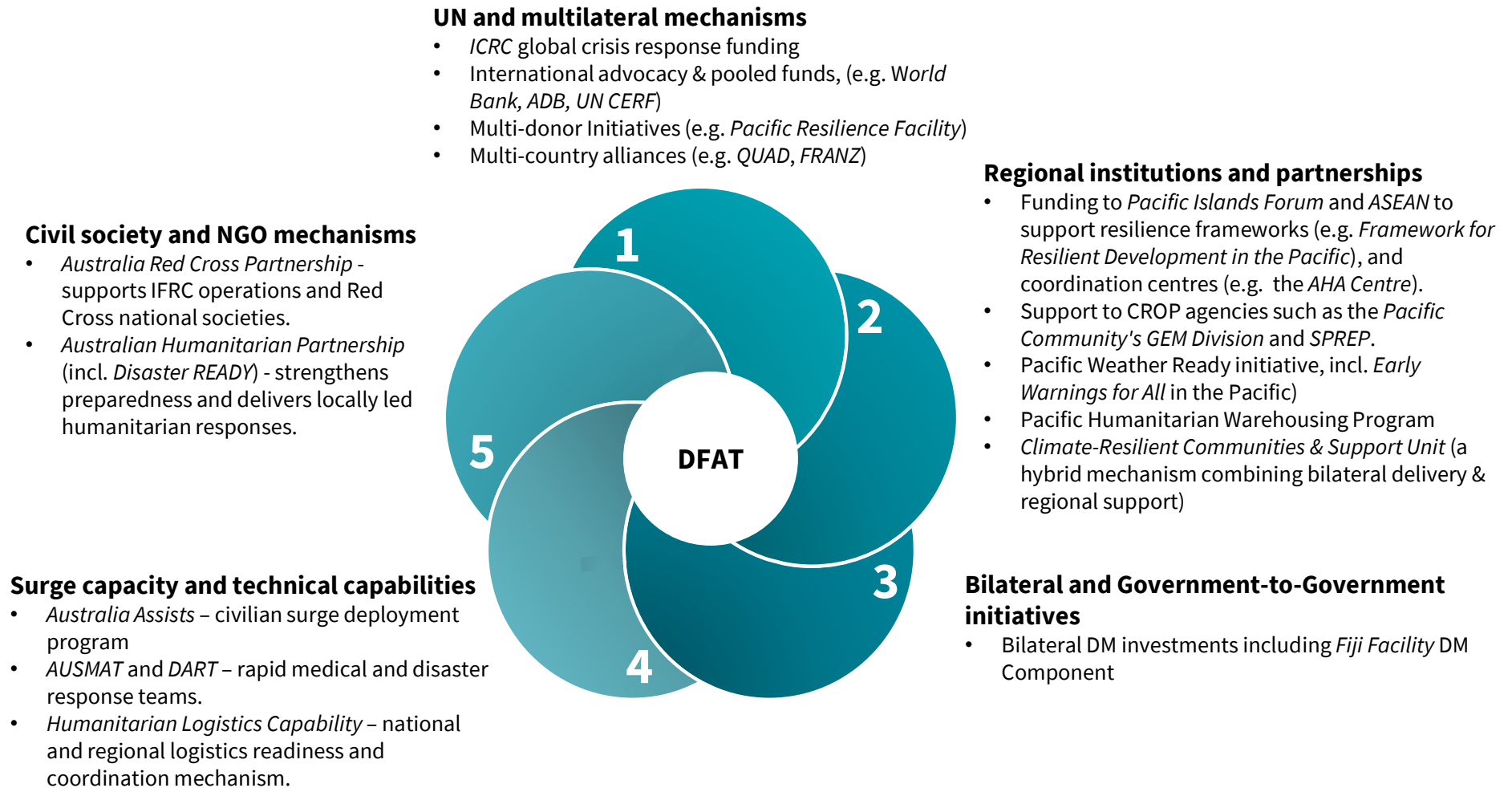
Annex E: Program Logic

Figure 12: Program Logic diagram



Annex F: DFAT Humanitarian and Resilience Ecosystem - Partnership Mechanisms

Figure 13: Partnership Mechanisms diagram



Annex G: Roles and responsibilities matrix

Operational area	DFAT Canberra	DFAT Posts	AHP Support Unit	ANGOs	DRCCs
Strategic direction & policy alignment	Sets strategic direction and alignment with DFAT's Humanitarian Policy. Chairs the AHP Steering Committee, manages AHPSU contract, approves funding, and oversees coherence with other DFAT programs	Provides contextual advice, ensures AHP activities align with bilateral and partner government priorities	Provides technical and operational advice, MEL insights, and lessons for DFAT strategic decisions	Ensures programming aligns with DFAT policy priorities, including GEDSI, localisation, and climate resilience	Ensures that Disaster READY planning aligns with national frameworks; provides localised evidence and lessons to inform DFAT and partners
Partnership management	Holds overall relationship with AHP NGOs Oversees overall partnership performance; participates in annual partnership reviews and health checks	Responsible for activation agreements under the partnership. Engages with in-country stakeholders and provides political, diplomatic, and contextual oversight	Facilitates coordination and partnership health checks; manages administrative and contractual frameworks between DFAT and ANGOs; acts as secretariat for the Steering Committee	Manages relationships with consortia and local partners	Coordinates country-level collaboration, convenes learning events, and supports joint planning and reflection for Disaster READY
Activation decision-making	Authorises activations and funding; chairs activation process; sets policy and program scope for rapid and protracted crises	Provides situational analysis and facilitates government engagement; endorses proposals, monitors performance, and ensures alignment with country programs	Manages activation workflows, provides technical review, drafts agreements, and ensures compliance with DFAT processes	Prepares activation proposals, mobilises response teams, and delivers activities with local and international partners.	Coordinates collaborative proposals in Disaster READY countries
Grant management & compliance	Oversees fiduciary and contractual compliance through accreditation and DFAT systems; approves budgets and reviews reports	Provides context-specific oversight; reviews plans and financial reports, ensures alignment with bilateral programs	Administers grants, manages financial reporting cycles, conducts due diligence, and maintains DFAT-compliant records	Manages sub-grants to consortium and local partners, ensures compliance with DFAT and policies	Contributes financial and activity data to ANGOs for consolidation; ensures reporting accuracy at country level
Risk management & safeguarding	Sets overall risk appetite and compliance standards. Responsible for strategic and policy risk monitoring	Monitors political, security, and reputational risks and escalates issues to DFAT Canberra where required	Oversees partnership-level risk monitoring, maintains a Partnership Risk Register, and implements the Administrative Control Framework	Identifies, manages, and mitigates programmatic, financial and safeguarding risks. Ensures partners follow DFAT policies	Identifies local operational and contextual risks; ensures issues are escalated to ANGOs and AHPSU as part of DRCC coordination

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Operational area	DFAT Canberra	DFAT Posts	AHP Support Unit	ANGOs	DRCCs
MEL	Approves MEL framework, commissions independent evaluations, and ensures use of findings for policy and funding decisions. Receives consolidated reporting, ensures evidence informs policy and funding decisions.	Participates in MEL reviews and evaluations, using lessons for local policy dialogue. Feeds context updates to Canberra	Leads design and implementation of the MEL Framework, consolidates reporting, and manages program-wide evaluations and learning events	Implements MEL within projects, collects data, and contributes to reflection and reporting; responsible for project-level MEL systems	Leads joint reflection, participatory MEL activities, and implementation of Learning Action Agendas in Disaster READY countries.
Communication and public diplomacy	Consolidates and communicates AHP results to Ministers and the Australian public. Uses reporting for policy advocacy and accountability.	Supports public diplomacy, liaises with governments and media; provides in-country visibility for AHP	Coordinates communication and knowledge brokering, develops reports and strategic products, and supports DFAT's communication needs	Provides quality reports, communications materials, and stories of impact; ensures timely and accurate submissions	Provides stories, evidence, and visibility of local action; contributes to joint communications and learning materials

Areas where consultations revealed role uncertainty or confusion. Note: formal roles and responsibilities are clear, but perceptions and understandings revealed less clarity in these areas.

Annex H: AHP partner capability matrix¹⁴

Country	Save the Children	CAN DO	Care	OXFAM	Plan	World Vision
Afghanistan	Education, Health, Nutrition, Food Security, Livelihoods	Education, Food Security, Livelihoods, cash, DRR/Climate Change	Education, Health, Food Security, Protection, Shelter	N/A	Health, Nutrition, Protection, WASH, DRR/Climate Change	Education, Health, Nutrition, Livelihoods, WASH
Ethiopia	Protection, Food Security, WASH, Education, Nutrition	WASH, Food Security, Protection, Education, Livelihoods	Protection, Food Security, Health, DRR/Climate Change	Food Security, Livelihoods, WASH, Protection, Cash	Protection, Nutrition, Health, Livelihoods, Education	Protection, WASH, Food Security, Livelihoods, Nutrition
Indonesia	Health, Nutrition, Education, Protection, Food Security	Health, Nutrition, Education, Protection, Livelihoods	DRR/Climate Change, Protection, Food Security, Health	DRR/Climate Change, Protection, Food Security, Livelihoods	Education, Protection, WASH	Protection, Health, WASH, Nutrition, Food Security
Jordan	Health, Livelihoods, Education, Protection	Health, Education, Protection, Livelihoods, Early Recovery	Cash Transfer, Food Security Education, Protection, Livelihoods	WASH, Food Security, Protection, Livelihoods, Early Recovery	Livelihoods, Education, Protection	WASH, Livelihoods, Education, Protection, Health

¹⁴ Based on information provided in AHP Partner Capability Statements. Note: not all countries are included.

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Country	Save the Children	CAN DO	Care	OXFAM	Plan	World Vision
Lebanon	Protection, Livelihoods, Education, DRR/Climate Change, WASH	Education, Livelihoods, Protection, Shelter, WASH	Food Security, Nutrition, Health, Early Recovery, Protection	WASH, Food Security, Livelihoods, Cash	Protection, Education, Livelihoods, food Security	Protection, Education, Livelihoods, DRR/Climate Change, WASH
Pakistan	Health, Protection, DRR/Climate Change	Health, Education, Cash, Livelihoods, Food Security,	Food Security, Livelihoods, Nutrition, Cash, Education	Food Security, Livelihoods, Early Recovery, WASH, Cash	Health, Protection, WASH, Livelihoods	N/A
Philippines	Education, Livelihoods, Food Security, Protection, Health	DRR/Climate Change, Protection, Livelihoods, Education, Food Security	Health, WASH, DRR/Climate Change, Protection, Early Recovery	DRR/Climate change, Protection, WASH, Food Security, Livelihoods	WASH, Education, Food Security, Cash, Livelihoods	Education, Health, DRR/Climate Change, WASH, Protection
Somalia	Health, Nutrition, Food Security, Livelihoods, Protection	Education, Livelihoods, Food Security, Protection, Health	DRR/Climate Change, Health, Food Security, Nutrition, Protection	WASH, Food Security, Livelihoods, Protection, DRR/Climate Change	Food Security, WASH, Health, Protection	Food Security, Livelihoods, Cash, Protection, Education
South Sudan	Health, Nutrition, WASH, Protection, Food Security	Food Security, Protection, WASH, Livelihoods, DRR/Climate Change	Protection, Food Security, DRR/Climate Change, Health, Livelihoods	Protection, WASH, Food Security, Livelihoods, Education	Food Security, Cash, Protection, Shelter, Health	Nutrition, Livelihoods, Health, WASH, Protection
Sudan	Health, Education, Protection, WASH, Food Security	Shelter, WASH, Health, Nutrition, Livelihoods	Protection, WASH, Health, DRR/Climate Change, Nutrition	N/A	Food Security, Cash, Nutrition, Protection, WASH	Health, Nutrition, Food Security, Protection, WASH
Syria	Education, Nutrition, Protection, Health, Food Security	Health, Education, WASH, Protection, Shelter	Protection, Health, Food Security, Shelter	Food Security, Livelihoods, WASH, Protection	Health, Protection, WASH, Early Recovery, Nutrition	Protection, Education, WASH, Health, Livelihoods
Ukraine	Education, Protection, Food Security, Livelihoods, Nutrition	Food Security, Shelter, WASH, Livelihoods, Protection	Protection, WASH, Shelter, Health, Livelihoods	WASH, Protection, Food Security, Livelihoods	Protection, Health, WASH	Food Security, Cash, Livelihoods, Protection, Education
Yemen	Protection, Education, Health, Nutrition, Food Security	Health, WASH	Food Security, Health, Protection, Livelihoods, Nutrition	WASH, Food Security, Livelihoods, Protection, cash	Health, Food Security, WASH, Livelihoods, Protection	Health, Nutrition, Protection, WASH, DRR/Climate

Annex I: AHP lead agencies and consortium partners

AHP Partners	Consortia partners	Local implementing partners
CAN DO / Caritas Australia	Act for Peace Adventist Development & Relief Agency Anglican Board of Mission Anglican Overseas Aid Australian Lutheran World Service Transform Aid International Uniting World Global Mission Partners	Arrangements per activation or Disaster READY country
CARE Australia	Live and Learn	Arrangements per activation or Disaster READY country
Oxfam Australia	ABC International Development CBM Australia	Arrangements per activation or Disaster READY country
Plan International Australia	ActionAid Australia ChildFund Australia International Medical Corps UK CBM Australia Australian Volunteers International	Arrangements per activation or Disaster READY country
Save the Children Australia	Partnerships negotiated on case-by-case basis	Arrangements per activation or Disaster READY country
World Vision Australia	Partnerships negotiated on case-by-case basis	Arrangements per activation or Disaster READY country

Annex J: Figure alt text list

Alt text for Figure 3: Roles and responsibilities within the AHP are clear and appropriate

Bar chart comparing average agreement levels for five respondent categories: AHP Lead NGO, AHP Support Unit, Consortia NGO, DFAT Canberra, and DFAT Post.

- AHP Lead NGO — dark blue bar reaching the top of the “Agree” band, indicating a strong agreement level slightly below the overall average dotted green line.
- AHP Support Unit — dark blue bar extending into the “Strongly agree” band, the tallest bar and above the overall average dotted green line.
- Consortia NGO — dark blue bar reaching into the upper “Agree” / lower “Strongly agree” area, slightly below the AHP Support Unit but above the overall average.
- DFAT Canberra — dark blue bar shorter than the others, sitting near the border between “Neutral” and “Agree,” well below the overall average.
- DFAT Post — dark blue bar rising to the top of the “Agree” band, comparable to AHP Lead NGO and slightly below the overall average dotted green line.

Alt text for Figure 4: Proportion of grant funding per AHP partner (Phase II)

Full pie chart showing six labelled slices with percentages:

- CAN DO — small dark blue slice at about 1 o’clock, labelled “CAN DO 7%,” the smallest segment.
- CARE — green slice at about 3–4 o’clock, labelled “CARE 17%,” a mid-sized segment.
- Oxfam — teal slice at the 6 o’clock position, labelled “Oxfam 20%,” the largest segment.
- Plan — purple slice at about 7–8 o’clock, labelled “Plan 19%,” one of two near-equal large segments.
- Save — red slice at about 10–11 o’clock, labelled “Save 19%,” matching Plan in size.
- World Vision — orange slice at about 12 o’clock, labelled “World Vision 18%,” slightly smaller than Plan/Save and Oxfam.

Slices are separated by thin white dividers; labels and percentages are placed on or beside each slice in clear white or black text depending on contrast. The chart conveys relative share of each organisation, with Oxfam largest (20%), CAN DO smallest (7%), and Plan and Save nearly equal at 19% each.

Alt text for Figure 5: Proportion of grant value by activity type

Stacked bar chart with two bars, “Phase 1” (left) and “Phase 2” (right), each showing percentage shares of four response types. Vertical axis labelled 0% to 100%.

- Phase 1 (left bar) — from bottom to top:
 - Disaster READY (green) 19.6% — lower third of the bar.
 - Protracted Response (dark blue) 56.6% — largest middle portion, making up over half the bar.
 - Rapid Response (teal) 23.9% — top portion.
 - Anticipatory Action (purple) — not present or negligible in Phase 1 (no visible purple segment).
- Phase 2 (right bar) — from bottom to top:
 - Disaster READY (green) 30.5% — noticeably larger than in Phase 1.
 - Protracted Response (dark blue) 45.4% — reduced from Phase 1 but still the largest single component.
 - Rapid Response (teal) 21.7% — slightly smaller than in Phase 1.
 - Anticipatory Action (purple) 2.4% — thin sliver at the very bottom/top (very small share), visible between green and the baseline.

Legend below identifies colours: teal = Rapid Response, dark blue = Protracted Response, green = Disaster READY, purple = Anticipatory Action.

Overall comparison: Phase 1 is dominated by Protracted Response; Phase 2 shows a shift toward a larger Disaster READY share and a reduced Protracted Response share, while Rapid Response stays similar and Anticipatory Action appears only in Phase 2 at a very small level.

Alt text for Figure 6: The AHP delivery model is appropriate for responses to rapid onset or acute crises

Horizontal bar chart showing average agreement levels for five respondent categories (AHP Lead NGO, AHP Support Unit, Consortia NGO, DFAT Canberra, DFAT Post). The vertical axis lists response levels from top to bottom: Strongly agree, Agree, Neutral, Disagree, Strongly disagree. A green dotted horizontal line across the chart marks the overall average at approximately the top of the “Agree” band. A legend below shows a dark blue rectangle labelled “Average per respondent category” and the green dotted line labelled “Average - all.”

- AHP Lead NGO — dark blue vertical bar rising to the top of the “Agree” band, slightly below the green dotted overall-average line.
- AHP Support Unit — dark blue bar extending into the “Strongly agree” band, the tallest of the five and clearly above the overall-average dotted line.
- Consortia NGO — dark blue bar reaching into the upper “Agree” / lower “Strongly agree” area, below AHP Support Unit but above the overall-average line.
- DFAT Canberra — dark blue bar shorter than the others, positioned near the border between “Neutral” and “Agree,” noticeably below the overall-average dotted line.
- DFAT Post — dark blue bar rising to the top of the “Agree” band, slightly below the overall-average dotted line and comparable in height to AHP Lead NGO.

Visual cues — light grey horizontal gridlines mark each response level; bars are solid dark blue with the dotted green line made of evenly spaced dots; labels for categories are centred beneath each bar.

Alt text for Figure 7: The AHP delivery model is appropriate for responses to complex emergencies and protracted crises

Vertical bar chart comparing average agreement across five respondent categories: AHP Lead NGO, AHP Support Unit, Consortia NGO, DFAT Canberra, and DFAT Post. The left vertical axis lists response options from top to bottom: Strongly agree, Agree, Neutral, Disagree, Strongly disagree. A horizontal dotted green line across the chart marks the overall average at about the top of the “Agree” band. Legend below shows a dark blue rectangle labelled “Average per respondent category” and the green dotted line labelled “Average - all.”

- AHP Lead NGO — dark blue bar rising to the upper half of the “Agree” band, below the green overall-average line.
- AHP Support Unit — dark blue bar extending into the “Strongly agree” band, the tallest bar and clearly above the overall-average line.
- Consortia NGO — dark blue bar reaching the mid-to-upper “Agree” band, lower than AHP Support Unit and slightly below the overall-average line.
- DFAT Canberra — dark blue bar rising to the mid “Agree” band, similar to Consortia NGO but marginally lower and below the overall-average line.
- DFAT Post — dark blue bar reaching into the upper “Agree” band near the overall-average line but slightly above DFAT Canberra and AHP Lead NGO.

Visual details — bars are solid dark blue with light grey horizontal gridlines marking response levels; the overall average is shown as evenly spaced green dots across the chart.

Alt text for Figure 8: The AHP delivery model effectively supports preparedness in Disaster READY countries

Vertical bar chart comparing average agreement across five respondent categories with response levels on the left axis from top to bottom: Strongly agree, Agree, Neutral, Disagree, Strongly disagree. A green dotted horizontal line across the chart marks the overall average near the top of the “Agree” band. Legend below shows a dark blue rectangle labelled “Average per respondent category” and the green dotted line labelled “Average - all.”

- AHP Lead NGO — dark blue bar rising to the upper part of the “Agree” band, below the green overall-average dotted line.
- AHP Support Unit — dark blue bar extending into the “Strongly agree” band, the tallest bar and clearly above the overall-average dotted line.
- Consortia NGO — dark blue bar reaching the upper “Agree” band, lower than AHP Support Unit and slightly below the overall-average dotted line.
- DFAT Canberra — dark blue bar rising to the upper “Agree” band, similar in height to Consortia NGO and below the overall-average dotted line.
- DFAT Post — dark blue bar reaching the top of the “Agree” band and slightly above DFAT Canberra and Consortia NGO, just below the AHP Support Unit and very close to the overall-average dotted line.

Visual details — bars are solid dark blue, the overall average is shown as evenly spaced green dots, and faint grey horizontal gridlines mark each response level.

Alt text for Figure 9: Proportion of AHP funding by organisation type

Line chart showing percentage trends from 2018 to 2024 for three organisation types: National Independent (dark blue), National Affiliated (green), and ANGO (teal). Vertical axis runs 0%–80%; each data point is labeled with its percentage value.

- National Independent (dark blue) — rises from 20% in 2018 to 38% in 2019, falls to 31% in 2020, increases to 42% in 2021, dips slightly to 39% in 2022, then climbs to 42% in 2023 and remains 42% in 2024. Overall shows growth from 2018 to 2024 with a mid-period dip.
- National Affiliated (green) — starts high at 68% in 2018, drops sharply to 43% in 2019, rises to 52% in 2020, then gradually declines: 46% in 2021, 50% in 2022, 49% in 2023, and 45% in 2024. Overall shows a large initial fall, partial recovery in 2020, then a gentle downward trend.
- ANGO (teal) — begins at 12% in 2018, increases to 18% in 2019 and 17% in 2020, then steadily declines to 12% in 2021, 10% in 2022, 9% in 2023, and rises slightly to 12% in 2024. Overall remains the smallest share, with a small peak in 2019 and a slight rebound by 2024.

Key comparisons — National Affiliated consistently the largest group across all years despite declining from 68% to 45%; National Independent grows from 20% to stabilize at ~42%; ANGO remains low throughout, peaking around 18% and ending near 12%.

Alt text for Figure 10: Risk management processes are appropriate and effective

Vertical bar chart comparing average agreement across five respondent categories: AHP Lead NGO, AHP Support Unit, Consortia NGO, DFAT Canberra, and DFAT Post. The left vertical axis lists response levels from top to bottom: Strongly agree, Agree, Neutral, Disagree, Strongly disagree. A horizontal green dotted line across the chart marks the overall average at about the top of the “Agree” band. A legend below identifies dark blue bars as “Average per respondent category” and the green dotted line as “Average - all.”

- AHP Lead NGO — dark blue bar rising to the mid “Neutral” band (lower than the overall average), indicating a roughly neutral-to-agree average for this group.
- AHP Support Unit — dark blue bar extending into the “Strongly agree” band, the tallest bar and clearly above the overall-average dotted line, indicating the highest agreement.
- Consortia NGO — dark blue bar reaching the upper “Neutral” / lower “Agree” area, below the overall-average dotted line and lower than AHP Support Unit.
- DFAT Canberra — dark blue bar rising into the upper “Neutral” / lower “Agree” area, similar in height to Consortia NGO and below the overall-average dotted line.
- DFAT Post — dark blue bar reaching the top of the “Agree” band, slightly below the AHP Support Unit but at or just below the overall-average dotted line.

Visual details — bars are solid dark blue with faint grey horizontal gridlines at each response level; the green dotted line is composed of evenly spaced dots across the chart; category labels are centred beneath each bar.

Alt text for Figure 11: Methodology map

Informational map of South and Southeast Asia and the Pacific showing locations of stakeholder consultations and a right-hand panel listing stakeholders and methodologies. Each country with consultations is marked with a coloured pin, an icon indicating interview type, and a labelled callout box describing the data collection methods used (country case study, KII, FGD, survey).

- Myanmar (orange pin, people icon) — callout “Myanmar: Country case study, KII, and FGD, survey” placed over mainland Southeast Asia near Myanmar.
- Timor-Leste (red pin, people icon) — callout “Timor-Leste: Country case study, KII, and FGD, survey” shown over the island nation west of Australia.
- Vanuatu (blue pin, people icon) — callout “Vanuatu: Country case study, KII, and FGD, survey” positioned over the island group in the South Pacific.
- Fiji (green pin, people icon) — small green callout near Fiji reading “Fiji: Country case study, KII, and FGD, survey.”
- Australia (purple pin, computer icon) — callout “Australia: KII, FGD, Survey” located on the continent, with a computer icon indicating remote interviews.

Right-hand panel — two boxed sections:

- “Stakeholders consulted” lists consulted groups including DFAT in Canberra, DFAT Posts (Vanuatu, Fiji, Timor-Leste, Myanmar), AHP Support Unit, AHP Lead NGOs, Consortia NGOs, local implementing partners, government representatives, and others (UN agencies, ACFID, regional bodies, DRCC). Small icons beneath denote remote and in-person interviews.
- “Methodologies applied” lists: Mixed methods (combined qualitative/quantitative), Survey (distributed to high-level stakeholders), Country case studies (in-person deep dives using KIIs and FGDs), Document review (program documents, SOPs, reports), and Sensemaking workshops (validation with AHP Partners).

Bottom-left inset — teal box titled “Stakeholder consultations in numbers” summarising counts:

- By modality: 69 in-person, 16 remote, 30 survey responses.
- By case study country: 18 in Fiji, 26 in Vanuatu, 30 in Timor-Leste, 10 in Myanmar.

- By stakeholder type: 10 from DFAT, 2 from AHP SU, 7 from AHP Lead NGOs, 21 from consortia NGOs, 9 from local implementing partners, and 18 others (DRCCs, UN agencies, ICRC, regional bodies).

Visual style — pale grey map with coloured pins and thin leader lines to labelled callouts; callout boxes are colour-coded to match pins; icons differentiate remote (computer) and in-person (two people) interviews; clean layout emphasises locations, participant numbers, and methods.

Alt text for Figure 12: Program Logic diagram

A three-column logic model with a grey header and three coloured goal boxes at the top of each column, followed by linked outcome and output boxes beneath. The layout reads left-to-right showing program purpose, strategic objective, three outcome areas, and detailed outputs under each outcome.

Top row:

- Large dark grey rounded rectangle (full width) states the overall purpose: “To save lives and alleviate suffering by supporting partner countries, local organisations and communities to prevent, prepare for, respond to and recover from disasters and other humanitarian crises.”
- Below it, a light grey rounded rectangle states a strategic objective: “To strengthen resilience, stability and equality, particularly in the Indo-Pacific region, by addressing the challenges of disaster, changing climate, conflict, and other threats and hazards.”

Middle row — three coloured outcome boxes (left to right):

- Left (blue) outcome: “Women, men, youth, children, people living with disabilities and other vulnerable people are better prepared and more resilient to disasters and climate change, in selected Pacific countries and Timor-Leste.”
- Centre (green) outcome: “Affected populations, particularly women, people living with a disability and other at-risk groups, receive timely, high quality and locally led humanitarian assistance that meets priority needs appropriate to the context.”
- Right (orange) outcome: “AHP Partners and other humanitarian stakeholders strengthen policy and practice through collaboration and lessons learnt in Australia and the region.”

Bottom row — three vertical pale boxes under each outcome listing numbered outputs:

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

Visual details — Rounded rectangles use strong colour coding (blue, green, orange) for outcomes and lighter tints for their outputs; thin black outlines separate boxes; text is left-aligned and presented as short paragraphs or numbered lists; the hierarchy of purpose → objective → outcomes → outputs are visually clear.

Alt text for Figure 13: Partnership Mechanisms diagram

Diagram showing a five-petal circular diagram with a central white circle labelled “DFAT.”

Independent Evaluation of the Australian Humanitarian Partnership

Five overlapping rounded petals in teal shades surround the centre, arranged clockwise and numbered 1 to 5 in white text near each petal's outer edge.

Outside the petals are lists of text:

- UN and multilateral mechanisms
 - ICRC global crisis response funding
 - International advocacy & pooled funds, (e.g. World Bank, ADB, UN CERF)
 - Multi-donor initiatives (e.g. Pacific Resilience Facility)
 - Multi-country alliances (e.g. QUAD, FRANZ)
- Civil society and NGO mechanisms
 - Australia Red Cross Partnership - supports IFRC operations and Red Cross national societies.
 - Australian Humanitarian Partnership (incl. Disaster READY) - strengthens preparedness and delivers locally led humanitarian responses.
- Regional institutions and partnerships
 - Funding to Pacific Islands Forum and ASEAN to support resilience frameworks (e.g. Framework for Resilient Development in the Pacific), and coordination centres (e.g. the AHA Centre).
 - Support to CROP agencies such as the Pacific Community's GEM Division and SPREP.
 - Pacific Weather Ready initiative, incl. Early Warnings for All in the Pacific)
 - Pacific Humanitarian Warehousing Program
 - Climate-Resilient Communities & Support Unit (a hybrid mechanism combining bilateral delivery & regional support)
- Surge capacity and technical capabilities
 - Australia Assists – civilian surge deployment program
 - AUSMAT and DART – rapid medical and disaster response teams.
 - Humanitarian Logistics Capability – national and regional logistics readiness and coordination mechanism.
- Bilateral and Government-to-Government initiatives
 - Bilateral DM investments including Fiji Facility DM Component