Tonga Australia Support Platform (TASP)

INDEPENDENT EVALUATION REPORT   
 **October 2024**

Acknowledgements

The evaluation team would like to thank the Australian Department of Foreign Affairs and Trade (DFAT) for commissioning this evaluation and DT Global (TASP managing contractor) for their responsiveness during and after field work.

The TASP program team gave generously of their time for discussions, provided data from the program’s monitoring system and helped connect the evaluation team to staff and partners.

Finally, sincere thanks to the Government and CSO partners who met with the evaluation team and shared their experiences and reflections on the program.

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Contents

Executive Summary

Summary findings ii

Recommendations (in priority Order) iii

Background and context 1

Approach and methodology 2

Key evaluation questions 2

Methodology 3

Data collection and analysis 3

Document review 3

Stakeholder consultations 4

Limitations 4

Key findings by KEQ 5

Key Findings: Relevance, KEQ1 5

Key Findings: Effectiveness, KEQ2 6

Progress towards achieving EOPOs 7

Policy relationships 9

Additional factors found to impact effectiveness 11

Key Findings: Efficiency, KEQ3 11

VfM of multi-sector activities and technical advisory services 14

Cross sectoral collaboration and coherence 15

Key Findings: Monitoring, Evaluation and Learning (MEL), KEQ4 17

Key Findings: GEDSI & Climate Change, KEQ5 18

GEDSI integration and progress towards GEDSI outcomes 19

Progress on climate change action 21

Key Findings: Agility & Adaptation: KEQ6 22

TASP’s flexibility and responsiveness 22

TASP’s pivot to HTHH disaster 23

Key Findings and Lessons Learned: KEQ7 25

Findings 25

Lessons 26

Recommendations (In Priority Order) 27

Annexes

Annex 1: Terms of Reference (extract) i

Annex 2: References and documents consulted iv

Annex 3: List of People Consulted vi

Annex 4: TASP Program Logic viii

Annex 5: Ad hoc Support (report extract) ix

Annex 6: THSSP3 (Health Pillar) Logic xi

Annex 7: Governance Pillar Logic xii

Acronyms

AHC Australian High Commission

APCP Australia-Pacific Climate Partnership

CPU Central Procurement Unit, Ministry of Finance (Tonga)

CRPD UN Convention on the Rights of Persons with Disabilities

CSO Civil society organisation

DFAT Department of Foreign Affairs and Trade

DPP Development Partnership Plan

EOIO End of Investment Outcome

EOPO End of Program Outcome

GAP Gender Action Plan

GBV Gender based violence

GCP Gender Country Plan

GEDSI Gender equality, disability and social inclusion

GoA Government of Australia

GoT Government of Tonga

HSSIG Health Sector Support Implementation Group

HTHH Hunga Tonga-Hunga Ha’apai

ICT Information and communications technology

IMR Investment Monitoring Report (DFAT)

IPR Investment Performance Rating

IO Intermediate Outcome

JPRM Joint Policy Reform Matrix

KEQ Key Evaluation Question

LATA Lavame’a Ta’e’iloa Disabled People Association Incorporated

LLD Locally led development

MC Managing Contractor

MFF Ma’a Fafine Mo’e Famili Inc.

MEL Monitoring, Evaluation and Learning

MoF Ministry of Finance

MoH Ministry of Health

NCD Non-communicable disease

NGO Non-government organisation

ODA Official Development Assistance

OPDs Organisations of Persons with Disabilities

PFM Public financial management

PPA Partnership Performance Assessment

PSC Public Service Commission

SLM Skills and labour mobility (TASP pillar)

SOM Strategic Opportunities Mechanism

SPM Senior Program Manager

STA Short term advisor

TA Technical assistance

TASP Tonga Australia Support Platform

TEGS Tonga Economic Governance Support Program

THPF Tonga Health Promotion Foundation (also referred to as TongaHealth)

THSSP Tonga Health Systems Support Program

TLA Tonga Leitis Association

TNCWC Tonga National Centre for Women and Children

TORs Terms of Reference

TTI Tupou Tertiary Institute

TWICT Tonga Women in ICT

UNICEF United Nations Children’s Fund

WCCC Women and Children’s Crisis Centre

WHO World Health Organisation

WoW Ways of Working

Executive Summary

The purpose of this independent evaluation is to advise the Department of Foreign Affairs and Trade (DFAT) on the impact and effectiveness of the Tonga Australia Support Platform (TASP) to date and provide options and recommendations moving forward[[1]](#footnote-2). Specifically, the Independent Evaluation has three main objectives:

1. To assess the efficiency (value for money), performance and impact of TASP to date;
2. To make recommendations to strengthen performance in the remaining period of the program;
3. To provide clear recommendations on how to take forward the next phase of enabling support for DFAT’s development program in Tonga (including scope and mechanisms).

The evaluation team has taken guidance from DFAT Post and has placed most emphasis on future looking recommendations rather than on shortcomings of implementation and outcomes to date.

The evaluation team has assessed TASP against two guiding questions and seven key evaluation questions.

**The Guiding Questions are:**

1. Is TASP contextually appropriate as a model for efficient and effective delivery of bilateral development assistance in Tonga?
2. Does TASP remain the best model to support delivery of Australia’s ODA to Tonga and what lessons can be applied from the existing model to inform future directions?

**Seven Key Evaluation questions:**

KEQ1: (relevance) How well has TASP adapted to changing strategic context?

KEQ2: (effectiveness)To what extent has TASP progressed towards achieving its End of Program Outcomes? What has enhanced or constrained effectiveness? To what extent has TASP supported stronger policy relationships with partner government and NGOs?

KEQ3: (efficiency) How adequate are TASP’s governance, management, delivery approach and resourcing arrangements? Has the facility’s management of multi-sector activities and technical advisory services provided value for money? What evidence is there of cross-sectoral collaboration and coherence?

KEQ4:(MEL) How adequate has TASP’s monitoring and evaluation and learning processes been?

KEQ5:(GEDSI and Climate Change) To what extent has TASP implementation integrated gender equality, disability, and social inclusion and what progress has been made towards GEDSI related outcomes? What progress has been made on climate change action as envisaged in the TASP design?

KEQ6: (Agility and adaptation) To what extent has the facility’s flexibility and responsiveness allowed DFAT to focus on emerging needs and opportunities? How and how well did TASP pivot to respond to the Hunga Tonga-Hunga Ha’apai (HTHH) disaster?

KEQ7: Lessons Learned: What are the recommendations for policy, practice, and implementation for future facility support to DFAT in Tonga?

The evaluation team has conducted desk reviews of available documentation, and interviews with 39 individuals in Tonga and Australia to inform findings and recommendations. Consultations included DFAT, TASP staff and the Monitoring, Evaluation and Learning (MEL) partner, Clear Horizon, Ministry of Finance, Ministry of Health and the Public Service Commission, and seven Civil Society Organisation (CSO) grantees.

# Summary findings

1. The multi-sector TASP facility provides efficient use of Government of Australia (GoA) management resources (MEL reporting, procurement, and potential Gender Equality, Disability and Social Inclusion (GEDSI) integration), and is a key point of reference for DFAT for key policy and programmatic decisions in the Health and Governance areas. TASP has been able to continue to deliver high quality advisory and service delivery support against the Health and Governance programs to GoT and GoA satisfaction.
2. TASP has delivered the strategic opportunities mechanism (SOM)/tasking notes efficiently with processes and procedures meeting expected timeframes and good budget management. This has significantly reduced workload on DFAT staff in the Australian High Commission (AHC) and provides an option for flexibility in the case of emergency/surge response.
3. Support and some cross cutting functions are operating well,such as: gender mainstreaming and some targeted support; procurement of GoA investments; MEL (is sufficient and MEL team now supporting all areas of the facility); better reporting to and shared policy discussions with the AHC (following two Ways of Working (WoW) workshops and regular policy meetings); and provision of operational costs for CSOs (freeing them up to deliver more with fewer restrictions and drawing on support unit capacity building).
4. Strategic and deep engagements with CSOs, and funding particularly supporting their operational costs, have built good will and capacity and provided a base for ongoing medium to long term strategic partnerships (particularly with gender and training focused CSOs). The evaluation found evidence that both GEDSI mainstreaming and some GEDSI-specific interventions have been advanced.
5. TASP has responded to emerging GoT issues and needs with advisers able to follow and support GoT priorities. The Governance and Health pillars of TASP are very attuned to GoT needs with strong DFAT Post engagement and connections into multi-donor processes.
6. Practical challenges of progressing the design-implement model during the Hunga Tonga-Hunga Ha’apai (HHTH) Volcano and COVID (with most international staff leaving or being unable to travel) and the use of TASP primarily for urgent response-related service order implementation in the early phases of the contract have resulted in the facility being about one year behind in implementation.
7. The AHC has a clear desire for high level and strategic targeted policy advice from the managing contractor (MC), drawing on TASP’s close relationships in GoT and civil society. The MC is keen to meet the AHC needs but needs to be more proactive in providing high level nuanced policy and strategic advice and insights to AHC on a regular and timely basis.
8. TASP has not been able to deliver equally on both the two ongoing (novated) pillar programs (Health and Governance) and the two new pillars (Gender Equality (GE) and Skills and Labour Mobility (SLM)). Progress is very skewed to the novated programs and we are yet to see expected added outcomes from SLM (now Skills pillar) and GE.
9. The Evaluation has not seen a substantial added value yet of the cross-cutting priority investment areas (disability, gender, climate change action).
10. There is little evidence of improved results for DFAT in having TASP conduct the design of each pillar via the one facility. The value for DFAT was only in terms of time and effort to tender for these separately.
11. While some processes are a disincentive to locally led development(for example, the high bar for approving grants for local CSOs delayed these contracts[[2]](#footnote-3)) CSOs appreciate the GoA funding for operational costs as a game changer for many of them.

# Recommendations (in priority Order)

1. **Extension** - Given the slow start to TASP implementation and two of the four designs, extending the life of the program by at least one year will provide an opportunity to understand fully whether there is good value in having the GE and Skills programs co-located with the Health and the Governance Pillars.
2. **Health** - Embedded advisory support provided to Tonga Health can potentially be redirected or refocused on more effective health promotion activities and/or different partners. DFAT Post should work closely with TASP management to identify a quick realignment of funding to a more impactful solution.
3. **Governance continuity** - With a new Governance design in progress (though delayed) there are building concerns and risks relating to future Governance program scenarios. DFAT needs to finalise the design quickly and facilitate an orderly and well communicated transition plan, as uncertainty can lead to a slowing down of activities. DFAT senior management will also need to ensure the upcoming change in DFAT’s Senior Program Manager (SPM) for Governance does not have a destabilising effect, given the uncertain context.
4. **Strategic Opportunities** - To raise visibility and reiterate their importance to DFAT, TASP and DFAT should agree on a strategic objective, outcome and measures of success for the SOM (and for each tasking note within it), and report on these as a separate stream of work for TASP in regular six month and yearly reports. In addition future facilities with flexible funding should ensure that it is included in the Program Logic for the investment.
5. **Climate** - DFAT should reconsider the most strategic and cost-effective targeting of climate and related resourcing. With no expertise in TASP and only one year left of the program, meaningful results on climate action may not be possible to achieve.
6. **Accountability** - There needs to be systematic and regular documented opportunities for key counterparts to gain an adequate understanding of TASP and its program of work and participate in priority setting if TASP is to: provide deep and wide accountability to the GoT; gain their insights into the ongoing workplan of TASP; and achieve better buy-in and broader GoT ownership of outcomes.
7. **Working with CSOs** - With the new GEDSI Action Plan and GEDSI adviser in place, work in this area is expected to increase and build on the strong CSO relationships. TASP should continue to support partner CSOs with capacity building and system strengthening. DFAT should work closely with the TASP GEDSI Advisor and Disability Coordinator to maximise opportunities for GoA to be a strategic advocacy partner for greater equity and inclusion in Tonga.
8. **Ways of Working** - TASP should develop a relationship map to attach to the WoW agreement that outlines the different pathways of communication on different issues and with different partners that include GoT, GoA, TASP and CSOs on policy and programmatic work.

### Options for future programming at the completion of current TASP phase - 2025

| 1. Options | 1. Description | 1. Pros | 1. Cons |
| --- | --- | --- | --- |
| Continue TASP as is with minor adjustments | Health, Gender, Governance, and Skills remain in TASP; add in scholarships management.  Request extension. | Continuity; keep momentum incl on Public Financial Management (PFM), other Governance.  Good relationships, partners in the Health Pillar.  Flexible mechanism to address GOT & GOA priority needs in skills and CSO engagement.  Efficiencies through shared cross-cutting & operations & MEL  GE pillar and work with CSOs just starting to gain momentum. | New larger, more complex Governance program – might overwhelm TASP, with risks to both Governance & other pillars.  Scholarship management will be an additional pillar with additional resourcing & costs.  Ambiguity around current understanding of role of TASP may require additional work  May be less scope for innovation within existing contract. |
| Continue TASP without Governance. Add in scholarships management. | TASP becomes a ‘Human Development Facility’; extends into further phase, remove Governance and add scholarships management. | Greater opportunities for coherent Facility.  Not swamped by a big Governance program.  Clearer match to new (draft) Development Partnership Program (DPP) pillars.  Test market for best Governance MC.  Alignment with recommendations of Australia Awards Program Review findings. | Significant scope change: likely need a TASP design update/ refresh, possible re-tender.  For Governance: Potential disruption to existing implementation & relationships.  More costly (management costs with Governance MC and TASP MC).  Disruptions to scholarships management given time taken to recruit and resource an expanded pillar and related design.  Additional costs relative to employing additional staff at the AHC.  Disruption & delays; duplication of Operations, MEL, GEDSI. |
| TASP concludes Oct 2025. New separate Governance Program; different model for other TASP pillars beyond that | Options could include:1.Internal DFAT mgmt. In-sourced support unit (with service provider) as needed through tasking notes.   1. 2.Partner-led/ housed implementation unit.   Health pillar could also revert to former standalone model. | Arguably clearer lines of accountability and GoT interactions. Reduced doubling-up on DFAT/ Facility /GoT roles, responsibilities.  Avoids sectoral Advisers being distracted by Facility obligations/ demands.  Service provider could support additional DFAT investments.  Service provider facilitates provision of advisory support.  More visibility of Australian Government branding.  Dedicated and coherent support within a sector/pillar.  Better control of resources and support for partner government reforms through corporate planning and annual planning processes.  Supports partner government systems and processes and enhances DFAT’s involvement in policy setting/direction. | Higher Post resourcing unlikely.  Less value-add of ‘dumb’ contractor.  Cross-sectoral coherence may be harder to attain. Recent TASP momentum would likely be lost.  The fungibility of DFAT funds diverts resources to non-prioritised activities.  Requires additional resources in-house to manage - perhaps additional two FTE staff plus A-Based oversight. But could be cheaper than managed by MC. |

Background and context

The Tonga Australia Support Platform (TASP) is a multi-sector facility valued at up to AUD 25 million over an initial four-year phase (with a four-year extension option) with the current contract in place until 31 October 2025. Established in November 2021, TASP primarily focuses on the delivery of four longstanding areas of bilateral cooperation to address Tonga’s human development and economic challenges: health; governance; skills and labour mobility; and gender equality. The program was also designed to provide enabling support (advisers, monitoring and evaluation, activity funding and training) to the delivery of Australia’s broader bilateral development assistance priorities and funding (including budget support).

The **Objective** of TASP is: **Investments in priority areas as agreed by the Government of Tonga and Government of Australia are efficient, effective and equitable.**

TASP aims to achieve two End of Investment Outcomes (EOIOs) (also called End of Program Outcomes (EOPOs):

**EOIO1**: **Tonga realises equitable development outcomes for investments in priority areas as agreed in TASP annual plans**.

**EOIO2**: **Tonga benefits from efficient and equitable development program management support for investments in priority areas**.

Under the design-implement model each pillar was to have its own sub-design, annual workplans, performance framework and accountabilities.

The Health pillar is a novated program of work aligned with the Australian Government’s twenty year commitment, with implementation in line with the Tonga Health Systems Support Program – Phase 3 (THSSP3) Design Document (2023) and its associated pillar logic with end of phase outcomes (see [Annex 6](#_Annex_6:_–)).

The Economic Governance pillar follows DFAT investment in economic and public sector governance since 2009 and is being implemented against the Tonga Economic Governance Support design (TEGS IDD, 2020-2023) and the pillar logic with end of phase outcomes (see [Annex 7](#_Annex_7:_Governance)).

The Skills and Labour Mobility pillar proved problematic, with TASP unable to deliver a design strategy acceptable to DFAT. Given this, and the parallel preparation of a new regional Pacific Labour Mobility Support Program, the AHC decided to narrow TASP’s focus to skills activities that could realistically be implemented within TASP’s remaining timeframe. TASP produced a ‘Skills Development Interventions – Summary Table’ (April 2024) which, at the time of evaluation, was still being negotiated with DFAT.

For the Gender Equality pillar, a GEDSI Action Plan aligned with DFAT’s Gender Country Plan was nearing finalisation at the time of the evaluation.

With 12 months remaining on the current contract, the evaluation is also intended to support management (evidence and analysis to inform decision making), accountability (demonstrate effectiveness) and learning (understand what does or does not work and why) as part of DFAT’s commitment to good and effective practice in development assistance programs.

The primary audience for this evaluation is DFAT, particularly the team managing TASP, at Nuku’alofa Post led by the Development Counsellor and First Secretary, Development. The current TASP implementing team, and the current managing contractor, DT Global will also benefit from this Evaluation. Other stakeholders with an interest would include relevant GoT Ministries, civil society groups, and other development partners and programs.

The evaluation team has paid particular attention to the delivery modality of TASP as a Facility. While facilities can offer efficiencies and help streamline program management for DFAT, they can also encounter challenges relating to complexity and coherence, and can risk being diverted from core objectives if not carefully managed. DFAT’s 2018 Facilities Review[[3]](#footnote-4) offers useful pointers to some of these issues.

Approach and methodology

# Key evaluation questions

This evaluation focuses on the following two overarching guiding questions and seven key evaluation questions (KEQs) shown in Table 1 below.

**The Guiding Questions are:**

1. Is TASP contextually appropriate as a model for efficient and effective delivery of bilateral development assistance in Tonga?
2. Does TASP remain the best model to support delivery of Australia’s ODA to Tonga and what lessons can be applied from the existing model to inform future directions?

Table 1: Key evaluation questions

| 1. Criteria | 1. Key Question(s) |
| --- | --- |
| 1. [KEQ1](#_Key_Findings:_Relevance,): (relevance) | 1. How well has TASP adapted to changing strategic context? |
| 1. [KEQ2](#_Key_Findings:_Effectiveness,): (effectiveness) | 1. To what extent has TASP progressed towards achieving its End of Program Outcomes (EOPOs) (also known as End of Investment Outcomes)? 2. What has enhanced or constrained effectiveness? 3. To what extent has TASP supported stronger policy relationships with partner government and NGOs? |
| 1. [KEQ3](#_Key_Findings:_Efficiency): (efficiency) | 1. How adequate are TASP’s governance, management, delivery approach and resourcing arrangements? 2. Has the facility’s management of multi-sector activities and technical advisory services provided value for money? 3. What evidence is there of cross-sectoral collaboration and coherence? |
| 1. [KEQ4](#_Key_Findings:_Monitoring,):(MEL) | 1. How adequate has TASP’s monitoring and evaluation and learning processes been? |
| 1. [KEQ5](#_Key_Findings:_GEDSI):(GEDSI and Climate Change) | 1. To what extent has TASP implementation integrated gender equality, disability, and social inclusion and what progress has been made towards GEDSI related outcomes? What progress has been made on climate change action as envisaged in the TASP design? |
| 1. [KEQ6](#_Key_Findings:_Agility): (Agility and adaptation) | 1. To what extent has the facility’s flexibility and responsiveness allowed DFAT to focus on emerging needs and opportunities? 2. How and how well did TASP pivot to respond to the HTHH disaster? |
| [KEQ7](#_Key_Findings_and): Lessons Learned: | What are the recommendations for policy, practice, and implementation for future facility support to DFAT in Tonga? |

# Methodology

The evaluation was conducted in three stages to fit the 4-month timeframe.

**Phase 1 – Inception Phase** included discussion with Post, development of the assessment framework, literature review, preparing for interviews in Tonga, preliminary interviews with Australian stakeholders, preparation and delivery of the evaluation plan.

**Phase 2 – Data Collection and analysis and delivery of the Aide Memoire and 1st Draft Report**. TheEvaluation team, in consultation with Post and TASP identified key informants, most of whom were interviewed in-country during a 1-week stakeholder consultation mission in June 2024. The Evaluation team presented key findings to DFAT Tonga and the TASP Director, Deputy Director and Contract Representative. A written Aide Memoire was provided to DFAT on 5 July 2024. A draft evaluation report was submitted on 8 August 2024.

**Phase 3 – Final Reporting.** DFAT comments on the draft report have been incorporated into this final draft.

The evaluation was designed to be exploratory, covering the KEQs provided and drawing on evidence in documents and discussions with stakeholders. Bearing in mind the relatively limited implementation in some areas of the program, the evaluation explored evidence of positive and negative program implementation experience and followed a line of inquiry that was forward looking, seeking ideas for future implementation strategies and mechanisms. Consistent with the KEQs, the evaluation explored adequacy of structure to deliver program outcomes; progress towards outcomes and contributing factors/hindrances; flexibility and adaptability; and the appropriateness of the TASP model and lessons to date. In providing recommendations, the team considered the viability of proposed adjustments within the timeframe of the remainder of the current program.

# Data collection and analysis

The following information gathering methods to address the KEQs ([Table 1 above](#Table1)) are appropriate to the Tongan context, and consistent with DFAT’s Monitoring and Evaluation Guidelines[[4]](#footnote-5).

Table 2: Information-gathering methods

| **Methods** | **Description** |
| --- | --- |
| Document review | Review of relevant existing documentation against the key and sub questions.[[5]](#footnote-6) |
| Inception meeting | Discussion with DFAT Post covered DFAT overview, history and focus and discussion of evaluation questions and methodology. |
| Document Study | Key documents provided a vital source of evidence of results and learnings so far. These were used to inform lines on questioning in interviews and to triangulate evidence. |
| Key informant interviews/ meetings | Stakeholder interviews including with DFAT, TASP Team Leads, Pillar leads, Advisors and Government partners in Governance, Skills, Health, Gender and Disability, Civil Society grantees, previous contractor staff[[6]](#footnote-7). |

## Document review

An initial short list of approximately 20 documents were reviewed prior to fieldwork. As the Evaluation team started to interview stakeholders and analyse results other documents became available or were sought. In total the team review 49 documents, consisting of TASP reports, DFAT reports and Guidelines and other relevant reports and publications ([see Annex 2](#_Annex_2:_References) for full list of References).

## Stakeholder consultations

Thirty-five meetings were conducted with 38 stakeholders, face to face in Tonga and online. Key stakeholder categories are shown in Table 3 below. (see [Annex 3](#_Annex_3:_List) for the full list of consultations)

Table 3. Key Stakeholder categories and numbers.

| **Consultations** | **#** | **Interviewees** |
| --- | --- | --- |
| GoT Staff | 5 | Ministry of Finance, Ministry of Health, Tonga Public Service Commission |
| Grantees/CSOs | 7 | CSO grantees: Ma’a Fafine mo e Famili, Tonga Women in (Information and Communications Technology) ICT, Tupou Tertiary Institute (TTI), Women and Children Crisis Centre (WCCC), Lavame’a Ta’e’iloa (LATA) |
| TASP Staff including Advisors | 17 | Team leads, advisors, Directors and Deputy Director, DT Global, Clear Horizon |
| Donors | 9 | DFAT |

The types of information sought from each group is summarised below in Table 4.

Table 4. Information sources

| 1. Stakeholder Category | 1. Information sought |
| --- | --- |
| 1. DFAT | 1. Extent to which the program achieved its objectives 2. Areas that would support greater efficiency for post in facility delivery. 3. Systems that would support Post to have more efficient and targeted information to inform policy 4. Ideas and views on potential improvements for next phase (and why) |
| 1. TASP Program team | 1. Guidance/insights on program documents and monitoring data 2. Overview of operations, management, processes, decision-making 3. Team’s own perspectives on strengths, weaknesses, opportunities, challenges 4. Insights on contextual issues and factors affecting achievement |
| 1. Partners | 1. Involvement with the program 2. Views on its strengths, weaknesses, opportunities, challenges. Notable highlights, unforeseen impacts 3. Contextual insights: factors affecting program performance 4. Complementarities or overlaps with other programs 5. Ideas and views on potential improvements for next phase (and why) 6. Reflections on coherence and cooperation. 7. Reflections on Tongan priorities and needs in their sector. |
| 1. GoT | 1. What has changed as a result of TASP and partnership with GoA? 2. What worked well and what could have been improved? Any unforeseen effects? 3. Contextual insights: factors affecting program performance 4. Ideas and views on potential improvements for next phase (and why) |
| 1. Others | 1. Involvement with the program 2. Contextual insights: factors affecting program performance 3. Views on the program’s strengths, weaknesses, opportunities, challenges 4. Complementarities or overlaps with other programs 5. What was the value of the program to stakeholders? 6. What elements of the program should be changed/maintained, and why? |

# Limitations

The approach outlined in the evaluation plan was developed to optimise the value of the in-country consultation period and ensure a range of evidence and information was collected. However, the team had to prioritise who to interview given limited time in-country, and in light of intended respondents’ willingness and availability to participate.

The evaluation team did not interview other donors (e.g. NZ MFAT, World Bank) or beneficiaries of interventions (e.g. women, patients or trainees reached by CSOs or Ministries). This was consistent with the purposes of the review which were more about effectiveness and efficiency of the model and less about impact of interventions.

The Team Leader was unable to attend in country fieldwork due to last minute transport disruptions, however she was able to be fully involved remotely in key consultations, analysis with the team, report back sessions to DFAT and TASP, and report writing.

Key findings by KEQ

# Key Findings: Relevance, KEQ1

How well has TASP adapted to changing strategic context?

**Reasonably Well**

**TASP has been somewhat successful in adapting to changing strategic contexts**. The high level of TASP and DFAT leadership turnover during the first two years of TASP has been unhelpful in translating adaptation to action. However the flexibility of the design-implement approach and the inclusion of a strategic opportunities mechanism (SOM) has facilitated a responsive capacity.

The SOM within TASP was designed to allow for flexible and rapid responses to development opportunities and challenges in Tonga, particularly in a dynamic political-economy context and in the face of natural disasters. The SOM component was intended to allocate resources for critical activities, such as:

1. Emergency relief efforts during or after natural disasters.
2. Scoping new multi-year investments in key sectors.
3. Policy research and analysis to inform future development initiatives

The AHC identifies potential SOM activities, TASP responds with a plan of action and whether the activity fits within the MC scope of work/header agreement, and then tasking notes are generated by AHC.

The Evaluation Team notes that policy research and analysis activities, which were part of the SOM design, have not been reported. This is a gap considering that the TASP Design Document (IDD) explicitly states that the SOM should support new opportunities aligned with TASP's overall objectives ([see QE2 for greater detail on Policy Advice](#PolicyAdvice) across the platform).

TASP has responded to some emerging issues and needs, such as the health and logistical challenges of COVID and HHTH.

Governance Advisors work closely with DFAT as needed to ensure that policy directions are in line with GoA interests. The Governance pillar of TASP is very attuned to GoT needs with strong AHC engagement, and well connected into multi-donor processes. While Governance support remains a priority of Australian Government investment in Tonga, delays in finalising the new Governance program are making forward planning problematic for TASP and Governance staff.

The Health pillar has effectively implemented planned activities and been responsive to GoT requests and needs with the support of TASP’s procurement and governance functions.

The Cross-cutting program (disability, gender, climate change action), CSO Grants and the SOM provide for strategic yet adaptive targeting of activities to support DFAT strategic priorities in GEDSI. The CSO grants were originally designed as competitive rounds, but TASP was able to shift at the request of the new Counsellor Development at the AHC to a more strategic partnership approach with specific CSOs. TASP adaptations for this shift have included providing internal resourcing (longer-term core institutional funding) to support CSOs to meet DFAT due diligence requirements and to develop acceptable grant proposals, supporting key CSOs to improve effectiveness, including for policy advocacy and some additional projects for CSOs such as TWICT. CSOs have responded well to these adaptations.

In the first year of the program the SOM effectively and efficiently supported a pivot of activities to focus on emergency support. Tasking notes enabled ongoing responsiveness to Government ad hoc requests for support. As the leadership team in the High Commission stabilised and has been able to realign priorities and strategy to the new International Development Policy priorities, the program is now seeing a more measured use of the SOM funding. TASP Team Leaders, DT Global and DFAT all reported the valuable role that having a flexible funding mechanism provided to meeting short term and emergency needs to support DFAT. (See [KEQ2](#_Key_Findings:_Effectiveness,) for more detail on effectiveness of the SOM).

Important recent progress in establishing and fine-tuning ways of working (WoW) has improved the potential for shared influence. There is some ongoing uncertainty under the DT Global contract around the role of TASP in providing policy guidance for DFAT. An agreed Policy Dialogue Strategy (under development) should support this.

The creation of the TASP Facility in the context of a relatively small DFAT Post was intended to allow for flexibility (see [KEQ6](#_Key_Findings:_Agility)) and responsiveness. However, with significant delays in establishing a fully functional facility and designing new programmatic components through the design-implement modality (skills and labour mobility and gender equality), and time taken to embed ways of working between DFAT and TASP, the potential impact of the model is only now starting to be realised. (See [KEQ3](#_Key_Findings:_Efficiency,) for greater detail on delays associated with delivery approach and staffing and recruitment).

The original TASP Concept and Design proposed an integrated Skills and Labour Mobility (SLM) program. DFAT’s Aid Investment Monitoring Report (AIMR) for 2023 stated, “*The SLM design is 18 months overdue, in part, due to changes in DFATs approach/response to an evolving political landscape. However, after three drafts, TASP did not provide the requisite skills and resources to deliver a quality design document, despite clear instructions from DFAT*.[[7]](#footnote-8)” The agreed focus now on skills only is more relevant for the final year of TASP as it provides more likelihood of achievement against the remaining program of work. It also reflects DFAT’s preparation of a new regional labour mobility support program that will include activities in Tonga.

# Key Findings: Effectiveness, KEQ2

To what extent has TASP progressed towards achieving its End of Program Outcomes (EOPOs)?

**Partially achieved**

To what extent has TASP supported stronger policy relationships with partner government and NGOs?

**Partially achieved**

What has enhanced or constrained effectiveness?

**See below**

Success of this Facility is measured against the Platform Objective, Development Outcome (EOPO1) and Enabling Outcome (EOPO2).

**Platform Objective**: Investments in priority areas as agreed by GoT and GoA are efficient, effective and equitable.

**Development Outcome**: EOPO1: Tonga realises equitable development outcome for investments in priority areas as agreed in TASP annual plans.

**Enabling Outcome**: EOPO2: Tonga benefits from efficient and equitable development program management support for investments in priority areas.

As articulated in the TASP MELP Vol 1 “*The focus of MEL in TASP is on whether expected outcomes are being achieved. This includes development results achieved by TASP pillars (end-of-investment-outcome 1) and enabling management services (end-of-investment-outcome 2)*.” Achievement of EOPO1 is measured against yearly plans implemented under the pillar theories of change or strategies. Achievement of EOPO2 is assessed against the quality of platform support systems and processes rather than progress against plans.

As a design-implement facility, and with year one delays associated with COVID, the HTHH disaster, recruitment and management challenges, annual workplans commenced in 2023. The health and economic governance pillars, being novated from earlier programs with existing designs, were first to progress.

As a facility the TASP team is responsible for developing yearly priorities and, in the case of the Health and the Economic Governance pillars, these priorities are aligned with the individual pillar Logics (see [Annex 6](#_Annex_6:_THSSP3) for the Health Logic and [Annex 7](#_Annex_7:_Governance) for Governance Pillar Logic). The first TASP report (the Inception Report) of May 2023 (covering inception/design phase and initial implementation phase from Nov 2021 – Dec 2022) did not report on achievement towards EOPOs as Monitoring, Evaluation and Learning (MEL) systems were still being developed, pillar workplans were still being designed under the design-implement model, novation arrangements for Governance and Health were still settling, and TASP was not yet fully staffed and operational. Progress against EOPOs is measurable from the Mid FY progress report of March 2024[[8]](#footnote-9), reporting to the period to the end of 2023.

## Progress towards achieving EOPOs

Partner Performance Assessments, AIMRs and Annual Reports all demonstrate that achievements in the Health and Economic Governance pillars (the two novated programs), have been in the range of Good to Adequate with the exception of the investment in Tonga Health Promotion Foundation (THPF) which is underperforming.

The **Health Pillar** AIMR Investment Performance Rating (IPR) Ratings for 2023 resulted in a score of 5[[9]](#footnote-10) for Effectiveness. The report states:

*“Of the four EOPOs, EOPO 1 and 2 are making good progress, EOPO3 is making some progress although data and M&E systems are now required to better assess effectiveness of THPF activities. EOPO4 (Mulitsectoral Approach) requires improvement….*”

In addition, the Ministry of Health counterpart expressed satisfaction and praise for the work of the Health Team Leader and funding support.

Under the **Economic Governance Pillar**, TASP has been working to an interim Governance Pillar Logic which focuses on the PFM Reform Roadmap. Other key priority areas of the Public Service Commission (PSC) and the Central Procurement Unit (CPU) of the Ministry of Finance (MoF) are identified only in the activities line. This will change through the redesign of the Governance Program. The Pillar, via the three Long Term Advisors and in collaboration with DFAT Post, has made significant progress against the Intermediate Outcomes such as:

* Various agreed reforms and donor focus in line with GoA priorities during the Joint Policy Reform Matrix (JPRM) Mission in 2023.
* Short Term Advisor (STA) Policy provided responsive policy advice on a range of topics, including ministerial briefings on debt management, procurement regulations, and various GoT high-level multilateral engagements
* PFM Bill approved by Cabinet and PFM Secretariat established to support reform implementation
* PSC reforms to human resource planning and analysis; organisational structure reviews started
* Reestablishment of the PFM Reform Committee and reviewing some ministry organisational structures (with particular success in the Health Sector via cross pillar collaboration) goes some way to supporting action to reduce the large GoT wage bill.
* Actions to promote gender equality included in the new draft PFM Action Plan matrix.

Ministry counterparts were clear about the role that Australian advisors can and should play in the Ministry and also about the limits and opportunities associated with having long term advisors (LTAs) embedded in their Ministries supporting reform and capacity building. Each Governance counterpart expressed an interest in having or maintaining direct lines of contact and communication with the AHC, not always having to ‘go through’ the advisor.

The **Gender Equality Pillar** was rated ‘Adequate’ (by the 2023 AIMR and the March 2024 Mid FY Progress Report) with the majority of outputs related to work with existing civil society partners and related to GEDSI Action Plan development. Partnering with CSOs by supporting operating costs and agreeing on strategic activity investments is already leading to effective CSO support for the wider TASP program (such as GEDSI Training to other CSO partners and to Ministry of Health and some partners of the Governance pillar).

The GEDSI Action Plan (GAP) adopts a twin track approach in seeking to achieve GEDSI outcomes by mainstreaming GEDSI through all TASP efforts, as well as implementing targeted activities to address the specific requirements of women, people with disabilities and marginalised groups, to enable them to benefit equitably from development efforts. TASP has identified opportunities to progress both tracks. With the GAP written (and aligned with the DFAT Gender Country Plan) and with recruitment of the GEDSI Advisor (with STA support) in 2023 and a Disability Coordinator in 2024, the Gender Equality Pillar and Disability work should see future achievement against the GAP including additional Disability focused CSO grants, and improved MEL systems able to measure sex and disability disaggregated data.

However, given the range of contextual challenges including: deeply embedded social norms; lukewarm GoT interest; and CSO limitations, achievement against the GEDSI Pillar is likely to remain at ‘adequate’. With a limited period remaining for implementation of the GAP, TASP staff reported some concerns with the ambitious nature of the plan. (See [KEQ5](#_Key_Findings:_GEDSI) below for greater detail on GEDSI.)

As of August 2024, the MC has failed to produce a **Skills and Labour Mobility (SLM)** Pillar Strategy to DFAT’s standards, despite a year of inputs and comments from DFAT. Consequently, the three 2023/24 TASP annual workplan priorities under the SLM Pillar have been rated Highly Challenging and Challenging in TASP’s Mid-Year Progress Report (March 2024). The DFAT AIMR[[10]](#footnote-11) (for the period 1 Jan – 30 Dec 2023) states that “The SLM design is 18 months overdue, in part, due to changes in DFATs approach/response to an evolving political landscape”. However, it is evident both from the AIMR and from further consultations as part of this independent evaluation that the primary reason for this pillar not achieving its original ambition was the ongoing inability of the MC to provide adequate resources and skills to produce a good quality SLM pillar design. Stakeholder consultations in 2024 mean the planned skills interventions are now well aligned with GoT, CSOs, education providers, and GoA priorities. The final outcome is a scaled back set of initiatives in the Skills only area. These will be implemented over the last 12 months of the TASP contract.

The **Strategic Opportunities Mechanism (SOM)** is designed to enable responses to development opportunities that emerge in Tonga’s rapidly changing political-economy context and in the event of natural disasters (Tonga is rated as the second most at-risk country in the world). This component of the facility was designed to cover engagement of resources for activities such as: emergency relief; scoping new multi-year pillar investments; and policy research and analysis. The Evaluation Team did not see any policy research or analysis activities reported. As stated in the TASP Design Document (IDD) the SOMenables a quick response to urgent/unexpected problems/events and new and emerging opportunities to progress TASP’s objectives, as identified/approved by DFAT[[11]](#footnote-12). TASP has found it difficult at times to agree on the alignment of some tasking notes with TASP’s objectives which has created tension between the managing contractor and DFAT.

Yearly satisfaction surveys of Tasking Note recipients are conducted[[12]](#footnote-13). The current survey results included an analysis of stakeholder satisfaction with a very high rate of DFAT staff agreed that their relationship with TASP is respectful, mutually valued, and transparent

## Policy relationships

### Partner Government

TASP has been able to continue to deliver high quality advisory and service delivery support against the Health and Governance programs to GoT and GoA satisfaction but other significant areas of the program are lagging behind or being reduced in scope. TASP has taken on phases 3 and 4 of the Health Sector Support Program (a 20-year Australian Government commitment) and DFAT’s investment in economic and public sector governance (TEGS) which has been going since 2009.

A component of the Stakeholder Satisfaction Survey (SSS) (2022-2023) included specific questions to MOH and THPF on: respectful relationships; value placed on relationships; and transparency in relationships. The results “indicate that the relationships between TASP and Tonga Health Systems Support Program (THSSP3) partners are strong, and mutually valued, with a very small minority of scores (6%) at neutral and no scores below neutral”[[13]](#footnote-14) and the first year of this phase (following COVID and HTHH emergency) has seen achievement against clinical Governance (health systems strengthening) and development partner coordination. During evaluation key informant interviews, health counterparts reported excellent relationships with the TASP Health Pillar Team Lead and Advisors. Feedback from DFAT/AHC in the 2023-2024 Stakeholder Satisfaction Survey noted:

*Relationship that THSSP3 and the Health Ministry is solid, and it is because of this that DFAT can communicate well with the Health Ministry*.

The establishment of the Health Sector Support Implementation Group (HSSIG), with DFAT as co-chair, is an added value across DFAT portfolio. This forum also provides opportunities for co-funding with other donors, which is very effective and efficient in terms of activity planning. DFAT already had strong relationships with Partner Government and NGOs prior to TASP. Since TASP however, partners are reporting good contact with TASP Advisors who are meeting the needs of partner agencies and maintaining a strong Australian presence in the Health and Economic Governance sectors. In the most recent Stakeholder Satisfaction Survey (2023-2024) “the average rate of satisfaction or better for GoT counterparts with the health of their relationship with TASP is 100%”. This survey returned a 74% response rate which is relatively high and demonstrates an interest and value in providing feedback to the program.

TASP Advisors are making effective progress on expenditure and procurement policies and systems, PFM roadmap reform, civil service reform and supporting DFAT engagement in the multi-donor JPRM – particularly around performance triggers. Of note in the 2023-2024 SSS, a DFAT/AHC respondent noted that “There has been more momentum build in governance, with further requests from the PM’s Office and more technical policy developments in place for the coming financial year.”

In key informant interviews government counterparts expressed a preference for maintaining some level of direct engagement with AHC staff as they felt this meant that their views were heard directly by DFAT.

DFAT envisaged that with TASP advisers and pillar leads engaging in the local policy space on a day-to-day basis, they would be able to “identify emerging opportunities for policy change and bring technical knowledge and political understanding on policy issues”[[14]](#footnote-15) that would support Australian Government Policy Development Dialogue. TASP is contracted to provide a regularly updated policy matrix. The TASP Mid-Year Progress report update (13 March 2024) noted “Little progress with documentation of DFAT/TASP key policy priorities”. Consequently the Interim Team Leader produced a TASP Policy Dialogue Strategy and Policy Matrix Template in April 2024[[15]](#footnote-16). At the time of this evaluation the AHC was still reporting dissatisfaction with the quality of TASP policy advice and recommendations and their ability to prioritise recommendations to a degree that was useful as a strategic tool for DFAT.

### Civil Society Organisations (CSOs)

Prior to TASP, DFAT had some long-term partnerships and relationships with a number of Tongan CSOs. The TASP design clearly articulated the intention for the Australian program to provide funding for core/ institutional costs and substantial projects with CSOs to create an enabling environment for civil society participation in capacity exchange with partners and for strengthening governance. The original design and initial competitive granting arrangements for CSOs have transitioned to a more strategic partnership-based arrangement whereby TASP is supporting CSOs to both provide core funding and to support them to build capacity in key areas of weakness.

CSOs all reported a high degree of satisfaction with the core funding model. Some smaller CSOs indicated the due diligence bar was too high in the first instance and would have been better implemented incrementally as capacity building took place and following core funding grants, some of which have enabled hiring of more staff.

Support for CSOs is intended also to enable their increased engagement in policy, both directly through advocacy and by providing evidence and insights DFAT can draw on for policy discussions. TASP did note that “*With TASP financial support, our grant partners advocate and lobby the Government of Tonga for a number of policy and legislative reforms in support of inclusivity, GBV issues and discrimination*.”[[16]](#footnote-17) Secure funding to WCCC supports their ongoing engagement in the Tongan and regional policy space. Beyond this, the evaluation team did not see any clear evidence (in program reporting or consultations) of improved policy engagement as a result of the funding to CSOs to date. Going forward, engagement of the key women’s organisations in Tonga via TASP grants will support implementation of the TASP GEDSI Action Plan and policy engagement to align with DFAT’s Gender Country Plan. A greater focus and clear program of work in both the CSO program investments but also the policy space, particularly for Organisations of Persons with Disabilities (OPDs) is needed given the low government appetite for addressing disability inequity in Tonga.

## Additional factors found to impact effectiveness

1. The high level of leadership changes in both DFAT and TASP, with the added impact of the emergencies in the first year, delayed TASP’s design stage, resulting in the whole program running approximately one year behind by the time activities were able to start seeing results.
2. There were a number of factors that led to difficulties recruiting and retaining staff (COVID, travel restrictions, local skilled staff shortages) (see [KEQ3](#Staffingandrecruitment) for more detail). TASP has now overcome those issues and some instances worked creatively in conjunction with DFAT to find or develop the skills and capacity locally (e.g. GEDSI Advisor).
3. Novated programs (Economic Governance and Health) have been prioritised in terms of staffing, management focus and strategy, over the newer design-implement (SLM and GE) programs. This has contributed to slower progress on the two new pillars.

# Key Findings: Efficiency, KEQ3

How adequate are TASP’s governance, management, delivery approach and resourcing arrangements?

**Very adequate**

Has the facility’s management of multi-sector activities and technical advisory services provided value for money?

**In some areas**

What evidence is there of cross-sectoral collaboration and coherence?

**Off Track**

TASP has gradually built the program over three years with mainly the novated programs, strategic opportunities and grants, seeing substantive programming and expenditure to date. The TASP leadership team noted that “The Facility functions well as an enabling service – but that design-implement doesn’t synchronise with other components as it takes time for the design components to be implemented in a way that reflect the context.” This has impacted efficiency.

## Governance, management, delivery approach and resourcing arrangements

This Independent Evaluation concurs with the 2023 AIMR that “*On balance, there is adequate evidence that demonstrates TASP is making appropriate use of time and resources in relation to some EOPOs and IOs. The investment has delivered unforeseen results in response to a changed operating context.”* In addition the Evaluation Team believe that large improvements to systems (expenditure, policies, systems, ways of working) have been made over the last year, supporting rapid scale up of expenditure into the final year of the current phase.

### Budget management

While expenditure has been slow, budget and procurement management is now strong with high confidence of efficiency in distribution of funds. The AIMR[[17]](#footnote-18) found that “*Budget management processes remain a strength, with financial records demonstrating that accurate forecasts are provided on time.*

The AIMR showed that of the $26,340,092 allocated, TASP has expensed $13,584.591 (52%)*, “mainly due to delays in SLM pillars and less than expected activities in climate change. The health pillar is on track and well managed, with its timely expenditure derived from the utilisation of clear plans and budgets linked to each IO and agreed through the (Health Sector Support Implementation Group) HSSIG. Opportunities have arisen due to under-expenditure, creating a flexibility in the bilateral budget to ensure that Post is able to respond to urgent needs, including in line with TASP priorities (e.g. health systems infrastructure and equipment). TASP expenditure rates have improved in early 2024.”*

The managing contractor identified that there had been significant shortcomings in creation of processes and procedures for procurement and program management in TASP. They also noted that with the work of the interim team leader and the current more permanent team lead, and full complement of operations staff, the contractor has been able to focus on development of a comprehensive operations manual and training on delegation limits, procurement rules and processes that have built local staff capacity and prepared the team for a ramp up of expenditure. TASP has refocussed on activities and drafted a plan[[18]](#footnote-19) for accelerated expenditure in FY2024.

For a program with numerous tasking notes and procurement requirements, the contractor is exploring the possibility of adding an additional procurement advisor (possibly partial role) to ensure the procurement is given the attention and priority needed. If locally engaged, then there should be early opportunities for them to visit the head office (rather than Australian-based advisors visiting Tonga) to build skills and support networks for key activities such as development of an operations plan and procurement policies.

### Delivery Approach

* 1. TASP Team Leaders, DT Global and DFAT all reported the valuable role that having a strategic opportunities mechanism (flexible funding) provided to meeting short term and emergency needs to support DFAT (see KEQ1 for more details on how the SOM works).
  2. TASP has been able to deliver on many of the tasking notes created, including during the first year of implementation when it pivoted to support the humanitarian response associated with the HTHH volcanic eruption (and associated cut of internet for 5 weeks) and then detection of COVID in Tonga resulting in the extraction of international staff and cessation of flights. During this period there were difficulties drawing the program back to the design and pillars. It is worth repeating here the reflection provided in the TASP Combined Inception and Six-Month Report, May 2023 (p22); “*Support for Tasking Note activities requires a high degree of program management flexibility due to the considerable variability in the way that each activity needs to be implemented, in some cases including unique financing and management arrangements involving other stakeholders. This pillar is also unique as it has no discrete management resourcing of its own. Implementation and oversight is drawn from across the TASP Program Support Unit and in most cases implemented directly by the Platform Director, Operations Director and Senior Finance and Administration Officer with support from DT Global head office personnel. Whilst this has largely worked so far, it is unlikely to be sustainable in the longer-term as activities increase across the other pillars*.” Under the updated Organisational Structure, TASP has allocated direct responsibility for implementation and management of the SOM to the Procurement Officer.

The two ways of working (WoW) sessions and agreements, and stability of the TASP and DFAT teams and leadership, have made a big difference to communication between DFAT and TASP leadership and supported more efficient governance and management. All TASP Advisors, Management and DFAT staff placed a huge value on the results of the WoW agreements[[19]](#footnote-20). Close implementation and monitoring against the WoW agreements will ensure the investment in those processes is capitalised.

See sections below for comment on the Pillar modality and delivery approach and the arrangements between DFAT and TASP (cross sector collaboration and coherence).

### Staffing and Recruitment

There have been significant inefficiencies and delays as a result of staffing recruitment and retention difficulties in TASP in the first year. These factors significantly hampered the inception and delayed the design phases of the facility by up to a year, with a large proportion of staff effort going into delivery of tasking notes via service orders[[20]](#footnote-21) (see [KEQ6](#_Key_Findings:_Agility) for more detail).

The first TASP Platform Director withdrew before being deployed[[21]](#footnote-22) (February 2022) and was replaced by an Australian based Cardno Interim Platform Director prior to the first long term advisor deployment in the role of Platform Director in August 2022. Since then there has been an Interim Team Leader in Tonga prior to recruitment of the current Team Leader in April 2024. Long Term Advisory staffing stability has been impacted by periods of remote deployment and impact from COVID evacuations and shutdown, 5 weeks without internet during project start up and periods without flights to/from Tonga. DFAT leadership turnover also resulted in shifting priorities which frustrated TASP implementation and Team Leaders. There is a sense of stability now in the management at DFAT and TASP and the Evaluation Team can see a period of stability for the remainder of the current TASP program period.

Some transition/start up activities were delayed or missed such as updating ToRs for novated Advisers. These had not been addressed at the time of Evaluation but were acknowledged as issues for rectification.

DT Global has identified that TASP took up a relatively higher proportion of head office time than other DFAT facilities. This is attributed to: a lack of available skilled staff in Tonga and difficulties recruiting staff in the first year of the program during COVID; and local recruitments whenever possible to support Tonga based technical support and program delivery. Slow creation and rollout of operational policies and processes (financial management and governance) have required additional head office support, but this is becoming less as the program evolves and staff capacity grows. This additional head office input is drawn from the contractor’s management fee and has not required additional resourcing.[[22]](#footnote-23) Some modifications to the staffing cohort in Tonga are being made for the final year of the contract – such as a new strategic advisor to support the director (particularly with report writing) and a procurement advisor.

The facility was designed to be located in Tonga. Most TASP staff are Tongan nationals and because of difficulties recruiting and retaining international LTAs some of the positions designed for LTAs are now filled by local staff. In some cases difficulty recruiting international advisors and challenges finding highly skilled local staff meant that creative work arounds had to be found (such as mentoring and some additional STA supports). However, the TASP team and DFAT have noted the positive impacts of some of these work arounds such as recruitment of local staff with local context, experience and cultural awareness that are likely to lead to more locally led development results in the longer term. (see [KEQ7](#_Key_Findings_and) for lessons around Locally Led Development).

## VfM of multi-sector activities and technical advisory services

Delivery approaches, including technical advice, are mostly working well with a range of modalities including in country LTAs, flexible core grants, streamlined reporting across the Facility. TASP staff, including Advisors embedded in Ministries reported satisfaction with the TASP management arrangements and their roles, and were starting to engage more as ‘one team’ and seeing some value in cross pillar collaboration.

THPF is an important participant in the delivery of the Tonga National Strategy for the Prevention and Control of Non-communicable Diseases (NCDs). A review commissioned by DFAT and administered by TASP of THPF found that “TongaHealth is not on track to achieve its mandate under the NCD Strategy” (pg. 19) and that “the most significant barriers to delivery are internal, namely the significant capacity gaps in the TongaHealth team (e.g. in health, M&E, project management, grants management and financial management), the team’s focus on grant administration rather than the broader suite of functions in TongaHealth’s mandate, and the lack of functioning governance and accountability mechanisms” (pg.9) ”[[23]](#footnote-24) The review recommended that “If TongaHealth is unable to make adequate progress against the revised workplan, consideration should be given to a partial or full withdrawal of DFAT funding from TongaHealth, which could instead be reallocated to directly funding the HPU, other organisations and short-term advisers

A key success factor in assessing the Value for Money for DFAT is if the facility is relieving the small DFAT Tonga Post of significant work. This has been partially achieved with TASP enabling support through the procurement advisor, operations staff and grants manager, and through the strategic opportunities mechanism which has relieved DFAT of the day-to-day administration, management and due diligence required to implement the tasking notes and the CSO grants program. However, DFAT reported that there has been significant ongoing work by DFAT staff in Tonga and additional STAs to support the design of GEDSI and skills and labour mobility pillars. AHC Program Managers engage closely with TASP advisors as necessary and reported that they were starting to draw back to a higher level engagement where possible. Building trust, good WoW and clear lines of reporting and mechanisms for discussion and vigorous debate were seen as fundamental to DFAT program managers feeling confident to do less micro-management. For policy engagement, the involvement of senior AHC staff was still high (as is appropriate) and is expected to remain high.

MEL advisory services and remote TA support is providing VFM for the whole of program and each pillar, and is building GoT and CSO MEL capacity. The MEL program and support (working across the whole program) is adequately funded with remote MEL support from Clear Horizon STA as needed. The Mid-Year Progress (Updated) - 2024 Report identified the need to reduce the resource intensiveness of some MEL activities. The Evaluation found that the new MEL Advisor has implemented changes within the MEL system (streamlining and reducing double reporting) to reduce the burden of reporting for TASP staff and to provide greater opportunities for real time dashboard presentation of results. A new MEL Officer will support the MEL Advisor, and a new strategic advisor will support the Director with reporting writing and research, working closely with the MEL Advisor. This is expected to meet all program needs in the MEL and Reporting area.

## Cross sectoral collaboration and coherence

### Collaboration

TASP is starting to see achievements in cross sectoral collaboration in 2024.

The Gender Equity Pillar is starting to collaborate across pillars. TASP’s modality has enabled a more strategic and consistent approach to promoting GEDSI across pillars. TASP has developed a GEDSI Action Plan to guide this work (aligned to the DFAT Tonga Gender Country Plan, which TASP also supported).

With support from the TASP GEDSI advisor, the health pillar is working with LATA (a Tongan OPD and TASP CSO grantee) to adapt and deliver a training package on disability inclusion for frontline health workers.

The skills team is investigating where skills development will support Health and Governance pillar objectives.

The GEDSI team has been working with MoH and grantees. Advisors and CSOs are reporting that TASP is serving an effective support and facilitation function although they have pointed out that cross program collaboration is limited by the GoT ministries themselves being very siloed.

The TASP Health Pillar Team Leader brokered relationship-building between the HRM Adviser, PSC, and MoH senior managers. This resulted in agreement to focus the review on departments/ divisions organisational structure and support the HR team to revise job descriptions. This also supports broader Health Pillar investments to improve health sector governance. In October 2023, PSC started work with Tonga Health Working Association (THWA) to oversee the work on the department organisational structure and review of job descriptions. PSC will inform the THWA Team Leader of progress of this review.

TASP has facilitated cross pillar work in health/procurement, working with the CPU and with TASP Advisors training to MoH. A MoH organisational review has been support by TASP Advisors working together. On the other hand, novation of the Governance and Health pillars to TASP has led to some confusion, with government staff who were familiar with previous Australian Government support in these areas not being clear what the role of TASP is and what this extra layer adds to the relationship between GoT and GoA. It is unclear at this point whether splitting the Economic Governance program from TASP will reduce or increase confusion and it is unclear how cross-pillar collaboration that has started will continue without significant support and facilitation by DFAT.

The GEDSI pillar is starting to see some results of cross pillar linkages with CSO partners supporting pillar GEDSI focused activities (e.g. training by WCCC, the MoH and disability audit of a health centre). ([See KEQ5](#_Key_Findings:_GEDSI) for more detail).

The Evaluation Team found no evidence that a new Skills strategy will aid more strategic pillar linkages, except where activities align with existing CSO grantees and partners.

### Coherence

Reflections from some Advisors and Government Staff that TASP report that they have less direct engagement with DFAT staff since TASP was introduced. This can be seen as having a positive impact on DFAT workload, although some partners see it as a negative result.

Government counterparts expressed confusion about what TASP does and how the embedded Advisors work collaboratively with TASP and effectively with DFAT. They still want their ongoing direct contact with DFAT from time to time.

From TASP’s perspective, pillar advisors located in Ministries provide the best opportunity for effective and efficient engagement and alignment with Ministry priorities. See [KEQ4 MEL](#_Key_Findings:_Monitoring,) for further detail regarding ownership and accountability.

CSOs were less confused or concerned with the role of the TASP vs the role of the Australian Government. However one CSO did state that it took them a year to realise that TASP was going to be administering grants to CSOs rather than these being shifted to another investment. CSOs have good and close relationships with the TASP Grant Manager and GEDSI Advisor and are supporting cross pillar work and training which is an efficient mechanism

Comments provided by government counterparts included:

“[I have] no access to how TA support is monitored. It is perhaps through reports that the TA submits to TASP but [… ] has no information on this. If there is information, it is perhaps shared with someone else but not [us] “  
  
“Prefers the arrangement where DFAT managed the TA. They are aware of the TOR and deliverables of TA”

"Interactions with TASP are limited. DFAT is supporting us on [...]. “  
  
“Not sure about TASP, but also doesn't have sight of [Advisor] job description of terms of reference. Wasn't aware of [Advisor’s] contract ending but when TASP Interim Team Leader came discussions with [DFAT] secured extended contract. “

“I am told that TASP manages [Advisor]. Other than that, I do not know what it does, who is in TASP and where they are located “

“How do you assess someone who does not report to you? “

“Prefer direct interaction with DFAT“

“I am not sure about the roles of the advisers as they report to TASP. I know they do help out in [xx work] and the [xxx work in Government] but I am not sure how and maybe because we are removed from the management of the advisers”

“It would be good to have clarity about TASP's roles, and reporting obligations.”

“I would prefer going directly to DFAT“

There are mechanisms available in this fairly small community context for those partners who want to engage directly with DFAT senior staff to continue to do so and this is happening in a number of cases. DFAT staff are able and willing to engage directly with partners who want direct engagement and TASP is finding the right balance of working between DFAT and partners and allowing direct contact where necessary. Regular meetings of the Leadership Teams of TASP/DFAT allow for sharing of information.

Each sector/pillar has different ways of engaging based on historical arrangements, individual relationships and content of issues. This means that a good understanding of the different relationships and lines of communication is essential. For continuity and clarity (with staff turnover inevitable in the High Commission and TASP) a relationship map would assist with transparency around lines of engagement, and support discussions around balance between AHC staff engagement and TASP engagement with partners.

It should be noted for future facility mechanisms, that expectations around Managing Contractor vs DFAT role in the policy space and in partner relationships and program management should be informed by the complex relationships maintained with key stakeholders under the TASP program, and the fact that it can take some time for trust to shift and build – especially when the Australian Government (High Commission/ DFAT) is the long term partner of the GoT and CSOs, whereas managing contractors and programs of the moment have a limited life and will come and go. The evaluators note that the TASP Policy Dialogue Strategy[[24]](#footnote-25) is still under development, requiring further work for it to be suitably strategic and forward-looking. This sort of strategy should be developed much earlier in a facility life and can draw on the TASP example.

# Key Findings: Monitoring, Evaluation and Learning (MEL), KEQ4

How adequate has TASP’s monitoring and evaluation and learning processes been?

**Partially achieved**

TASP’s MEL processes have been adequate to date for supporting monitoring, evaluation and learning within pillars and across the program. However, improvements in real time data collection and analysis (dashboard) and communications products have not been timely. Both of these are priorities of the new MEL Advisor.

The first year of TASP MEL activities focused on external stocktake of MEL arrangements from previous investments and identification of improvements to ensure alignment and coherence as a facility and utilisation of local lessons and knowledge. This phase also included recruitment of locally based MEL staff to implement MEL activities in Tonga rather than doing all the work remotely. The TASP MEL Plan was finalised in February 2023 and approved by DFAT in May 2023. During the third year of the program TASP was able to collate MEL data culminating in the Mid-Year Report (March 2024) being the first comprehensive report drawing on MEL data to address progress against EOPOs. This is now complemented by AIMR, Partner Performance Assessment (PPA) and Payment by Results reports.

The TASP IDD identified TASP’s MEL arrangements as having three purposes:

1. *Learning and improvement*: To inform learning and reflection a) across the whole Facility, including the PSU and b) within each individual TASP investment (at pillar/workstream level)
2. *Accountability*: To report to the Governments of Tonga and Australia on delivery progress and performance
3. *Communications*: To support DFAT to communicate TASP achievements and lessons to internal (DFAT) and external (Tongan) stakeholders

The MEL structure was designed to provide a facility MEL ‘hub’ which could manage data collection common to pillars and gain consistency across pillars. The intention is also that “*The TASP MEL Hub will seek opportunities through DFAT Tonga to share TASP lessons more broadly across DFAT – for example, relating to facility effectiveness.”[[25]](#footnote-26)* MEL data has been useful for this Independent Evaluation and has been used extensively during reflection workshops with DFAT.

To support learning and improvement there has been steady development and refinement of systems and capacity to support MEL within TASP and with TASP partners. With the creation of the new real -time MEL Dashboard (Excel) the MEL system will be sufficient for the needs of the program and is expected to contribute sufficiently to achievement against all three Purposes. During the first year of MEL system implementation (Year 2) and reporting, the MEL STA (Clear Horizon) and MEL Advisor made adjustments and adaptations to the ambition of TASP MEL and tools to align with TASP staff skills and needs. In addition, they designed processes (such as reporting via verbal presentation with PowerPoint accompaniment) to facilitate local staff representation and reflection on progress and lessons. This has meant less English language report-writing. While this can mean slightly more time-consuming presentations, it facilitates local ownership and presentation by Tongan staff in their own voice.

Australian based STA advisory support (via Clear Horizon) has been efficient and provided well regarded support to the Tongan and now regional International Advisor and new Tongan MEL staff.

Annual and six-monthly reports show good enough data to support decision making between TASP and DFAT. The GoT stakeholders participated in reflections workshops which informed the reporting and have responded to the Stakeholder Surveys.

Accountability to DFAT is high and the WoW document agreement and various reporting requirements ensure that TASP is meeting its obligations. DFAT has measured TASP as performing well with budget processes, risk management and shared decision making: “*Budget management processes remains a strength, with financial records demonstrating that accurate forecasts are provided on time… The TASP Management Group meets weekly to review risk management and agree problem solving plus review activity pipelines and workplans; discuss and agree on Tasking Notes for flexible mechanisms; review the TASP budget at key points in time; determine key evaluations and M&E outputs; and facilitate learning across the whole-of-TASP. Meetings were held as intended, save for mutually agreed exceptions. TASP recorded minutes and key decisions”* (AIMR Report[[26]](#footnote-27))*.* All these processes are supported with good MEL systems to be able to manage and share data in a timely manner.

Accountability to GoT could be improved. While TASP is meeting these requirements and producing information, data and reports to meet requirements, from a GoT perspective the TASP MEL system is only partially meeting their needs by providing minimal reporting without giving government partners/counterparts deeper learning and strategic engagement in TASP planning and measurement that can come from focused engagement in MEL processes and reflections. According to the MEL Learning Plan (Volume 1), key partners/counterparts are optional participants in pillar and platform reflection workshops. Given some TASP Advisors reflected that while interesting, these workshops are excessively time consuming, it is not unreasonable to expect that they would also be too time consuming and less relevant to government counterparts. However, there needs to be systematic and regular documented opportunities for key counterparts to gain an adequate understanding of TASP and its program of work if TASP is to: provide deep and wide accountability to the GoT; gain their insights into the ongoing workplan of TASP; and gain better buy-in and broader GoT ownership of outcomes.

Government counterparts reported that they are uncertain about how LTA performance is measured, on what criteria and outcome, although they report satisfaction with what the Advisors are doing.

Via the conversations with Pillar Advisors the MEL team have identified strategic MEL support and training that they have been able to provide to GoT units.

To further progress against the third purpose of TASP MEL (Communication) the MEL Advisor and Strategic Communications Coordinator are working together to increase output of stories of change and visibility of Australian Government investments via TASP.

# Key Findings: GEDSI & Climate Change, KEQ5

To what extent has TASP implementation integrated gender equality, disability, and social inclusion and what progress has been made towards GEDSI related outcomes?

**Partial, more work to be done**

What progress has been made on climate change action as envisaged in the TASP design?

**Off track**

Overall, gender equality is starting to be integrated well across TASP with a clear strategy.Integration of disability is only now beginning. GEDSI-specific outcomes have been achieved primarily through grants to CSOs. It has been difficult to gain traction on GEDSI with GoT.

## GEDSI integration and progress towards GEDSI outcomes

TASP has a twin-track approach to GEDSI, with a dedicated program pillar as well as commitment to mainstreaming equality and inclusion across all pillars and operations. An initial GEDSI and Climate Change strategy was annexed to the TASP IDD, but (in line with TASP’s design-implement approach) specific GEDSI pillar outcomes were not identified in the Platform design. Mainstreaming is captured at intermediate outcome level: IO1.2 is that TASP effectively mainstreams cross-cutting priorities (disability inclusion, gender equality, climate change action) into investments.

Initial plans to develop a gender pillar design were superseded by the decision to develop a DFAT Gender Country Plan (GCP). Consequently, TASP priorities for 2023-24 were listed as (a) ‘development of clear, evidence-based programmatic architecture’ and (b) ‘program start-up activities (pending strategy approval)’. During 2023-24 TASP led preparation of the GCP (released May 2024) and GEDSI High Level Brief, while also drafting the TASP GEDSI Action Plan (GAP), submitted for DFAT approval in April 2024. The GCP provides strategic framing for TASP’s (and other Australian-funded) GEDSI work, while the GAP sets out operational principles and proposed actions. EOPOs for the Gender pillar now cover (a) gender mainstreaming (GoT), (2) domestic violence response and prevention, (3) sexual and reproductive health and rights, (4) economic opportunities, and (5) leadership and decision-making. Outputs are also articulated across other TASP pillars.

Difficulties in sourcing expertise have exacerbated the slow start for the GEDSI pillar. The current TASP GEDSI adviser (Tongan national) was recruited in only August 2023 following an extensive search for an appropriately skilled and experienced GEDSI Advisor. Creative management with thought to building capacity of local staff led to the current arrangement whereby the new Advisor’s capacity is being built and supported by an international STA. A disability STA is providing remote high level technical support and a disability coordinator was added to the TASP staff in April 2024. The Managing Contractor and DFAT can learn lessons from this process when considering application of DFAT’s new Guidance on Locally Led Development. There are short term tradeoffs and longer-term positive impacts of recruiting lower skilled local staff (with excellent local knowledge, contacts and contextual nuance), with STA support and mentoring (including mentoring from TASP management). A locally led development strategy and analysis would provide further justification and understanding of the implications (time, resources, outcomes) of favouring local staff.

Despite the strategy hiatus and slow recruitment, there is evidence that both GEDSI mainstreaming and some GEDSI-specific interventions have been advanced. TASP self-rated progress under the Gender pillar as ‘adequate’ in its 2022-23 Annual Report and March 2024 Mid-Year Progress update. DFAT’s AIMRs for TASP and its embedded health pillar (THHSP) for 2023 both rated the gender equality criterion as ‘adequate’.

TASP reporting indicates that initial work has been undertaken to identify and address potential GEDSI-related barriers to participation in TASP-funded activities, pursue opportunities to engage in policy dialogue to promote GEDSI, and establish new CSO partnerships supporting institutional strengthening or specific projects or activities.[[27]](#footnote-28)

Two active grant agreements from an earlier program – with the Women and Children’s Crisis Centre (WCCC) and the Tonga National Centre for Women and Children (TNCWC) – were novated to TASP and then extended. While the TNCWC agreement ended in March 2023, additional core funding agreements have since been signed with the Tonga Family Health Association (TFHA), Lavame’a Ta’e’iloa Disabled People Association Incorporation (LATA), Ma’a Fafine Mo’e Famili Inc. (MFF), Tonga Women in ICT (TWICT) and Tonga Leitis Association (TLA). Capacity constraints and demands placed on local CSOs, particularly in the disability sector, were identified as a significant barrier, and so TASP’s planned competitive grantee selection process evolved to a more proactive, partnership-based approach at the direction of DFAT. Support was provided in the first instance to improve internal policies to meet donor due diligence and safeguarding requirements, and grant funding then followed. The grants have reportedly strengthened CSO capacity to absorb and manage donor funds, for instance through additional staffing (LATA, MFF). Grants have also enabled GBV and child abuse prevention and response activities such as awareness raising, training and support services, including in outer islands (WCCC). WCCC was reportedly on track to reach more than 3500 people in 2023/24. However, reporting on beneficiary-level outcomes remains weak in WCCC and other CSOs (a planned focus for future TASP MEL support).

Aside from its CSO grants, most TASP GEDSI activities are (or are planned to be) implemented through the other core TASP pillars. Results reported to date include:

* (Governance) Gender mainstreaming under the PFM Reform Roadmap, with inclusion of 14 actions to promote gender equality in the draft PFM Action Plan matrix for 2024-29 (subject to Cabinet approval). These include improved tracking of expenditure on gender equality (and climate change action) by restructuring the Chart of Accounts; compulsory reporting on gender equality progress in public ministry annual reports; and strengthened gender impact assessment for new policies.
* (Health) Good gender and disability coverage of outreach services and MoH training; and TASP drafting of MoH Gender Strategic Action Plan.

However, GEDSI strategies are still pending for both the Governance and Health pillars, and efforts to date (aside from the PFM reform roadmap) have been opportunistic rather than strategic. Challenges have also arisen with limited senior counterpart interest, longer than expected planning timeframes for GEDSI training, and limited disaggregation of GoT human resource data. At policy level, despite a range of policy dialogue and influencing efforts through DFAT, TASP and Pacific Women Lead, progress on gender-related reforms remains slow. GoT is also reportedly unenthusiastic about policy collaboration with CSOs. WCCC’s contributions and advocacy on issues such as the rape law and a National Child Protection Policy have not yet yielded tangible results. The new GCP commits TASP to support progress towards Tonga’s National WEGET Policy and Strategic Plan of Action 2019-2025, and opportunities may arise in the future for further TASP support for strengthened policy dialogue and advocacy.

TASP action on disability has been even further behind than on gender, but with a Coordinator now in-country and the GEDSI action plan almost finalised, activity can be expected to ramp up rapidly.[[28]](#footnote-29) Opportunities are being identified across TASP pillars and in its Support Unit services, and two new CSO partnerships were recently proposed. Activities under the Health pillar include training for MoH and an equity grant round through Tonga Health. However, challenges encountered on gender are expected to be even greater in the disability sphere, including a weak CSO sector, high levels of discrimination and stigma, and low priority in GoT. There is no allocated government budget or policy framework, and the UN Convention on the Rights of Persons with Disabilities (CRPD) has not been ratified.

The GAP commits TASP to build a GEDSI focus, indicators and evaluative questions into designs, plans, budgets and MEL frameworks, and ensure collection of GEDSI-disaggregated quantitative and qualitative data. These steps will be important to ensure GEDSI remains an explicit focus throughout TASP and that results are adequately captured. DFAT’s 2023 TASP IMR noted that insufficient gender-disaggregated data had been collected to that point.

While strategic clarity on GEDSI has improved with finalisation of the GCP and GAP, some hesitancy was expressed during consultations about the feasibility of implementation, given the range of contextual challenges including deeply embedded social norms, lukewarm GoT interest and CSO limitations. Future progress should be judged in that light.

## Progress on climate change action

Minimal progress has been made to date on climate change action, resulting in a rating of ‘poor’ in DFAT’s 2023 AIMR. The Evaluation concurs with this assessment.

The TASP Design approached climate change in similar vein to GEDSI, with a commitment to ‘integrate strategies to address climate change across the four platform pillars as well as directly funding grassroots activities’ (i.e. a twin-track approach). However, TASP has not had any dedicated climate staffing.

The Australia-Pacific Climate Partnership (APCP) prepared a Country Integration Plan during 2022-23 which identified opportunities across a range of DFAT investments, including the Governance and Health programs (TASP pillars). Key informants recollected decisions to defer climate change actions and strategy preparation while other TASP priorities were addressed. TASP’s 2022-23 Annual Report noted that climate would also be considered as part of planned governance and SLM pillar designs. Slower than anticipated progress on finalising these designs has delayed activities as well as MEL-related data collection on climate. There was little reference to climate change action in the TASP mid-year progress presentation (March 2024) beyond noting there had been ‘limited bandwidth’ to focus on it.

Despite regular coordination with APCP, TASP has struggled to identify practical entry points and define its appropriate niche and value-add in a crowded donor space and with no clarity on government priorities or needs.[[29]](#footnote-30) For example, PFM reforms relating to climate change budgeting are expected to be addressed by UN agencies. There was little on climate in the health program (THSSP) design. A WHO assessment of health system climate resilience identified a need to renovate health centres and support WASH activities, but these are more the purview of others such as UNICEF. Further opportunities may arise through the WHO-led Joint External Evaluation of the health sector in mid 2024, and TASP will need to be alert to these and ensure close liaison with WHO.

TASP did endeavour to attract CSO applications for climate activities through its initial competitive round of GEDSI/climate grants. However, only one application was received under the climate change stream, and that did not meet quality requirements. No targeted follow-up has taken place (as was done for GEDSI CSOs)[[30]](#footnote-31). In this context, informants interviewed said that climate is primarily seen as a mainstreaming issue rather than an activity focus.

Given Australia’s increased prioritisation of climate action and reporting, and the well-understood climate and disaster risk context in Tonga (affecting all sectors), there should be opportunities for TASP to expand its focus. TASP is aware this area is lagging and has identified climate mainstreaming as a priority for 2024-25. Further effort should also be made to identify and partner with promising CSOs, as is being done in the disability sector. The grants manager has recently been given the role of coordinating future climate change activities, and TASP intends also to source expert STA. DFAT has committed to working with TASP to find suitable avenues to engage.[[31]](#footnote-32)

# Key Findings: Agility & Adaptation: KEQ6

To what extent has the facility’s flexibility and responsiveness allowed DFAT to focus on emerging needs and opportunities?

**Partially achieved**

How and how well did TASP pivot to respond to the HTHH disaster?

**Reasonably well, but the strategic opportunities mechanism could be better integrated**

## TASP’s flexibility and responsiveness

TASP was designed to allow for flexibility and responsiveness both within each pillar and through its SOM.

Within the pillars, the Advisers have had leeway to respond to pressing needs and priorities of their host organisation and senior counterparts. This, in turn, has enabled DFAT to be aware of new challenges, needs and opportunities arising. An example is supporting the rehabilitation of the Vaiola Hospital Sewerage treatment (MoH).

The SOM is described in the design as a mechanism within the Facility “*to enable responses to development opportunities that emerge in Tonga’s rapidly changing political-economy context and in the event of natural disasters*.” Examples of possible uses included: “*emergency relief activities, scoping new multi-year pillar investments, policy research and analysis*.” Activities to scope and test new areas of engagement were expected to wind down: “*over time the ambition is for TASP support to become more programmatic*.”[[32]](#footnote-33)

Flexibility and the existence of the SOM meant that even before producing a design (as a design-implement facility), or having new staff hired in Tonga (excluding novated staff), DT Global was able to use the TASP agreement with DFAT to support hiring and activities/purchases related to the HTHH disaster and the response to COVID (see below for more detail of HTHH pivot). TASP recruited a COVID-19 Health Security and Crisis Response Program Manager In response to the COVID-19 outbreak who worked directly with and reported to the Australian High Commission.

In addition, and unrelated to emergencies, “*TASP has provided support to discrete, ad hoc activities that do not align under the other TASP pillars. In practice, this became a significant component of TASP’s work during the reporting period, reflecting capacity constraints at Post, and the varied and often urgent nature of requests for assistance that came to, and from within, DFAT. Feedback from DFAT and other stakeholders highlights the important role of this highly responsive and flexible support mechanism in addressing capacity gaps at Post and among GoT and civil society partners.*

*During the [Inception and first 6 Month] reporting period, a total of twenty-one tasking notes were initiated, of which four did not go ahead (due to withdrawal of the request or alternate arrangements confirmed)*.”[[33]](#footnote-34)

The early high level of ad hoc tasking notes from the AHC in the first year delayed the transition to design and pillar work, away from emergency/short term/ad-hoc /expensive tasking notes. The new DFAT leadership team has scaled back the tasking notes, ensuring a greater space for TASP Pillar work. TASP still identified the strategic opportunities as a distraction from achievement of the goals of TASP. The first-year experience of the TASP program has left a defensive approach from TASP to the SOM. An articulation of this feeling is a comment from one interviewee who noted that there has been higher spending and effort on aviation (under Strategic Opportunities) than on the delayed Skills pillar.

Lack of clarity around desired roles, responsibilities, and WoW underpinned a first DFAT-TASP WoW workshop in June 2023. The workshop report acknowledged that “*in the first eighteen months these [ad hoc] requests have taken up a lot of TASP’s time, and processes for agreeing and managing the requests have not been ideal*”. A process was agreed to manage ad hoc tasks more collaboratively and reduce the volume, especially of short-turnaround tasks. Key informant interviews and the record of the second WoW workshop in May 2024 confirmed that ad hoc requests are less of a sore point now.[[34]](#footnote-35)

A fundamental flaw in the design of TASP is the failure to reflect the Strategic Opportunities mechanism in the program logic or the MEL framework. It is specified, however, in the Design Document (Table 1 – Overview of TASP [[35]](#footnote-36)) above the Logical Framework as an area of focus. TASP success is assessed against achievements against the Logical Framework, which means its pillar achievements and cross-cutting investments. The SOM has only first appeared in the organisational chart version dated 27 June 2024, which has meant it has been largely hidden operationally and any response request involved diverting a staff member from their primary responsibilities. This is a lesson for future Facilities with flexible funding to ensure that the flexible funding (SOM) is identified as having equal value to DFAT and to the contract as other programmatic/thematic focus activities/pillars.

Experience to date with the SOM, reflected in documentation and evaluation consultations, highlights the importance of fostering a shared understanding of the appropriate balance between the use of the facility for quick-response and flexible funding, and the focus on thematic program delivery. Strategic opportunities should be explicitly embedded into planning, reporting and staffing, and clear parameters should be set around the types of activities the program might be called on to undertake.

Greater clarity around roles and responsibilities and the expected scope of strategic opportunities tasking would reduce inconsistencies and confusion. DFAT has stated clearly to the Evaluation team that where TASP identifies a risk that tasking notes could divert funding or resourcing from pillar activities then this should be discussed with DFAT so they can make strategic decisions about program priorities and budget. With a fully resourced TASP program and progress on pillar work kicking in, TASP should now accept DFAT’s offer of negotiating on strategic opportunities where issues arise.

## TASP’s pivot to HTHH disaster

As noted in the TASP Inception report “*The Hunga Tonga Hunga Ha’apai (HTHH) volcanic eruptions and subsequent tsunami [15 January 2022] delayed the mobilisation of TASP and reshaped the developmental needs of Tonga. DFAT support was rapidly and successfully pivoted to address immediate needs*.”[[36]](#footnote-37)

TASP responded to ad hoc requests for support from DFAT but reporting does not reflect all of the activities undertaken by DT Global/TASP at the time: “*It happened at the very start of the program so everything was to do with both COVID and the volcano/tsunami. We recruited and sole sourced a bunch of people[[37]](#footnote-38) to support DFAT and procured things like emergency satellite devices, satellite phones etc. Things that DFAT couldn’t get for themselves, we took over when we could get on planes. Because of the urgent and immediate response that the TASP team provided for DFAT and the Government of Tonga, there was not much formal documentation of efforts at the time.”[[38]](#footnote-39)*

Interviews with staff engaged at the time noted that these rapid response activities included providing access to warehouses for unspecified emergency supplies. DT Global took on a large risk by receiving unspecified goods on DFAT’s behalf.

During the immediate aftermath of the HTHH and increase in COVID-19 cases, TASP was able to engage the following positions that worked directly with and reported to the Australian High Commission:

* a Humanitarian Response Lead, Humanitarian Response Logistics and Coordinator, and a Humanitarian Response Administrator in relation to the volcanic eruption and tsunami;
* a COVID 19 Health Security and Crisis Response Program Manager In response to the COVID-19 outbreak; and
* an Aviation, Trade and Education Program Manager[[39]](#footnote-40).

In addition, two short-term health advisers were recruited, one of whom provided COVID-19 intelligence reports for the Ministry of Health (MoH) and ad hoc mentoring to the Chief Medical Superintendent at Vaiola Hospital.

Beyond recruiting and deploying staff to support DFAT humanitarian response, the Evaluation has been unable to find records of other expenditure related to the humanitarian response. During the Inception 6 Month reporting period none of the Tasking Notes that proceeded were related to humanitarian response or recovery.

However, it is clear that significant challenges associated with COVID-19 and HTHH compounded the difficulties during the TASP inception phase. The TASP head contract was signed on 22 November 2021 following the first 7-day COVID lockdown in Tonga. Cases stayed low until the HTHH disaster on 22 January 2022. COVID-19 case numbers increased rapidly from 2 on 1 February 2022 to 7665 cases by 8 April 2022. The GoT implemented a full lockdown from 20 March to 9 April followed by significant movement restrictions.

The Inception and 6-month report highlight the impact of the natural disaster and the COVID-19 pandemic on recruitment: “*The recruitment environment has deteriorated because of the COVID-19 pandemic, exacerbated by the recent natural disasters and a rapid increase in donor activities in Tonga. Risks associated with sudden and prolonged international border closures has reduced the pool of experienced development practitioners willing to work internationally, and the HTHH volcanic eruption and tsunami may have compounded this issue for Tonga. An expanding development partner footprint in Tonga has reduced the availability of highly skilled, locally engaged personnel.* “

DT Global (Cardno at the time) mobilised the Contractor Representative at the time to work as interim Platform (TASP) Director. They arrived on the second flight to Tonga (8 March 2022), going straight into quarantine.

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# Key Findings and Lessons Learned: KEQ7

What are the recommendations for policy, practice, and implementation for future facility support to DFAT in Tonga?

## Findings

### Positive findings

1. The multi-sector TASP facility provides efficient use of GoA management resources (MEL reporting, procurement, and potential GEDSI integration), and one point of reference for DFAT for key policy and programmatic decisions in the Health and Governance areas. TASP has been able to continue to deliver high quality advisory and service delivery support against the Health and Governance programs to GoT and GoA satisfaction.
2. TASP has delivered the SOM/tasking notes efficiently with processes and procedures meeting expected timeframes and good budget management. This has significantly reduced workload on DFAT staff in the AHC and provides an option for flexibility in the case of emergency/surge response.
3. Support and some cross cutting functions are operating well,such as: gender mainstreaming and some targeted support; procurement of GoA investments; MEL (is sufficient and MEL team now supporting all areas of the facility); better reporting to and shared policy discussions with the AHC (following two WoW workshops and regular policy meetings); and provision of operational costs for CSOs (freeing them up to deliver more with fewer restrictions and drawing on support unit capacity building).
4. Strategic and deep engagements with CSOs, and funding particularly supporting their operational costs, have built good will and capacity and provided a base for ongoing medium to long term strategic partnerships (particularly with gender and training focused CSOs). The evaluation found evidence that both GEDSI mainstreaming and some GEDSI-specific interventions have been advanced.
5. TASP has responded to emerging GoT issues and needs with advisers able to follow and support GoT priorities. The Governance and Health pillars of TASP are very attuned to GoT needs with strong DFAT Post engagement and good connection into multi-donor processes.

### Negative findings

1. Practical challenges of progressing the design-implement model during the HHTH Volcano and COVID (with most international staff leaving or being unable to travel) and the use of TASP primarily for urgent response-related service order implementation in the early phases of the contract have resulted in the facility being about one year behind in implementation.
2. The AHC has a clear desire for high level and strategic targeted policy advice from the MC, drawing on TASP’s close relationships in GoT and civil society. The MC is keen to meet the AHC needs but needs to be more proactive in providing high level nuanced policy and strategic advice and insights to AHC on a regular and timely basis.
3. TASP has not been able to deliver equally on both the two ongoing (novated) pillar programs (Health and Governance) and the two new pillars (Gender Equality (GE) and SLM). Progress is very skewed to the novated programs and we are yet to see expected added outcomes from SLM (now Skills pillar) and GE.
4. The Evaluation has not seen a substantial added value yet of the cross-cutting priority investment areas (disability, gender, climate change action).
5. There is little evidence of improved results for DFAT in having TASP conduct the design of each pillar via the one facility. The value for DFAT was only in terms of time and effort to tender for these separately.
6. While some processes are a disincentive to locally led development(for example, the high bar for approving grants for local CSOs delayed these contracts[[40]](#footnote-41)) CSOs appreciate the GoA funding for operational costs as a game changer for many of them.

## Lessons

The following lessons are applicable to inform future directions and facilities:

**Health**: Consider reorienting TASP support away from questionable impact of Tonga Health Advisory role to other priority elements or mechanisms for NCD strategy implementation.

**Design/implement:** Note that it takes time to establish a facility with a high level of local staffing especially with staffing and capacity limitations such as those in Tonga. Starting up a new (Governance) program with (potentially) a new MC should expect similar delays.

**Climate Change**: TASP has not had any dedicated staffing for climate action and so far has advanced some mainstreaming activities in the Health and Governance pillars in alignment with APCP’s recommendations. Climate change action has been strategically deprioritised over the last 2 years but given Tonga’s vulnerability to climate change and GoA priority in this area, this has been a missing stream of work to date. At a minimum TASP should be including climate analysis, action and reporting within all areas of work (mainstreaming).

**Localisation**: There are short term trade-offs and longer-term positive impacts of recruiting lower skilled local staff than trying to recruit international consultants in all Advisor positions. The benefits are hiring staff with excellent local knowledge, contacts and contextual nuance and longevity. The costs include: additional resourcing required such as STA support and mentoring (including mentoring from TASP management), and possible additional staff to support on report writing. TASP has hired at least one staff member whose capacity was lower than an international advisor hire, however their local knowledge and contextual awareness outweighed any requirement for international experience in the space and the team was able to create other supports (mentoring, STA) to ensure good outcomes.

The revised program approach to CSO granting (strategic partnership rather than competitive granting) and the funding of CSO operational/core costs have shifted the focus of CSO engagement from financial support only to capacity building and potential policy engagement and training support. TASP could conduct a Locally Led Development (LLD) assessment against the LLD Development Continuum[[41]](#footnote-42) to identify achievements and further progress that could be planned (such as resource distribution; partnership approach; staff profile and procurement; technical advisors; MEL approach; role of intermediaries). 2025 MEL could also include a LLD case study.

If these lessons are learned then any new (Governance) program with (potentially) a new MC should expect similar delays and think creatively about recruitment and capacity building.

**Ways of Working:** For a facility of this size in a small DFAT Post setting, where DFAT’s goal is to gain efficiency and effectiveness through outsourcing of program management, implementation and policy advice, early reflection on previous experiences and development of WoW at the outset (not once problems arise) would be time well spent for DFAT for future facilities. The ways-of-working agreement via hiring of a Partnership Broker, was instituted by the AHC as soon as possible to resolve tensions and lack of clarity between TASP and DFAT and has had a big positive impact on that relationship and work.

# Recommendations (In Priority Order)

1. **Extension** - Given the slow start to TASP implementation and two of the four designs, extending the life of the program by at least one year will provide an opportunity to understand fully whether there is good value in having the GE and Skills programs co-located with the Health and the Governance Pillars.
2. **Health** - Embedded advisory support provided to Tonga Health can potentially be redirected or refocused on more effective health promotion activities and/or different partners. DFAT Post should work closely with TASP management to identify a quick realignment of funding to a more impactful solution.
3. **Governance continuity** - With a new Governance design in progress (though delayed) there are building concerns and risks relating to future Governance program scenarios. DFAT needs to finalise the design quickly and facilitate an orderly and well communicated transition plan, as uncertainty can lead to a slowing down of activities. DFAT senior management will also need to ensure the upcoming change in DFAT’s Senior Program Manager (SPM) for Governance does not have a destabilising effect, given the uncertain context.
4. **Strategic Opportunities** - To raise visibility and reiterate their importance to DFAT, TASP and DFAT should agree on a strategic objective, outcome and measures of success for the SOM (and for each tasking note within it), and report on these as a separate stream of work for TASP in regular six month and yearly reports. In addition future facilities with flexible funding should ensure that it is included in the Program Logic for the investment.
5. **Climate** - DFAT should reconsider the most strategic and cost-effective targeting of climate and related resourcing. With no expertise in TASP and only one year left of the program, meaningful results on climate action may not be possible to achieve.
6. **Accountability** - There needs to be systematic and regular documented opportunities for key counterparts to gain an adequate understanding of TASP and its program of work and participate in priority setting if TASP is to: provide deep and wide accountability to the GoT; gain their insights into the ongoing workplan of TASP; and achieve better buy-in and broader GoT ownership of outcomes.
7. **Working with CSOs** - With the new GEDSI Action Plan and GEDSI adviser in place, work in this area is expected to increase and build on the strong CSO relationships. TASP should continue to support partner CSOs with capacity building and system strengthening. DFAT should work closely with the TASP GEDSI Advisor and Disability Coordinator to maximise opportunities for GoA to be a strategic advocacy partner for greater equity and inclusion in Tonga.
8. **Ways of Working** - TASP should develop a relationship map to attach to the WoW agreement that outlines the different pathways of communication on different issues and with different partners that include GoT, GoA, TASP and CSOs on policy and programmatic work.

Annexes

# Annex 1: Terms of Reference (extract)

**Title**: Independent Evaluation of the Tonga Australia Support Platform (TASP)

**Reporting to**: DFAT Nuku’alofa Post

**Purpose**: To advise DFAT of the efficiency, effectiveness and impact of TASP to date and to make recommendations to strengthen performance and/or identify future options to optimise Australia’s development assistance to Tonga.

**Location**: Desk based with travel to Tonga

**Commence**: May 2024 Completion: August/September 2024

BACKGROUND AND CONTEXT

The Tonga Australia Support Platform (TASP) is a multi-sectoral facility managed by DT-Global (formally Cardno Emerging Markets (Australia)) to support the Department of Foreign Affairs and Trade (DFAT) to achieve the Australian Government’s development objectives in the Kingdom of Tonga. Established in November 2021, TASP primarily focuses on the delivery of four longstanding areas of cooperation to addressing Tonga’s human development and economic challenges: health, skills and labour mobility; governance and gender. The program was also designed to provide enabling support (advisers, monitoring and evaluation, activity funding and training) to the delivery of Australia’s broader bilateral development assistance priorities and funding (including budget support). The overall budget for TASP is AUD25 million over an initial four-year phase (with a four-year extension option) with the current contract in place until 31 October 2025. Although improving, implementation has been slow. Challenges in recruitment, COVID-19 recovery programs and the natural disaster resulting from the Hunga Tonga-Hunga Ha'apai volcanic eruption were significant challenges to early delivery.

PURPOSE AND OBJECTIVE

As part of good and effective practice, DFAT commissions independent evaluations to support delivery of high-quality development assistance programs. The outcomes of this evaluation will support management (evidence and analysis to inform decision making), accountability (demonstrate effectiveness) and learning (understand what does or does not work and why). The purpose of this evaluation is to advise DFAT on the impact and effectiveness of the Tonga Australia Support Platform (TASP) to date and to provide options and recommendations moving forward. Specifically, the Independent Evaluation has three main objectives:

1. To assess the efficiency (value for money), performance and impact of TASP to date;

2. To make recommendations to strengthen performance in the remaining period of the program; and

3. To provide clear recommendations on how to take forward the next phase of enabling support for DFAT’s development program in Tonga (including scope and mechanisms).

TASP has 18 months remaining on the current contract, which allows sufficient time for thorough evaluation to inform recommendations to decision makers, and subsequently to execute or implement recommendations as appropriate.

APPROACH AND METHODOLOGY

Underpinning the above objectives, the following evaluation questions will guide the structure and methodology of the evaluation. DFAT’s Monitoring and Evaluation Standards will be used to guide the design and implementation of the evaluation. The approach should consider the approach and findings of DFAT’s 2018 Facilities Review and the DFAT Facilities PAF.

Overall key guiding questions include:

1. Is TASP contextually appropriate as a model for efficient and effective delivery of bilateral development assistance in Tonga?
2. Does TASP remain the best model to support delivery of Australia’s ODA to Tonga and what lessons can be applied from the existing model to inform future directions?

In addition, the evaluation should answer the following key evaluation questions.

* **Relevance**: How well has TASP adapted to changing strategic context?
* **Effectiveness**: To what extent has TASP progressed towards achieving its End of Program Outcomes (EOPOs)? What has enhanced or constrained effectiveness? To what extent has TASP supported stronger policy relationships with partner government and NGOs?
* **Efficiency**: How adequate are TASP’s governance, management, delivery approach and resourcing arrangements? Has the facility’s management of multi-sector activities and technical advisory services provided value for money? What evidence is there of cross sectoral collaboration and coherence?
* **MEL**: How adequate has TASPs monitoring and evaluation and learning processes been?
* **GEDSI** and **Climate Change**: To what extent has TASP implementation integrated gender equality, disability, and social inclusion and what progress has been made towards GEDSI related outcomes? What progress has been made on climate change action as envisaged in the TASP design?
* **Agility and adaptation**: To what extent has the facility’s flexibility and responsiveness allowed DFAT to focus on emerging needs and opportunities? How and how well did TASP pivot to respond to the HTHH disaster?
* Lessons Learned:
* What are the recommendations for policy, practice, and implementation for future facility support to DFAT in Tonga? Based on an initial briefing with Nuku’alofa Post and key document review, the Evaluation Team will discuss, clarify and agree the above questions then develop a detailed methodology to inform the Evaluation Plan.

This methodology will include the following activities:

* Desk review preparation
* Evaluation Plan
* Data collection and analysis
* Preparation and presentation of aide memoire and/or a briefing presentation to DFAT
* Report drafting

As part of the data collection and analysis phase, it is expected the following sources of information be

DELIVERABLES

* An Evaluation Plan: Before the consultations start, no longer than four weeks after evaluation commencement.
* An Aide Memoire (max five pages) with preliminary findings at the end of in-country consultations, to be presented to Post (and key stakeholders as identified by Post).
* A draft evaluation report: Within three weeks of the presentation of the Aide Memoire.
* A final evaluation report (max 20 pages excl. annexes): Within 15 working days of receipt of DFAT comments on the draft report.

TEAM COMPOSITION AND GOVERNANCE

The Evaluation Team will be led by a Team Leader, with the support of up to two consultants (ideally at least one local national) to support the evaluation process and participate in interviews and overall analysis. Final team composition to be determined throughout the tender and negotiation process.

To ensure independence and transparency, a DFAT-nominated representative will be appointed to support the evaluation process and provide oversight. The Evaluation Team will be responsible for the technical quality of the evaluation and the preparation and writing of all deliverables including the Evaluation Plan and Draft and Final Reports.

The key responsibilities for each position are:

Evaluation Team Leader:

* Lead and manage the evaluation team, including overseeing the inputs of the rest of the team;
* develop the Evaluation Plan including the overall approach and evaluation methodology;
* lead and attend meetings with key stakeholders;
* develop and present an aide-memoire, with input and assistance from team members;
* produce a draft and Final Report in accordance with the agreed Evaluation Plan; and
* ensure overall quality of deliverables and appropriate communication with DFAT.

Team member/National Consultant(s):

* Provide inputs into the development of the Evaluation Plan, including the overall approach and review methodology;
* attend key meetings and/or lead consultations with implementing partners and ensure cultural protocols and practices are observed;
* contribute to the analytical workshop and the development and presentation of the aide memoire to DFAT; and

contribute to producing a draft and Final Report in accordance with the agreed Evaluation Plan.

# 

# Annex 2: References and documents consulted

Pieper, L, 2018. Independent Facilities review, May 2018.

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TASP, Disability Inclusion Activities: Presentation to DFAT Disability focal points.

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DFAT, DFAT Grant Concept.

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Marlow. C, 2023.  Assessment of Vaiola Hospital Sewerage System.

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TASP, Sample of THSSP3 workplans and reports.

DFAT, 2023, PALM country level GEDSI analysis Tonga

DFAT, Labour mobility context country profile Tonga

DFAT, PSSP Stakeholder Consultation Tonga

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TASP, 2024, Policy dialogue strategy for TASP\_v5 (internal)

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TASP, TASP org chart\_V6.3\_TH 27062024

TASP, 2023. TASP ways of working agreement edited by DFAT as of 14082023 Final

TASP, 2024. TASP ways of working agreement May 2024 (currently being drafted) May 2024.

TASP, 2023. TASP Annual Report FY 22-23 FINAL.

TASP, TASP AR Annex 3 Measurement Framework.

TASP, 2023. TASP inception and 6 monthly report final.

TASP, TASP AR22-23 MR Jul - Dec 2023.

TASP, 2023. TASP 6 monthly report, May 2023.

TASP, March 2024. TASP Mid FY Progress Presentation (FINAL).

# Annex 3: List of People Consulted

DFAT

Kirsten Hawke, Director Design and Locally Led Development, Design & Program Advisory Section, DFAT Canberra

Nick Murphy, Former Deputy High Commissioner, Tonga

Erin Gleeson, Deputy High Commissioner/Counsellor Development, AHC

Alison Gow, First Secretary, AHC

Latu Fusimalohi, Program Manager, Health, AHC

‘Aulola ‘Ake, Senior Program Manager, Gender and Governance, AHC

Edwina Tangitau, Program Manager (former Grants Program Manager), AHC

Elisapeta Fa’aui, Senior Program Manager, Skills, AHC

DT Global/TASP

Dave Green, Monitoring and Evaluation Adviser, Clear Horizon

Benjamin Mayes, Former Team Leader

Keith Twyford, Former Team Leader

Tania Paul, DT Global Australia

Sam Spurrutt, DT Global Australia

Bridget Gray, Director/Team Leader, TASP

Rosamond Bing, Deputy Team Leader, Programs, TASP

Clare Whelan, Team Leader, Health, TASP

Karen Fukofuka, National NCD Strategy Implementation Adviser, TASP

Tracey Tupou, GEDSI Adviser, TASP

Laisenia Raloka, Finance and Grants Manager, TASP

Kasanita Holani, Senior Program Manager, Skills Pillar, TASP

Dr Sione Kioa, PFM Lead Adviser, TASP

Tauyavu Tuvanua, MEL Adviser, TASP

David Frot, Disability Coordinator, TASP

John Fotheringham, Human Resources Development Adviser, Public Service Commission, TASP

Mike Duncan, Procurement Adviser, Tonga Ministry of Finance, TASP

Government of Tonga

Pisila ‘Otunuku, Deputy CEO/Head of Procurement, Ministry of Finance

Mele Sungu Halaholo, Chief Procurement Officer, Ministry of Finance

Dr ‘Ana ‘Akauola, Medical Superintendent, Tonga Ministry of Health

Dorina Kioa, CEO, Tonga Public Service Commission

Saane Lolo, Deputy CEO, Aid Management and Resilient Development

Kepreen Ve’etutu, Engagement Manager, Tonga Ministry of Internal Affairs

Grantees

‘Ofeina Filimoehala, CEO, Tonga Health Promotion Foundation

‘Ofa Guttenbeil, Director, Women and Children Crisis Centre

Rhema Misa, CEO, Lavame’a Ta’e’iloa Association

Rev Dr ‘Ungatea Fonua Kata, Director, Tupou Tertiary Institute

Betty Blake, Director, Ma’a Fafine mo e Famili (MFF)

Katherine Mapili, Project Officer/Trainer/Media Officer, MFF

Seluvaia Kauvaka, Founder, Tonga Women in ICT

# Annex 4: TASP Program Logic

A chart detailing TASP Program Logic, accessible text version is available below A screenshot of a computer


**TASP Program Logic (Accessible text)**

Strategic alignment and scope

1. Goal: Australia contributes to a more progressive Tonga supporting a high quality of life for all.
2. Platform Objective: Investments in priority areas as agreed by GOT and GOA are efficient, effective and equitable.
3. Priority Investment Areas: Health; economic governance; skills and labour mobility; gender equality.
4. Cross cutting areas – disability, gender, climate change action.

End of Platform Development Outcome: Tonga realises equitable development outcomes for investments in priority areas, as agreed in TASP annual plans.

1. Intermediate outcomes:
   1. Engagement and Collaboration: Investment stakeholders demonstrate effective and inclusive relationships and partnerships.
   2. GEDSI and Climate Change Mainstreaming: TASP effectively mainstreams cross-cutting priorities (disability inclusion, gender equality, climate change action) into investments.
   3. Learning and Adapting: TASP adapts investments in response to lessons and changes in context or GOT/GOA priorities.
   4. Policy Dialogue: TASP supports effective GOT/GOA policy dialogue.
   5. Coherent and Joined Up: TASP supports cross-investment learning and exchange of ideas.
2. Priority investment activities:
   1. Technical assistance
   2. Organisational partnerships
   3. Policy engagement (DFAT)
   4. Budget support (DFAT)

End of Platform Enabling Outcome: Tonga benefits from efficient and equitable development program management support for investments in priority areas.\

1. Platform Support unit Services:
   1. Communications
   2. Contract and delivery management
   3. Financial and resource management
   4. High quality leadership and teams
   5. Design and MEL
   6. Governance
2. Cross-cutting considerations:
   1. GEDSI
   2. Climate action

# Annex 5: Ad hoc Support (report extract)

*[Copied from the TASP Combined Inception and 6-month Report, May 2023]*

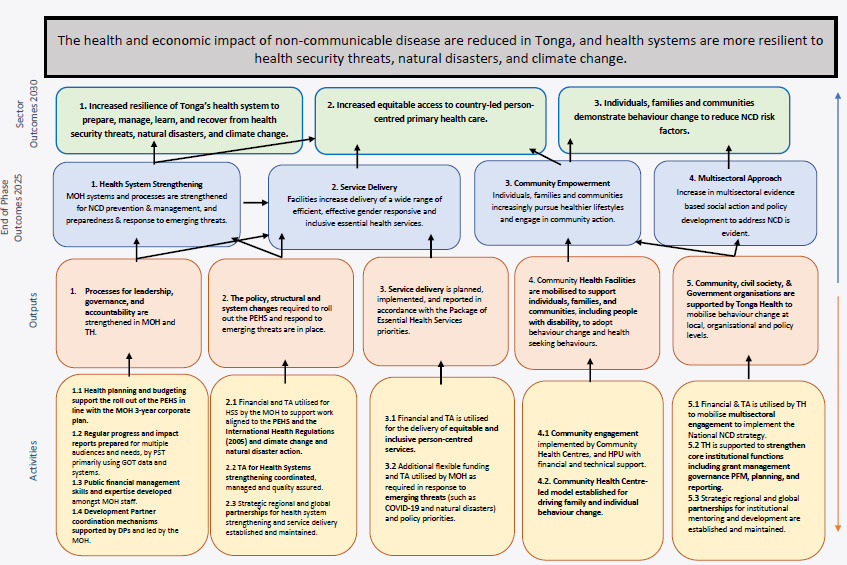
3.5 Ad hoc Support

TASP has provided support to discrete, ad hoc activities that do not align under the other TASP pillars. In practice, this became a significant component of TASP’s work during the reporting period, reflecting capacity constraints at Post, and the varied and often urgent nature of requests for assistance that came to, and from within, DFAT. Feedback from DFAT and other stakeholders highlights the important role of this highly responsive and flexible support mechanism in addressing capacity gaps at Post and among GoT and civil society partners.

During the reporting period, a total of twenty-one Tasking Notes were initiated, of which four did not go ahead (due to withdrawal of the request or alternate arrangements confirmed). Table A presents a summary of Tasking Notes from TASP inception to 31 December 2022. **A: Summary of Tasking Notes requested by DFAT to 31 December 2022**

| **Tasking Note No & Name** | **Date signed\*** | **Description** | **Max Value (AUD)** | **Status** |
| --- | --- | --- | --- | --- |
| TN01 Disability Design | Signed 8 April 2022 | Did not proceed at the request of DFAT. | 0 | Cancelled |
| TN02 Police Commissioner Support | Signed 28 April 2022 | Salary supplementation and the provision of ongoing logistical support/costs | 1,846,637 | Ongoing |
| TN03 Disaster Recovery | N/A | Did not proceed *as a Tasking Note*—instead, STA engaged by TASP at the request of DFAT. | 0 | Cancelled |
| TN04 TNCWC Grant | N/A | Novation of grant to TASP and funded under the gender pillar. Thus, the activity did not proceed *as a Tasking Note.* | Funded under gender pillar | Ongoing |
| TN05 WCCC Grant | N/A | Novation of grant to TASP and funded under the gender pillar. Thus, the activity did not proceed as a Tasking Note. | Funded under gender pillar | Ongoing |
| TN06 Unused | N/A | Did not proceed | 0 | N/A |
| TN07 Support for Climate Week MEIDECC | Signed 24 August 2022 | Direct funding of radio and television broadcasts on behalf of MEIDECC for Climate Change Week | 3,050 | Completed |
| TN08 Unused | N/A | Did not proceed | 0 | N/A |
| TN09 NATA Attendance at APMCDRR | Signed 7 September 2022 | Sending of 3 NATA representatives plus 2 carers to the APMCDRR in Brisbane | 36,627 | Completed |
| TN10 Lulutai Airlines Pilot Training | Signed 10 January 2023 | Training and logistics costs for 3 pilots to undergo flight crew recertification at a simulator facility in Sweden | 102,703 | Completed |
| TN11 GoT Attendance at APMCDRR | Signed 14 September 2022 | Logistics for one representative from MEIDECC to attend the APMCDRR in Brisbane | 8,547 | Completed |
| TN12 Procurement for TFES | N/A | Did not proceed, as the South Australian Fire Service directly arranged for the delivery of donated materials—thus DFAT instructed that the TN do not proceed any further. TN retained in this list for historic accuracy. | 0 | Cancelled |
| TN13 Smart Meter Review | Signed 31 October 2022 | Independent review of the smart meter system in Tonga | 73,251 | Completed |
| TN14 TCDT Attendance at APMCDRR | Signed 13 September 2022 | Logistics for one representative from TCDT to attend APMCDRR in Brisbane | 9,209 | Completed |
| TN15 Tonga Australia Stories stories showcasing the Tonga-Australia relationship | Signed 10 January 2023 | Commissioning of a local journalist to develop 100 | 27,971 | Underway |
| TN16 Did You Know Video | Signed 10 January 2023 | Commissioning of a local video production company to develop 6 short videos showcasing the Tonga-Australia relationship | 10,345 | Underway |
| TN17 Aviation Conference Support Singapore | Signed 9 November 2022 | Logistics for one MoF representative and one Lulutai representative to attend an aviation conference in Singapore | 24,012 | Completed |
| TN18 ATI Educational Show | Signed 10 January 2023 | Platinum sponsorship of an ATI Educational Show | 625 | Completed |
| TN19 Commonwealth Youth Parliament | Signed 12 December 2022 | Logistics for one participant to attend the Commonwealth Youth Parliament in Trinidad/Tobago | 16,703 | Completed |
| TN20 Effective Development Summit | Signed 10 January 2023 | Logistics for one participant from MoF to attend the Effective Development Cooperation summit in Geneva | 14,056 | Completed |
| TN21 TTI Perceptions Survey | Signed 1 May 2023 | Engagement of TTI to undertake a Perceptions Survey across Tonga | 141,262 | Yet to start |

# Annex 6: THSSP3 (Health Pillar) Logic



**THSSP3 (Health Pillar) Logic (Accessible version)**

The health and economic impact of non-communicable disease are reduced in Tonga, and health systems are more resilient to health security threats, natural disasters, and climate change.

Sector Outcomes 2030

1. Increased resilience of Tonga’s health system to prepare, manage, learn, and recover from health security threats, natural disasters, and climate change.
2. Increased equitable access to country-led person-centred primary health care.
3. Individuals, families and communities demonstrate behaviour change to reduce NCD risk factors.

End of Phase Outcomes 2025

1. Health System Strengthening: MOH systems and processes are strengthened for NCD prevention & management, and preparedness & response to emerging threats.
2. Service Delivery: Facilities increase delivery of a wide range of efficient, effective gender responsive and inclusive essential health services.
3. Community Empowerment: Individuals, families and communities increasingly pursue healthier lifestyles and engage in community action.
4. Multisectoral Approach: Increase in multisectoral evidence based social action and policy development to address NCD is evident.

Outputs

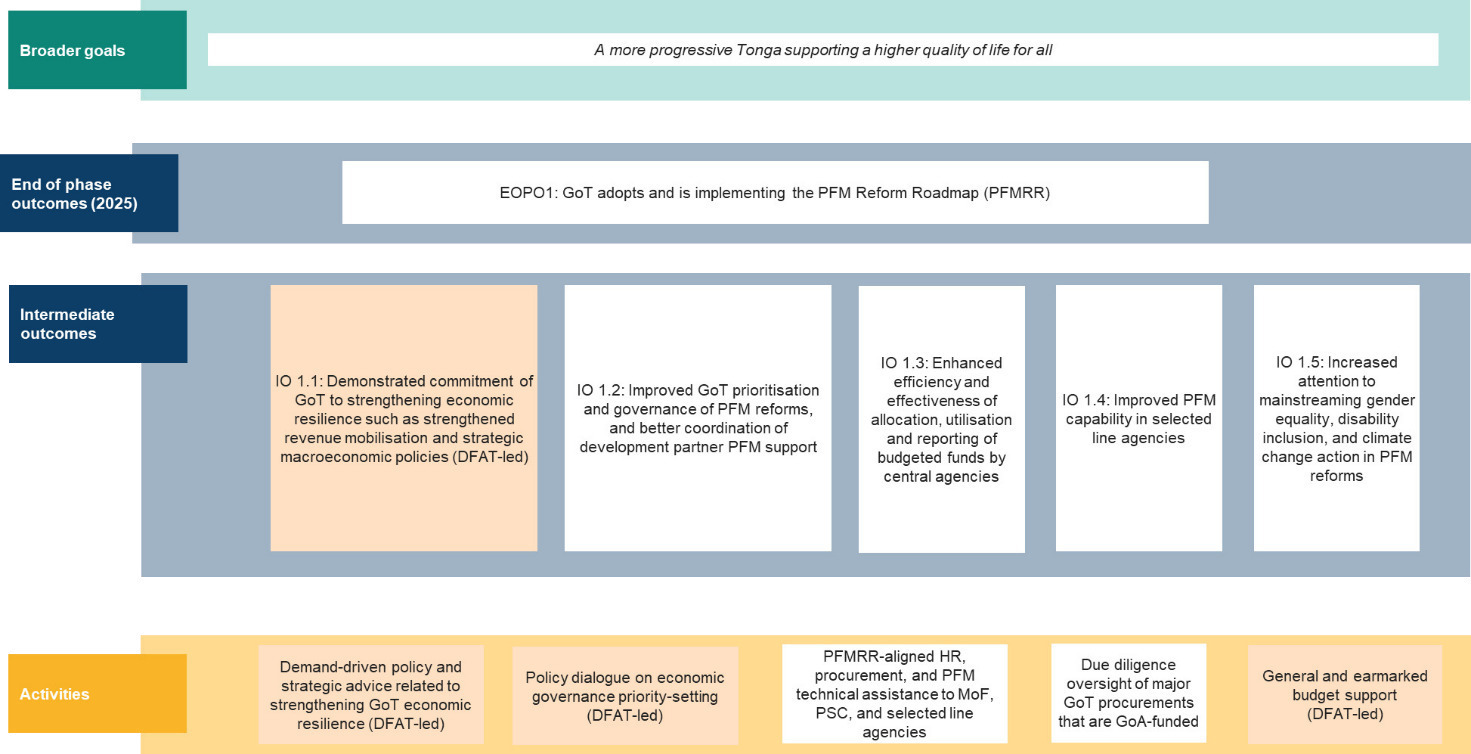
1. Processes for leadership, governance, and accountability are strengthened in MOH and TongaHealth.
2. The policy, structural and system changes required to roll out the PEHS and respond to emerging threats are in place.
3. Service delivery is planned, implemented, and reported in accordance with the Package of Essential Health Services priorities.
4. Community Health Facilities are mobilized to support individuals, families, and communities, including people with disability, to adopt behaviour change and health seeking behaviours.
5. Community, civil society, & Government organisations are supported by TongaHealth to mobilise behaviour change at local, organizational and policy levels.

Activities

* 1. Health planning and budgeting support the roll out of the PEHS in line with the MOH 3-year corporate plan.
  2. Regular progress and impact reports prepared for multiple audiences and needs, by PST primarily using GOT data and systems.
  3. Public financial management skills and expertise developed amongst MOH staff.
  4. Development partner coordination mechanisms supported by DPs and led by the MOH.

* 1. Financial and TA utilized for HSS by the MOH to support work aligned to the PEHS and the International Health Regulations (2005) and climate change and natural disaster action.
  2. TA for Health Systems Strengthening coordinated, managed and quality assured.
  3. Strategic regional and global partnerships for health system strengthening and service delivery established and maintained.
  4. Financial and TA is utilized for the delivery of equitable and inclusive person-centred services.
  5. Additional flexible funding and TA utilized by MOH as required in response to emerging threats (such as COVID-19 and natural disasters) and policy priorities.
  6. Community engagement implemented by Community Health Centres and HPU with financial and technical support.
  7. Community Health Centre-led model established for driving family and individual behaviour change.
  8. Financial & TA is utilized by TH to mobilize multisectoral engagement to implement the National NCD strategy.
  9. TH is supported to strengthen core institutional functions including grant management governance PFM, planning, and reporting.
  10. Strategic regional and global partnerships for institutional mentoring and development are established and maintained.

# Annex 7: Governance Pillar Logic



**Annex 7: Governance Pillar Logic (Accessible version)**

Broader Goals

* A more progressive Tonga supporting a higher quality of life for all.

End of phase outcomes (2025)

* EOPO1: GoT adopts and is implementing the PFM Reform Roadmap (PFMRR)

Intermediate outcomes

* IO 1.1: Demonstrated commitment of GoT to strengthening economic resilience such as strengthened revenue mobilization and strategic macroeconomic policies (DFAT-led).
* IO 1.2: Improved GoT prioritization and governance of PFM reforms, and better coordination of development partner PFM support.
* IO 1.3: Enhanced efficiency and effectiveness of allocation, utilization and reporting of budgeted funds by central agencies.
* IO 1.4: Improved PFM capability in selected line agencies.
* IO 1.5: Increased attention to mainstreaming gender equality, disability inclusion, and climate change action in PFM reforms.

Activities

* Demand-driven policy and strategic advice related to strengthening GoT economic resilience (DFAT-led).
* Policy dialogue on economic governance priority-setting (DFAT-led)
* PFMRR-aligned HR, procurement, and PFM technical assistance to MoF, PSC, and selected line agencies.
* Due diligence oversight of major GoT procurements that are GoA-funded.
* General and earmarked budget support (DFAT-led)

1. as per Recommendation 1(c) of DFAT’s 2008 Facilities Review [↑](#footnote-ref-2)
2. CSOs suggested that staged compliance commensurate with size of organisation would have been a better approach. [↑](#footnote-ref-3)
3. Pieper, L, 2018. Independent Facilities review, May 2018 [↑](#footnote-ref-4)
4. [DFAT Design and Monitoring and Evaluation Standards | Australian Government Department of Foreign Affairs and Trade](https://www.dfat.gov.au/about-us/publications/Pages/dfat-monitoring-and-evaluation-standards#:~:text=DFAT%20Design%20and%20Monitoring%20and%20Evaluation%20Standards%20These,and%20to%20integrate%20evaluative%20thinking%20into%20everyday%20work.) [↑](#footnote-ref-5)
5. See [Annex 2](#_Annex_2:_References) for list of Reference Documents [↑](#footnote-ref-6)
6. see [Annex 3](#_Annex_3:_List) for List of People Consulted [↑](#footnote-ref-7)
7. AIMR AidWorks Code: INN776 [↑](#footnote-ref-8)
8. TASP, March 2024. TASP Mid FY Progress Presentation (FINAL) [↑](#footnote-ref-9)
9. On a scale of 1-6 with 1=Poor and 6=Very good [↑](#footnote-ref-10)
10. AIMR AidWorks Code: INN776 [↑](#footnote-ref-11)
11. IDD, p10 [↑](#footnote-ref-12)
12. This is an online satisfaction survey asking respondents to rate TASP performance in delivery the activity according to:

    ▪ Timeliness of support

    ▪ Level of communication

    ▪ Understanding of needs and requirements

    ▪ Addressing obstacles and/or changes

    ▪ Ease of the process for receiving support

    ▪ Overall quality of support

    ▪ Whether the participant would choose to partner with TASP again [↑](#footnote-ref-13)
13. TASP Payment By Results Report FY22/23, p4. [↑](#footnote-ref-14)
14. DFAT Led Investment Design TASP [↑](#footnote-ref-15)
15. TASP Policy Dialogue Strategy, April 2024 [↑](#footnote-ref-16)
16. TASP Summary Note of evidence for TASP independent evaluation, July 2024, given to Independent Evaluation Team. [↑](#footnote-ref-17)
17. AIMR AidWorks Code: INN776 – for period of 1 Jan 2023 – 30 Dec 2023.\ [↑](#footnote-ref-18)
18. TASP, 2024, Draft Accelerated expenditure plan\_v5\_FY24 [↑](#footnote-ref-19)
19. TASP, 2024. TASP ways of working agreement May 2024 (currently being drafted). [↑](#footnote-ref-20)
20. See TASP Inception and Six-Month Report May 2023. [↑](#footnote-ref-21)
21. The AHC noted that this was understood to be the result of extremely slow processes within the Managing Contractor at the time. [↑](#footnote-ref-22)
22. AHC recalls additional funding to DT Global for administrative support; however this related to one particular tasking note rather than overall operational policies and processes. (This instance is not captured in documents available to the evaluation team such as the Annual Report FY22-23 and its annexes,) [↑](#footnote-ref-23)
23. Review Report: Tonga Health Promotion Foundation, 2024, TASP, p27 [↑](#footnote-ref-24)
24. TASP Policy Dialogue Strategy, April 2024 [↑](#footnote-ref-25)
25. TASP Monitoring, Evaluation and Learning Plan Vol.1, 2024, p13. [↑](#footnote-ref-26)
26. Covering the period 1 January – 31 December 2023 [↑](#footnote-ref-27)
27. Core funding targets larger, established CSOs to improve their readiness to partner with Australian or other donor programs. Smaller-scale project or activity funding is provided for specific GEDSI-related purposes to CSOs not eligible for core funding. [↑](#footnote-ref-28)
28. This was evident from a PowerPoint presentation to DFAT in June 2024, and interviews with the Disability Coordinator and other key informants. [↑](#footnote-ref-29)
29. TASP’s 2022-23 Annual Report notes ‘identification of suitable climate change investments’ as a key challenge for its Support Unit. [↑](#footnote-ref-30)
30. The AHC noted that this was due to the lack of CC focused NGOs in Tonga which made it difficult for DFAT to develop a strategic partnership. [↑](#footnote-ref-31)
31. DFAT 2023 AIMR. [↑](#footnote-ref-32)
32. TASP IDD [↑](#footnote-ref-33)
33. TASP Inception and 6 month report, 2023 [↑](#footnote-ref-34)
34. From DFAT: “When we ask for something now, the answer now is usually ‘of course, that’s our job,’ not ‘that’s too much, too hard, or we need more resources.’” (WoW report, May 2024). [↑](#footnote-ref-35)
35. IDD, p3 [↑](#footnote-ref-36)
36. TASP Inception and 6 Month Report, 2023, p4 [↑](#footnote-ref-37)
37. The precise number of recruitments were not clear but AHC believes this may have been only two people. [↑](#footnote-ref-38)
38. Reflection provided by DT Global from staff engaged at the time. [↑](#footnote-ref-39)
39. As stated in the 6 month/Inception Report. [↑](#footnote-ref-40)
40. CSOs suggested that staged compliance commensurate with size of organisation would have been a better approach. [↑](#footnote-ref-41)
41. 240404 DFAT Locally Led Development Guidance Note, p7 [↑](#footnote-ref-42)