Tropical Cyclone Harold Recovery Program (HRP)

Review Report

31 March 2026

Palladium International Pty Ltd
ABN 23 010 020 201
Level 8, 240 Queen Street
Brisbane QLD 4000, Australia

Photo Source:
Australian Department of Foreign Affairs and Trade

Palladium International Pty Ltd
Review Report: Tropical Cyclone Harold Recovery Program (HRP)

Prepared by
Evaluation Team (Paul Nichols, Gregoire Nimbtik, Michelle Besley) (Palladium International Pty Ltd)

In collaboration with
Australian Government Department of Foreign Affairs and Trade Port Vila Post and the Department of Strategic Policy Planning and Aid Coordination (DSPPAC)

Acknowledgements
The evaluation team would like to thank Australian Commission DFAT Port Vila Post, in particular Alice Kalontano and Ayden O'Neill for their support throughout the evaluation and for facilitating our access to information and stakeholders. We would also like to thank Government of Vanuatu (GoV) partners including the Disaster Recovery Coordination Unit (DRCU), line ministry representatives, the Vanuatu Skills Partnership (VSP), and Australian Humanitarian Partnership (AHP) partners for their participation and engagement in the evaluation. We extend our thanks to the community members in Pentecost who generously shared their time and experiences to inform the evaluation's case study findings.

Executive Summary

Background

The *Tropical Cyclone Harold Recovery Program (HRP)* is a five-year, AUD 21.8 million investment (2021–2026) funded by the Australian Government through the Department of Foreign Affairs and Trade (DFAT) in response to the catastrophic impacts of Tropical Cyclone Harold—a Category 5 storm that struck Vanuatu in April 2020 during the COVID-19 pandemic. The program's goal was to restore growth and social development in cyclone-affected areas while strengthening the Government of Vanuatu's (GoV) systems for recovery. The HRP was implemented primarily through a Direct Funding Arrangement (DFA) with the Prime Minister's Office, using GoV systems for reconstruction of education, health and WASH infrastructure, as well as through the Vanuatu Skills Partnership (VSP) and Australian Humanitarian Partnership (AHP) NGOs focusing on livelihoods, gender equality, disability and social inclusion (GEDSI), and community resilience.

Context

Vanuatu's recovery landscape since 2020 has been shaped by cascading crises — the COVID-19 pandemic, repeated cyclones (Judy, Kevin, Lola), and the 2024 Port Vila earthquake — which have severely strained fiscal resources, institutional capacity, and infrastructure systems. These compounded shocks placed extraordinary demands on GoV institutions and personnel, limiting implementation progress. Political instability, high staff turnover, and successive emergencies have created an environment of perpetual recovery, complicating delivery and the continuity of governance. Within this challenging context, the HRP's achievement and operational effectiveness must be interpreted as part of a wider humanitarian and recovery system under sustained pressure.

Key Findings

The evaluation assessed the progress and effectiveness of program and considers lesson and recommendations for the completion of this program and future recovery efforts.

Progress toward the HRP's four End of Program Outcomes (EOPOs) is modest but evident in several areas:

- **Education**: Approximately half of the AUD 8.2 million allocation was spent. Construction of cyclone-resilient classrooms progressed but faced delays due to procurement bottlenecks and resource constraints. Rebuilt schools—such as those on Pentecost—have improved confidence and attendance, though shortages of teachers and learning materials persist.
- **Health**: Of the six planned facilities, only two were nearly completed by 2025, largely due to delayed procurement and staff turnover. Completed dispensaries deliver safer, more accessible services, especially for mothers, but remain hampered by staffing and infrastructure gaps.
- **WASH**: The strongest performer, with around 89% implementation. Upgraded gravity-fed water systems now serve thousands, integrating inclusive design and community training. Some quality control issues underscore the need for better contractor supervision.
- **Skills and Livelihoods**: Achieved 100% delivery through the VSP, enabling vocational training in construction, plumbing, and business management. Training outcomes show strong employment gains, increased income and women's economic participation.

While infrastructure restoration had mixed progress, the HRP made catalytic contributions to system strengthening—particularly in disaster governance, local skills development, and inclusive recovery practices.

Effectiveness of the DFA Modality

The DFA mechanism, designed to promote localisation and government ownership, underperformed against expectations. After four years, only half of allocated funds were disbursed. Factors include complex fund release processes, weak procurement systems and limited financial, MEL and GEDSI support. Financial reporting was inconsistent, with DFAT receiving incomplete, non-standardised data. By contrast, AHP and VSP-managed components—comprising less than 15% of total funding—were fully implemented within two years, highlighting the relative effectiveness of non-government delivery channels.

Partnerships and Coordination

At provincial and community levels, coordination between VSP, AHP partners and local councils was strong, enhancing implementation and community ownership. Conversely, at the national level, coordination through DSPPAC and the Disaster Recovery Coordination Unit remained fragmented. Weaknesses in governance, information management and MEL undermined efficiency. Nonetheless, the HRP helped catalyse improvements in Vanuatu's disaster recovery architecture, informing the forthcoming *Disaster Recovery and Resilience Act (2024)*.

Key Lessons Learned

- Recovery programs to individual disasters need to be designed and implemented in the context of an ongoing cycle of disaster response
- A whole-of-Post approach to drawing on political economy analysis to inform decision making for individual programs in a highly adaptive and flexible manner
- DFAT needs to engage at a senior political level of oversight with GoV counterparts
- Skilled and adept program managers in DFAT need to be empowered to adjust programs during implementation
- Recovery programs must carefully weigh the trade-offs of working through government systems under strain
- Positioning DFAT's support with a clear understanding of the wider recovery effort, including the scope and funding of other donors, is essential
- Recovery programs that focus solely on infrastructure risk overlooking the broader determinants of effective recovery
- Recovery programs need to simultaneously be designed from a bottom-up lens
- Differentiated arrangements are required across line ministries
- The establishment of Project Management Units in line Ministries is an effective way to strengthen implementation.

Overall, despite formidable contextual challenges, the HRP introduced critical system reforms and generated tangible community-level benefits, particularly in water and skills development. However, the evaluation underscores the need for better-designed support to government systems, stronger performance management and more agile, inclusive, and adaptive recovery programming to ensure Australia's humanitarian investments translate into lasting resilience for Vanuatu's people and institutions.

Recommendations

The following **general recommendations** arise for DFAT and the GOV in design and planning future recovery efforts:

1. Future DFA agreements should consider the accompanying technical and project management support that is required, particularly finance, procurement, GEDSI and MEL.
2. The balance of funding in future Recovery programs between using DFA and AHP (or other contractor-led/NGO-led) responses should be more evenly weighted to balance policy imperative and government systems strengthening with efficiency in delivery.
3. There should be a specific funding allocation for the Department of Women's Affairs in future recovery efforts (in addition to key sectoral ministries), given enhanced capacity and catalytic role emerging in supporting sector clusters and Provincial and Area Council planning and delivery.
4. The GoV through DSSPAC Coordination Unit should continue to refresh their institutional arrangements and responsibilities in light of the Disaster Recovery and Resilience Act, and update their approach to utilising Development Partner funds and coordination with line Ministries. This work is already underway.
5. Future Recovery Funding could be structured as a 'top-up' to an existing, longer-term program of support to enhance longer term resilience and institutional sustainability.
6. DFAT should strengthen its capacity to be agile in program management, making real time adjustments to structures and implementation strategies according to changes in circumstances and progress.

The following **specific recommendation** is made concerning the future of the TC Harold program:

7. The TCH Recovery Program should end on 30 June 2026 in line with the original agreement and design. Unspent funds in the DFA Trust Fund should be allocated by the NRC with DFAT approval to the relevant line Ministries for specific Activities as part of their ongoing work program and incorporated into their Business Plans. DFAT should manage ongoing activities as part of existing sector programs.

Acronyms

Acronym	Definition
ADRA	Adventist Development and Relief Agency
AHP	Australian Humanitarian Partnership
BBB	Build Back Better
CAN DO	Church Agencies Network Disaster Operations
DFAT	Department of Foreign Affairs and Trade
DRCU	Disaster Recovery Coordination Unit
DSPPAC	Department of Strategic Policy Planning and Aid Coordination
DFA	Direct Funding Arrangement
DOWA	Department of Women's Affairs
DoWR	Department of Water Resources
EOPO	End of Program Outcome
GEDSI	Gender Equality, Disability and Social Inclusion
GoV	Government of Vanuatu
HRP	Tropical Cyclone Harold Recovery Program
IMR	Investment Monitoring Report
MEL	Monitoring, Evaluation and Learning
MoET	Ministry of Education and Training
MoH	Ministry of Health
NGO	Non-Governmental Organisation
NRC	National Recovery Committee
NRU	National Recovery Unit
OPD	Organisation of Persons with Disabilities
PEA	Political Economy Analysis
PMO	Prime Minister's Office
TC	Tropical Cyclone
ToR	Terms of Reference
VSP	Vanuatu Skills Partnership
WASH	Water, Sanitation and Hygiene

Table of Contents

1. Purpose

The purpose of this report is to present the findings from, and recommendations of, an independent evaluation of Australia's Tropical Cyclone Harold Recovery Program (HRP). The program spans 2021–2026 and is funded by the Department of Foreign Affairs and Trade (DFAT) Port Vila Post and delivered by Government of Vanuatu (GoV) and Australian Humanitarian Partnership (AHP) Non-Government Organisation (NGO) partners.

The evaluation was commissioned by DFAT Port Vila Post and was undertaken by Palladium International Pty Ltd comprising Paul Nichols (Team Leader), Gregoire Nimbtik (Infrastructure/Recovery Specialist) and Michelle Besley (Evaluation and GEDSI Specialist) in collaboration with DFAT Port Vila Post and Department of Strategic Policy Planning and Aid Coordination (DSPPAC).

The primary purpose of this evaluation is to assess the effectiveness and efficiency of the HRP and identify lessons learned and inform DFAT's decision-making regarding program extension and future recovery programming approaches through government systems.

2. Introduction

2.1 Program Overview

The Tropical Cyclone Harold Recovery Program (HRP) is a AUD21.8 million program (2021-2026) representing Australia's primary response to the Government of Vanuatu's (GoV) request for assistance after Tropical Cyclone Harold, a Category 5 cyclone that struck Vanuatu in April 2020 during the COVID-19 pandemic. The program was designed to contribute to GoV's strategic objectives outlined in the Vanuatu Recovery Strategy 2020-2023 (Yumi Evriwan Tugeta) with the overarching goal of restoring growth and social development in cyclone-impacted areas.

The program has four End of Program Outcomes (EOPOs):

- EOPO1: Girls and boys are being taught in accessible education facilities built to withstand future disasters in TC Harold affected locations.
- EOPO2: Women, men, girls and boys receive medical attention in accessible health facilities built to withstand future disasters in TC Harold affected locations.
- EOPO3: Women, men, girls and boys access better WASH facilities in priority TC Harold affected locations.
- EOPO4: Female and male participants of vocational training in TC Harold affected communities have increased income.

In response to GoV's request that all TC Harold recovery funding be coordinated and disbursed through government systems, HRP's modality allocates the majority of funding (AUD18.7 million) through a Direct Funding Arrangement (DFA) with the Prime Minister's Office (PMO). These funds are then allocated to line ministries primarily for building back and repairing health, education, and water and sanitation infrastructure, as well as supporting skills development and vocational training through the Vanuatu Skills Partnership (VSP). Implementation is led by line agencies, with the Disaster Recovery Coordination Unit (DRCU) within DSPPAC under the Prime Minister's Office providing coordination, policy and planning recovery oversight. HRP relies on GoV staff with additional support from Australia Assists advisors for support to the DRCU, Ministry of Education and Training (MoET), and Department of Water Resources (DoWR).

A smaller proportion of funding (AUD2.1 million) was delivered directly through Australian Humanitarian Partnership NGOs to implement recovery-related Gender, Disability and Social Inclusion (GEDSI) and livelihoods activities. AHP partners include CAN DO, CARE, Oxfam, Save the Children, and World Vision. An additional AUD1 million covers DFAT's program management costs.

The program is scheduled to end on 20 June 2026, with the evaluation taking place in the program’s fourth year.

2.2 Context

Cyclone Harold was one of the most powerful cyclones on record to hit the country, causing profound damage across key northern provinces, destroying homes, disrupting infrastructure, and decimating agriculture and food systems. The cyclone struck at the height of the emerging COVID-19 pandemic, compounding its effects. Combined losses from the storm and pandemic were estimated at 61 % of GDP in

2020[1], resulting in a sharp contraction of economic activity and forcing the government to expend scarce fiscal resources on emergency relief and recovery instead of long-term development projects. Australia's support represents approximately 3.7% ($18.5m) of overall recovery cost, which was estimated at $500m in the initial needs assessment.

Following the Cyclone Harold, Vanuatu's political economy has been impacted by a sequence of successive shocks that repeatedly tested its recovery capacity. Between 2021 and 2023, Vanuatu experienced multiple severe cyclones, including Judy and Kevin in March 2023 and Cyclone Lola in October 2023. These events prolonged pandemic downturn, strained government finances, widened fiscal deficits. Most sectors, from subsistence agriculture to emerging tourism, have seen growth forecasts repeatedly revised downward, with recurrent losses impeding investment and undermining livelihoods long after each hazard passed. Late 2024 and into 2025, Vanuatu was hit by a 7.3-magnitude earthquake near Port Vila, causing additional human and economic losses and further disrupting the capital's infrastructure and services.

Politically, these cumulative crises have both heightened demands on leaders for effective disaster governance and recovery and contributed to instability. Vanuatu has experienced multiple changes in government over the program period, contributing to instability in key GoV counterpart roles and affecting the continuity of decision-making and accountability processes. While individual GoV staff have demonstrated strong commitment to recovery objectives, high turnover and competing priorities influenced program delivery. The overarching context at the time of the evaluation remains one of perpetual recovery. Each disaster has created new recovery priorities and placed further strain on already limited GoV systems and resources. This context has profoundly shaped the operating environment for the HRP, making comparison of pre- and post-program conditions difficult and requiring the evaluation to situate HRP's contribution within a broader and ongoing humanitarian response.

The GoV's recovery agenda has been articulated through the Vanuatu Recovery Strategy 2020–2023 (Yumi Evriwan Tugeta), which provided the strategic framework underpinning HRP's design. This strategy prioritised the restoration of critical social infrastructure – health, education, and WASH – and the recovery of livelihoods, particularly for vulnerable groups including women, people with disabilities, and youth. Vanuatu enacted the Disaster Recovery and Resilience Act No. 17 of 2024 to complement the existing 2019 Disaster Risk Management Act. The National Recovery Committee (NRC) has served as the primary coordination mechanism for GoV recovery activities, with DSPPAC and the DRCU providing technical and operational oversight.

Australia's engagement with the HRP reflects its broader strategic partnership with Vanuatu, emphasising localisation, government ownership and the use of partner country systems. The DFA modality was explicitly chosen to honour GoV's preference for coordinating recovery funding through its own systems, a decision that was intended to yield both benefits in terms of ownership and alignment, and challenges in terms of implementation speed and financial accountability.

2.3 Evaluation Approach

To answer evaluation questions, various lines of evidence were gathered from a range of sources. Data collection consisted of: a desk review of program documentation, in person consultations with stakeholders based in Vanuatu (8-17 December 2025); a presentation of findings and a feedback and verification meeting with the AHRC and DFAT post; and a visit to Pentecost (2-5 February 2026) to conduct consultations with community visits on sites where substantial reconstruction effort had taken place.

The Evaluation Team engaged 27 respondents (14 men and 13 women) through consultations including individual interviews and group discussions from the following stakeholder groups: Australian High

[1] Post Disaster Needs Assessment: TC HAROLD & COVID-19, (hyperlinked) GoV, 2020, Pg.1.

Commission staff (10); GoV partner staff (10) with representation from DRCU-DSPPAC and line ministries (MoET, DoWA, MoH, DoWR); Implementing Partners including AHP partners and VSB Partnership; other stakeholder (3) including donors and private sector contractors. The team also conducted consultations in affected communities (see attached case studies).

There were several limiting factors which need to be considered alongside the findings and analysis presented in this report. These include:

- **Time and resource constraints:** The 10-day in-country visit, short lead time, and budget limitations restricted the number of interviews and outer island visits that could be conducted.
- **Stakeholder availability:** Scheduling the evaluation over the Christmas period led to cancellations and limited access to key stakeholders, resulting in fewer interviews than planned.
- **Weather impacting travel:** The team's planned flight to Pentecost was cancelled due to bad weather, though a follow-up visit was conducted in February 2026 and the findings have been incorporated into the report.
- **MEL and data gaps:** The absence of an agreed MEL framework from the outset meant limited baseline and outcomes data, with inconsistent ministerial reporting making financial and results aggregation difficult; findings therefore rely heavily on qualitative assessment.
- **Time lag and contextual factors:** With TC Harold occurring five years prior and multiple subsequent disasters, some stakeholders had difficulty distinguishing TC Harold-specific recovery from broader responses, so the team captured wider recovery context where needed.

As a consequence, the evaluation team considers the strength of evidence for its initial review and analysis to be moderate but satisfactory. However given the subsequent consultation and verification process with key stakeholders, the level of confidence in findings and conclusions to be high.

The evaluation identifies options and lessons learned for future programming. The evaluation report is intended to be succinct and forward looking and provide options for decision making and program planning, rather than a detailed 'evaluation' of individual activities. The main body of the evaluation report seeks to answer the key evaluation questions in a concise manner. More detailed information is provided in annexes to this report, including a series of case studies in Annex A, and a more detailed methodology is presented in Annex B.

3. Findings

3.1 Program Outcomes

Evaluation Question 1: To what extent have the End of Program Outcomes been achieved and how significant and relevant are these outcomes?

There is only modest progress towards End of Program Outcomes, understandable in the content of repeated disasters and COVID during the period. Funds are only around half spent after 4 years, partly due to unrealistic expectations of the DSSPA Coordination Unit and GoV systems to implement without necessary accompanying support provided to other similar scale programs. In comparison, the limited funding channelled through AHP Partners and VSP was delivered on time and on budget with strong performance reporting and results. In summary, EOPO4 (skills) performed best, followed by EOPO4) water and sanitation with satisfactory progress, and health and education achieving only modest performance.

EOPOs are appropriately framed at an outcome level, with a focus on ensuring facilities are accessible, built to withstand future disasters and are being used by women, men, girls and boys as intended for development results (i.e. children taught at schools, training participants experiencing increased income, and communities receiving medical attention and accessing WASH facilities). The majority of HRP funding (86%) was channelled through GoV systems under a DFA2. However, due to delays, successive crises and capacity issues, only half of the DFA budget been expended after four years[3]. As a result, many activities are either only recently completed or still under development, and project reporting focuses on construction activity. As a result, progress and results to date largely remain at the output level, and it is difficult to definitively assess progress at the outcomes level. The following section provides an analysis of progress in the achievement of EOPOs under the DFA, supplemented with some outcome-level data obtained through interviews with community members used to inform case studies (Annex A). It shows variable progress across sectors, with stronger progress in Water and Skills, and more limited progress in Education and WASH. Evidence of some community benefit is evident across all sectors.

EOPO 1: Girls and boys are being taught in accessible education facilities built to withstand future disasters in TC Harold affected locations

TC Harold damaged or completely destroyed 1,275 classrooms and other education facilities. Under the DFA, Education received the largest funding allocation of AUD8.2m, with implementation sitting at 46% (as at June 2025). MoET was funded to construct and furnish 41 classrooms across 11 locations in addition to a range of other school facilities (such as libraries, dormitories, staff house and WASH facilities). While initial targets for school classroom construction are unclear, at the time of the evaluation nine (9) construction activities are completed (including construction and renovation of school rooms and offices), totalling 30 classrooms. The construction of 14 further classrooms and additional school facilities is underway or scheduled.

[2] AUD18.7 million of HRP is channelled through GoV systems under a Direct Funding Arrangement (DFA) with the Prime Minister's Office (PMO), signed in June 2021.

[3] GoV systems held up the release of funds to line ministries for around 12 months and were unable to commence activities with the exception of VSP, which used other resources to cover this gap.

Progress was hindered by the lack of a proper program management unit within the MoET, challenges in engaging suitable qualified engineers and spikes in material costs due to the Covid-19 pandemic. At the time of the evaluation, the MoET reported that of the remaining facilities still under development, around 80% are near completion.

While comprehensive GoV data related to enrolments and learning outcomes across restored facilities was not available, case studies into the community experience and benefit of restored schools on Pentecost Islands[4] undertaken as part of the evaluation provide some evidence of development outcomes. Positive results reported include rising enrolments, renewed confidence among families in the safety and stability of the school environment, continuity of learning with buildings providing stronger protection against extreme weather events. While in some schools improved student experience was reported due to new equipment such as desks and chairs, other schools highlighted limitations in this area due to a shortage of qualified teachers, limited teaching and learning materials, and inadequate lighting in some classrooms.

EOPO 2: Women, men, girls and boys receive medical attention in accessible health facilities built to withstand future disasters in TC Harold affected locations.

TC Harold damaged or completely destroyed 84 health facilities. Health received the second largest allocation of AUD5m, with implementation at 36% (as at June 2025). Health investments centred on reconstruction of health centres and dispensaries, led by the MoH, with other partners also supporting WASH connectivity within health facilities. Of the six planned health facilities, two have been mostly completed. While work has commenced on the other sites, progress was significantly delayed with construction contracts for five of six health facilities only signed in 2024. A seventh activity, upgrade to the Northern Provincial Hospital switchboard and generator was also agreed, and underway. Progress was delayed due to changing leadership within the MoH and departure of key personnel (including the long-time infrastructure adviser and officer), with MoH capacity to progress HRP infrastructure projects highly reliant on Vanuatu Health Program technical support through its procurement advisor. The remoteness of project sites has also contributed to delays, with mobilisation of materials hindered by the availability and cost of transportation and bad weather.

Health centres were designed to meet national standards, which mandate functional WASH services, adequate staffing and essential medical equipment. The GoV emphasised the importance of DFAT's decision to resource adherence to national standards in ensuring quality and sustainability, noting that not all donors demonstrate this commitment. Overall, the dispensaries that have been build have been largely successful in responding to community health priorities. For example, some upgraded facilities include accommodation and kitchen areas for mothers travelling long distances to give birth, creating safety and privacy. In addition to infrastructure improvements, one dispensary had strengthened referral systems with the provincial hospital, with better coordination enabling faster transfers for patients requiring specialised care. However, infrastructure constraints, including inadequate waiting areas and unreliable water supply have affected operations and operations, and staff shortages and transport barriers have also affected access to care.

EOPO3: Women, men, girls and boys access better WASH facilities in priority TC Harold affected locations.

TC Harold damaged or completely destroyed 258 community public water supplies. Under the DFA, AUD3 million was allocated to the Water sector, which performed strongly, with implementation at 89% (as at June 2025). Interventions under this EOPO were implemented by DoWR which focused on restoring key water facilities in priority community locations, and joint efforts between the MoET, MOH and DOWR to construct

[4] The case studies cover four schools: Melsisi Primary School; Pangi Primary School; Rangusuk Primary School; and Bai-Barrier Primary School.

sanitation facilities (single-sex, disability inclusive and hygienic) for education and health facilities. Water supply system have used Build Back Better (BBB) design principles, such as by replacing damaged rainwater harvesting structures (which can be easily damaged by cyclones) with gravity fed systems. While DoWR activities were late to commence, they progressed rapidly, with two of the five water systems completed (Melsisi on Pentecost and Mataipevu on Santo) serving an estimated 6,500 beneficiaries. The remaining three water systems were reported as 90% completed at the time of the evaluation. DoWR's intuitional capacity has been supported through an Australia Assists deployee, agency restructure and capacity building. DoWR has learned lessons from implementation, including the need to build in time for procurement, and the need for contractor supervision, and to directly procure required pipes and fittings for all projects (rather than relying on contractor systems to avoid delays and ensure quality). The GoV (DoWR, MoH, VSP) also provided training for water committees in hygiene and sanitation, supply system operation and maintenance fund management, and provided community technicians with water and plumbing training.

Water systems projects embedded a strong focus on community engagement, ownership and capacity strengthening, which has increased the accessibility and sustainability of installations. For example, through consultation with people with disability and women who were encouraged to serve on water committees, water site location selection and design of water points incorporated local knowledge, were designed at user-friendly heights to accommodate children and people with mobility issues such as wheelchair users. In some sites, community members (including women and people with disability) have been trained and qualified to respond to water and sanitation issues. Some instances of poor-quality installation practices were noted in some sites, resulting from the lack of contractor supervision. There is evidence of development outcomes in visited sample sites, including reduced times to collect water which is enabling children to attend school more consistently and women to engage in small-scale income-generating activities. Evidence of sustainability was also demonstrated in some areas, with water committees actively managing the water supply system and supporting timely resolution of issues and repairs through coordinated local action.

EOPO4: Female and male participants of vocational training in TC Harold affected communities have increased income.

Under the DFA, Skills Development and Vocational Training received an allocation of AUD2 million, implemented through VSP. This component achieved 100% implementation at the time of the evaluation. VSP performed strongly, delivering a range of training programs including in construction, plumbing, business management (financial literacy, IT, business registration, contract bidding, and marketing), agriculture and handicrafts (Farm to School/Hospital, beekeeping, and seed banks) as well as DRR, leadership, and employment pathways. Interventions sought to build technical qualifications, and support interested participants to start local businesses, including providing support to register companies and bid on projects. For example, VSP supported graduates from Cert II plumbing and construction courses to create new plumbing and construction companies. Importantly, skills development was well connected with other HRP sector streams and brings builds essential community recovery capability that will aid future recovery efforts. VSP prioritised GEDSI, with for example, 40% of its expenditure in 2024 estimated to have directly supported women, girls and people with disability to participate in training / business development. It also implemented Family Life Education and Inclusive WASH training to target negative power dynamics and discriminatory gender norms to enable women to enter traditionally male-dominated industries.

There is evidence of increased employment and income generation resulting from participation in training and subsequent business development support. For example, a survey of graduates of the courses since 2022 showed a 48% increase in formal employment after training. A Graduate Tracer Survey administered in late 2024 indicates good employment outcomes for graduates (particularly male graduates): 41% of respondents said they were employed before the training, while 89% of respondents are employed now that the training has been completed. Four out of the six women were not working prior to the training, with this figure unchanged after completion of the training. The main reasons provided by women for not being

employed were 'family or personal' reasons. Other evidence demonstrates outcomes in the area of women's employment, with for example five women participating in the set-up of the Nojavan construction company, and three women Malekula registering new plumbing companies. During the evaluation, VSP reported that the focus on agriculture and handicrafts had increased women's incomes, with for example, recovery funds used to open markets in Aukland and Fiji, enabling local businesses to market products internationally.

Other significant achievements

While the EOPOs were structured around sectoral outcomes, the design and delivery strategy had important features aimed at strengthening government systems and localisation. This became a feature of the evaluation process as ongoing reporting did not adequately capture significant changes supported by the program.

Capacity building emerged as one of the most significant areas of change across the program. Working with and through DSPPAC as the primary coordination body enabled the unit to expand its organisational functions and strengthen its coordination role, despite the DFA expecting the DRCU to perform program management and M&E functions that were not part of its mandate, and without providing dedicated support in these areas. The program was complemented by the Australia Assists adviser model, which, while providing some value, was not well-suited to the demands of recovery programming, with advisers focusing on short-term task completion rather than sustained capability transfer. Challenges in the GoV's absorptive capacity are partly attributable to the context of successive emergencies, where personnel are consumed by delivering immediate responses and recoveries, making capacity building more effective when targeted during periods of relative stability. Future recovery programming should therefore position capacity building as a core programmatic outcome, with dedicated strategy and resources directed toward building institutional capacity during non-emergency periods as part of a deliberate pathway toward government ownership and long-term sustainability.

AHP partners worked closely on the ground with communities, government and other partners with a strong focus on GEDSI. For example, the TC Harold response incorporated cash and voucher assistance through Oxfam's Unblocked Cash program, using blockchain technology and tap-and-pay cards to provide digital cash assistance to households. ARDA introduced the GoV's Vanuatu the 4-level outbreak alert system to communities. CARE facilitated GEDSI workshops to help disaster responders and decision makers within communities undertake inclusive recovery planning following TC Harold. World Vision implemented the Family Ready program which supported seasonal workers to construct climate-resilient homes.

3.2 Effectiveness and efficiency of the HRP modality

Evaluation Question 2: How effective and efficient has the HRP modality (DFA through PMO) been for delivering recovery outcomes?

The DFA has not been as effective as anticipated, with only half funds disbursed over 4 years, and a significant gap from response to recovery in affected communities. In comparison, the limited funds managed by AHP partners and VSP was fully spent in 2 years and reported strong results. The design and subsequent management actions of both DFAT and GoV, failed to provide the finance, procurement, GESI and M&E support provided to similar scale programs to enable the DSSPAC Coordination Unit to utilise the GoV systems effectively.

The response to TC Harold was planned in a pre-COVID context, where the Australia-Vanuatu government development partnership was maturing and based on strong international cooperation principles of partner-led and locally led development. The policy choice made by Australia and strongly advocated for at the time by the GOV was to utilise government systems and strengthen internal coordination by avoiding parallel and duplicate programs wherever possible. In this policy environment, the decision was made to provide a grant

directly to the central government through DSSPAC, supporting a newly formed Coordination Unit for response, directed by a newly formed Disaster Response Committee (DRC). Unfortunately, stakeholders were not afforded the time and support to bed down these new arrangements before events overtook and overwhelmed the Coordination Unit, and also DFAT and GOV capacity to support the TC Harold response appropriately. COVID, followed by the twin cyclones of Judy and Kevin, then the earthquake in Port Vila, all required attention and response from the same group of GOV and DFAT officials.

As a consequence, the response to TC Harold through the DFA mechanism was neither sufficiently effective nor efficient. While some activities and projects were delivered that positive outcomes (discussed elsewhere), there are four key foundational elements to program management and implement that demonstrate this: disbursement rates, financial reporting, governance, and follow up to agreed management actions. One component of the program, funding through the Australian Humanitarian Partnership (AHP) mechanism, in stark contrast, was highly efficient, and effective (although limited in scale and impact due to funding).

Disbursement rates

As at December 2025, some four years into the response, 49% of the DFA funds were acquitted as follows:

Total Disbursement to 30 June 2025	**Total All Years**				
From 2025 Report	***Actual V***	***Actual AUD***	***Budget V***	***Budget AUD***	***% Spent***
DSSPAC	11.061.181	136.062	43.205.205	531.462	26%
Education	311.020.600	3.825.824	680.839.440	8.374.917	46%
Health	147.380.654	1.812.910	404.250.000	4.972.627	36%
WASH	197.998.603	2.435.555	223.600.355	2.750.479	89%
Skills	160.000	1.968	160.000	1.968	100%
Total	**667.621.038**	**8.212.320**	**1.352.055.000**	**16.631.453**	**49%**

Table 1. Total Disbursement to 30 June 2025

There are several factors that explain the slow disbursal:

- Line Ministries (water, health and education) were not fully aware of how to access the DFA funds held by DSSPC as this was a new process. It took several months (more than six) to receive approval from the line Ministry and Ministry of Finance to recognise the increased funds in Ministry budgets as the plans and funds allocation was not included in the annual budget process.
- Ministries were not able to confidently plan projects until the budget was fully approved. This delayed the planning and then initiation of the procurement process.

- Procurement of both goods and services was challenging and delayed as different approaches had to be approved in context of few suppliers and cost of transportation. Sometimes a separate contract for materials and supplies (and delivery to site) was conducted to the contract for construction and project management. At times these procurements did not align, and timing of implementation was severely affected. Changes to the threshold for having to use the Central Tender Board only came in later years, and procurement was held up in processing CTB requirements and timeframes.

It should be noted that the VSP skills component was fully disbursed and acquitted within the first two years of the program. This is largely due to the independent financial management of VSP supported by a DFAT Contractor. They were able to allocate and disburse funding in advance on the basis of a signed agreement and not wait until funds were transferred into their bank accounts. Seeking reimbursement from the GOV for their costs took over twelve months in the first instance, a process that line Ministries were not able to accommodate.

In comparison, 100% if the funds channelled through the AHP partners was acquitted within the first two years. Funding allocated to AHP Partners was just eight (8) percent of the total ($1.5 million of $18.5 million total). AHP Partners proposed to divide the funds between the local implementing partners, and so each project was relatively small in scale and scope and not directly linked or coordinated with the main program activities of the DFA.

While AHP partners implemented effective activities in an efficient manner, the size, scale and fragmentation of smaller scale activities was relatively ineffective as a whole.

Financial Management and Reporting

The GOV DSSPAC CU has made strong efforts to provide accountability and reporting through six monthly reporting to DFAT. These have consisted of presentations of journal entries and summaries of account codes from the GOV accounting system. The GOV is conducting an independent financial audit through the government audit office. There is no indication of fraud or mismanagement in any of the reporting provided. However, the financial reporting to DFAT is inadequate and incomplete, largely due to a lack of internal capacity to analyse and present financial information in a consistent format cumulative data. Each six-monthly report is presented differently, in different time periods, with different categories. The MOF financial accounting system records accurately the input but has not been used in a manner to provide a structured management accounting report. The Finance Officer for the PMO has been suspended for a period, and the DSSPAC Coordination Unit has not had sufficient support to fulfil their obligations.

The evaluation team was not able to analyse or interrogate the financial reporting from GOV to produce a reliable and accurate financial summary of expenditure broken down by 6 monthly periods across the four years of the program. They are not confident in the reliability of the total four-year summary. The financial accounts provided to the GOV audit office were prepared by a DFAT officer drawing original data from the GOV journal reports for a time prior (to Dec 2025). The audit will consist of checking and verifying expenditures against approved costs and currently coded and journaled but not replace management reporting.

DFAT has made attempts to identify and support resolution to this concern, but in the context of multiple responses and priorities, it was never fully resolved.

Governance

The governance arrangements for the DFA were newly introduced by the GOV and DFAT as the Disaster Response Committee was established by the GOV along with the DSSPAC Coordination Unit. The governance arrangements consisted of DFAT attendance at the DRC (as an observer but with implied right of veto for activity/funding proposals that were ineligible or inappropriate), and ongoing officer level engagement between DFAT and the Coordination unit (CU). Both arrangements were relatively informal, and unstructured. The day-to-day operational relationship with the CU has been strong, with strong

interpersonal relationships and evidence of joint problem solving and decision making, while respecting the partner-led nature of the program. At the DRC level, however, DFAT was often not informed of meetings in advance and not formally invited, and only sometimes informed of key decisions made. The nature of the DRC changed somewhat with a change of government, when two government Ministers and two opposition members joined the Committee, elevating it from an official's level operational mechanism to a more policy-oriented and political forum. These arrangements proved not to be most effective for addressing ongoing challenges and problems within the program, or for providing a forum for higher level resolution and consultation. DFAT was aware of these challenges and chose different implementation mechanisms for subsequent disaster recovery responses.

Follow up to annual management actions

DFAT was highly aware of the challenges in implementation from the outset of the program. The 2022 IMR identified 26 management actions, of which 10 were ongoing, 9 failed to resolve the identified issue, and 7 were actually achieved and improved program delivery.

IMR Management Actions			
2022	*2023*	*2024*	*2025*
Achieved	Ongoing	Achieved	Achieved
Ongoing	Achieved	Ongoing	Ongoing
Failed	Ongoing	Delayed	Failed
Ongoing	Failed	Failed	Failed
Achieved	Failed	Failed	Achieved
Ongoing	Ongoing		Ongoing
Failed			Ongoing
Failed			Achieved

Summary
Achieved 7
Ongoing 10
Failed 9

Figure 1. INMR Management Actions

The ongoing management actions included significant program management issues which were identified early and consistently addressed by DFAT in various ways but not fully resolved. These included working with DSSPAC to improve monitoring and evaluation, strengthen GESDI integration, improving financial reporting, and ensuring governance arrangements operated effectively with DFAT participation. These issues were identified in the 2022 IMR and were still outstanding at the time of evaluation. Other issues identified early were able to be resolved and did strengthen program performance and sustainability, including encouraging the GOV to fully fund the DSSPAC Coordination Unit staff positions from the recurrent budget and utilising Australia Assists to mobilise short term advisers to support the program. Some workarounds were introduced in the design to somewhat address GEDSI and disability inclusion concerns, but focusing AHP partners on these issues in particular, which had good, but limited impact. It became clear to DFAT early on that the DFA funding modality may not be the best approach to supporting GOV line Ministries to access and implement recovery activities due to the complexity of the internal GOV approval arrangements and the mismatch in roles and functions of DSSPAC as a policy coordination entity expected to implement and delivery programs (raised in the 2022 IMR) and despite attention paid to the concern, in hindsight more decisive intervention was required.

3.3 Partnerships, coordination and resource allocation

Evaluation Question 3: How well have program partnerships, coordination mechanisms, and resource allocations functioned?

The program has had a catalytic effect on strengthening coordination and collaboration at Provincial and Area Council level, and through the humanitarian cluster system, utilised in following disasters. There is evidence of good sharing of resources and joint efforts in implementation, particularly through VSP and AHP working within government systems. National level coordination, strategic governance by DFAT and GOV, and engagement with line Ministries has not been as effective as it needed to be.

The response and recovery efforts following TC Harold demonstrate a good collaboration and coordination among Vanuatu's provincial and area councils. Key stakeholders, including the Vanuatu Skills Partnership (VSP), Australian Humanitarian Partners (AHP), and the Department of Women's Affairs (DWA), illustrated effective alignment in field operations, highlighting the importance of cohesive partnerships during humanitarian crises. There is evidence of partners sharing limited resources and joint effort in the implementation and this indeed is an excellent spirit that need to be nurtured and promoted in places where there are limited resources and capacity.

Provincial Emergency Operations Centres (EOCs) and Area Councils, alongside Community Disaster and Climate Change Committees (CDCC), conducted swift and thorough damage assessments, which allowed for a comprehensive understanding of the cyclone's effects on local communities and enabled targeted interventions. The VSP significantly empowered communities by offering skills training and developing recovery plans that prioritized critical sectors such as shelter, water, sanitation, and hygiene (WASH), along with livelihoods. AHP partners provided integrated support packages, including shelter kits, training for safer rebuilding, hygiene kits, and cash top-ups to support local economies. This comprehensive approach emphasizes the necessity for holistic solutions that address immediate needs while promoting long-term recovery. Concurrently, DWA's establishment of referral pathways for Gender-Based Violence (GBV) through mobile outreach and safe spaces underscores the importance of protecting vulnerable populations during recovery.

Through the support channelled through the NGO partners of the AHP, as well as the efforts of the GOV line Ministries, communities emerged as key agents of recovery, organizing collective tasks such as house repairs, reef restoration and infrastructure reopening. This grassroots involvement fosters resilience and reduces dependence on external aid, with provincial teams offering technical support while encouraging local initiatives. Looking ahead, the importance of decentralisation is evident, making subnational systems essential for future investments. Initiatives such as flexible grant systems for councils, standing provincial recovery coordinators, surge rosters for rapid response, standardised community feedback mechanisms, and optimised logistics for reaching outer islands are crucial for enhancing the agility and effectiveness of disaster response. Such strategic investments are vital for building resilient communities capable of addressing future challenges.

The evolving institutional framework at the national level, led by the Department of Strategic Policy, Planning & Aid Coordination Unit (DSPPAC), is poised for significant transformation with the implementation of the new Disaster Recovery and Resilience Act. This legislative shift presents both opportunities and challenges for disaster recovery efforts.

On the positive side, one notable strength is the establishment of inter-ministerial recovery meetings, which facilitate collaboration and enhance communication among various government entities. Additionally, the issuance of recovery planning guidance and the alignment of sector-specific recovery plans within a cohesive overarching framework exemplify a strategic approach to disaster recovery. These efforts signify a concerted attempt to create a unified response to crises.

However, weaknesses identified during the response to Tropical Cyclone (TC) Harold highlight critical gaps that must be addressed. The limited surge capacity for information management and monitoring and evaluation (M&E) illustrates a need for immediate improvements. Furthermore, ambiguities surrounding the interfaces with Direct Financing Agreement (DFA) processes and procurement have created inefficiencies that hinder timely recovery efforts. The lack of clear role delineation among line ministries during the transition from crisis response to recovery creates potential overlaps and gaps that could impede progress.

As the provisions of the Disaster Recovery and Resilience Act are operationalised, several priorities must be established to enhance recovery efforts effectively. Firstly, developing codified Standard Operating Procedures (SOPs) for recovery leadership and delineating sector-specific roles will provide clarity and streamline processes. Secondly, implementing a government-led recovery M&E framework coupled with a comprehensive data platform will enhance transparency and accountability. Additionally, establishing a financing architecture that outlines recovery windows, triggers, and fiduciary rules will facilitate timely resource allocation.

Finally, prioritising pre-agreed standards for "Build Back Safer" initiatives, while ensuring protection, inclusivity, and climate resilience, will strengthen the framework against future disasters. Incorporating technical advisers within DSPPAC, alongside time-bound capacity transfer plans, will ensure that knowledge and expertise are effectively embedded within the institutional structure. Collectively, these measures can transform weaknesses into strengths and promote a resilient recovery landscape.

The engagement of DFAT within the recovery system demonstrates a commitment to collaboration, yet it suffers from a lack of coherent execution that fosters fragmentation. Specifically, during the response to Tropical Cyclone Harold, the single Direct Financing Agreement model and parallel contracting mechanisms resulted in overlapping reporting structures, divergent timelines, and conflicting messages directed at both governmental bodies and partner organizations. Additionally, the existence of internal siloes, particularly between humanitarian and development teams, not only prolonged the decision-making process but also hindered adaptive management, complicating responsiveness to evolving needs on the ground. Partners faced increased transaction costs and experienced significant delays in securing approvals for no-cost extensions and adjustments to project scopes, further undermining efficiency.

To enhance operational effectiveness, DFAT would benefit from establishing a singular recovery focal point paired with a unified results framework that aligns objectives across all teams and stakeholders. The adoption of multi-year, flexible financing models with crisis responsiveness could provide the necessary agility for effective resource management.

4. Challenges and examples of good practice

4.1 Examples of good practice

The evaluation identified examples of good practice which highlight strengths and success factors with contributed to the success of the program and broader recovery efforts:

Leveraging local building capability developed though the Vanuatu Skills Partnership

VSP is an Australia-funded development program that builds the capacity of community members to become qualified local builders and plumbers, establishing businesses and serving as contractors who can be sub-contracted by government for infrastructure works. Including VSP as a key partner proved effective, with HRP funding used to stimulate innovation and connect skills development to recovery efforts. Training equipped young men and women with practical skills in construction, plumbing, and electrical work, supporting rebuilding while contributing to local workforce development and longer-term socio-economic benefits beyond immediate recovery. This offers a replicable model for linking 'peacetime' development (non-emergency periods) and recovery initiatives.

Extending World Vision's existing model to seamlessly upscale client-resilient recovery

As part of the Labour Mobility Program, World Vision implements Family Ready, an initiative which supports seasonal workers to construct homes as part of a wider re-integration program. The program supports workers and their families to build climate resilient, accessible and safer homes and is implemented with International Organisation for Migration and the Department of Labor. Under the AHP activation, World Vision used funding to expand its existing program in recover areas, working with directly with provincial government and area council, and the shelter cluster to use its practical 5-day family ready training guide and toolkit tailored for building climate resilient accessible homes in Vanuatu using local materials. The approach enabled World Vision to mobilise quickly and effectively at the community level, without the delays typically associated with designing new programs from scratch.

Embedded procurement support unblocks stalled HRP-funded school construction

Procurement constraints, both systemic and capability-related, have been a significant bottleneck in the construction of schools and facilities funded through the HRP. Recognising this, Save the Children has embedded a dedicated Procurement Advisor within the MoET through its broader, non-HRP partnership funding. The impact has been tangible: nine HRP-funded facilities that had stalled in planning or fallen behind target have since been unblocked and progressed toward completion. This illustrates the multiplier effect of complementary ANGO investment, where strategically placed support beyond HRP funding has directly accelerated the achievement of HRP results and strengthened government systems in the process.

Turning Crisis into opportunity to strengthened Vanuatu's Gender and Protection Cluster system

TC Harold proved to be a catalyst for strengthening Vanuatu's provincial cluster system. Prior to the cyclone, a Gender and Protection Cluster existed but lacked formal operating procedures. The recovery response transformed this, with the cluster evolving to establish three dedicated working groups covering gender, disability, and child protection, each supported by clear terms of reference. In the years since, DoWA and its partners have played a central role in continuously building the skills, knowledge, and capacity of cluster members to understand and address gender and protection issues in disaster contexts, through complementary non-HRP investment. A powerful feature of this model is that all Gender and Protection Cluster members also sit within other clusters (such as WASH and food security) which are now reportedly independently mainstreaming GEDSI across their own workstreams. By investing in the technical and

leadership capabilities of people who understand how disaster response works from the inside, this approach has built a more capable and connected humanitarian architecture, demonstrating the value of sustained capacity investment during non-emergency periods to build a system that is stronger, more cohesive, and better equipped to respond when the next crisis strikes.

Leveraging partner capability to strengthen collective Monitoring and Evaluation

Monitoring, evaluation and learning (MEL) has remained a persistent gap across the HRP, partly due to challenges in securing dedicated, ongoing MEL support. To partially address this, the program took a pragmatic and resourceful approach, drawing on the strong internal MEL capability of HRP partner VSP, which houses an established M&E unit with proven systems and expertise. VSP supported the DRCU to facilitate a participatory workshop to develop a TC Harold Recovery Theory of Change, designed to strengthen collective understanding of how the combined efforts of implementing partners contribute to broader recovery outcomes. The process deepened partner understanding of how their individual workstreams fit within the larger recovery picture and how they drive change together. While this occurred relatively late in the program cycle in August 2024, it demonstrates the value of strategically leveraging the strengths of high-capability partners to fill critical gaps and elevate the collective effort. It also speaks to the commitment of partners willing to contribute beyond their defined project roles in pursuit of shared goals.

4.2 Challenges

The evaluation team acknowledges that the HRP was implemented in a changing context, and that challenges are to be expected. Understanding and acknowledgement of the context was factored into the analysis and assessment of findings, however the following set of key challenges are outlined to signpost design elements that require heightened attention in future programming:

Lack of focus on timeliness as a design imperative

Effective recovery demands speed, yet timeliness was neither embedded in the HRP's EOPOs nor given sufficient weight in the program's design. The program experienced significant delays and stalled implementation across multiple areas, driven by a combination of systemic and capacity-related bottlenecks. In the first year, line ministries were unable to access funds through DSPPAC, while strained procurement capacity within ministries further slowed progress. The absence of technical specialists on initial assessment teams also created downstream delays, pushing back tender processes and implementation timelines. Throughout these challenges, the program lacked a clear and proactive approach for maintaining the pace of recovery without compromising quality. Future program design must treat timeliness as a core performance dimension, explicitly built into program logic, monitoring frameworks and risk management, recognising that delays in recovery contexts have real human costs.

GEDSI not fully embedded, resourced or treated a shared responsibility across the HRP

Despite its importance in recovery contexts, GEDSI remained a persistent gap throughout the HRP. The program began without an overarching GEDSI analysis or strategy to guide implementation, and no dedicated GEDSI resourcing was initially secured[5]. While GEDSI was embedded through support to AHP partners and VSP, with pockets of good practice emerging, this represented a relatively small proportion of overall funding and reach. An effort was made by DFAT to deploy a 6 month Australia Assists GEDSI Adviser working across DSSPAC and DoWA. However, there was no real expectation or effort with the main DFA funding allocation that the GoV was required to embed GEDSI, which was seen to be the purview of AHP partners. Compounding this, no funding was directed to DoWA. As a result, the program fell short of

[5] While a GEDSI advisor was recruited, they were re-deployed to other duties soon after, and subsequent efforts to recruit a GEDSI advisor were unsuccessful, with the role remaining vacant over the project period.

positioning GEDSI as a shared responsibility and a non-negotiable standard across all funding streams and missed an opportunity to harness the substantial GEDSI expertise that DoWA and civil society organisations could have contributed to the GoV program elements, whether through expertise, sharing lessons and insights from practice, or by forging programmatic links.

An under-resourced MEL framework limited accountability and learning

The HRP's monitoring, evaluation, and learning framework was insufficiently resourced to meet the demands of the recovery program. It was unrealistic to expect the GoV Coordination Unit in DSPPAC and line ministries to report against program outcomes and satisfy DFAT's minimum compliance requirements without dedicated MEL support and technical assistance. In the absence of this, DSPPAC was left to compile disparate data from across participating line ministries, a significant burden with limited capacity to carry it. While a quarterly reporting template was developed to bring some consistency, program reports largely draw on data that is available within line ministries and summarise activity progress, rather than reporting systematically against EOPOs or providing DFAT with consistent, aggregated financial datasets. This limited DFAT's ability to perform meaningful oversight and quality assurance. More broadly, the weakness of the MEL framework meant that data was neither consistently captured or used to drive improvements or inform decision-making, creating accountability risks and reducing the overall efficiency and effectiveness of the program.

Designed in isolation rather than as part of a longer-term recovery system

TC Harold struck a country already navigating the aftermath of TC Pam, and was followed during the recovery period by TC Judy, TC Kevin, a significant earthquake, and the COVID-19 pandemic. Yet the HRP was conceived and designed largely as a standalone intervention, without being anchored within a longer-term platform for disaster preparedness, response and recovery. This meant that each new crisis required fresh design processes, delayed activation, and duplicated effort, with the gap between emergency response and recovery stretching to three or four years in some sectors. A more sustainable approach would position recovery funding as a top-up to a pre-existing, longer-term program that embeds a focus on building ongoing institutional capability between disasters.

Gaps in national-level sector coordination with civil society

While recovery coordination amongst a diverse range of stakeholders' functions well at the provincial and community level, strong coordination is lacking in this area at the national level. Civil society and NGO actors, who bring significant technical expertise and community reach, are not systematically engaged by government in national recovery planning and coordination. This is compounded by political sensitivities around the role of NGOs, frequent government transitions, and a public service that lacked the continuity and mandate to take on a proactive coordination role. While DFAT can support and encourage stronger coordination, assuming that role itself risks undermining the ownership and institutional legitimacy that the program sought to strengthen.

Insufficient contractor quality assurance and technical oversight to ensure Build Back Better Standards

Evidence from the water and infrastructure case studies points to a significant gap in contractor oversight and quality assurance throughout the program. For example, at the Melsisi Water Supply project, community members identified instances where water pipelines and electrical power lines were installed in the same trench or crossing one another in contravention of standard utility separation requirements, and where pipes were laid at insufficient depth, leaving them vulnerable to damage from routine roadworks and other surface activities. Residents consistently raised concerns about the technical capacity of contractors, calling for stronger pre-qualification assessments, performance guarantees, and closer construction supervision. These issues are not isolated but reflect a broader program-level gap in the systems and

resources needed to enforce quality standards throughout the construction process. Without robust technical oversight, the aspiration to "build back better" risks being undermined in practice, with communities left with infrastructure that may be structurally improved but technically flawed. Future programs must invest in dedicated construction supervision, clear quality standards, and contractor accountability mechanisms from the outset.

5. Overall Conclusions and Recommendations

5.1 Overall conclusions

Australia's support for GOV recovery to TC Harold effected catalytic change in the institutional arrangements and system capacity for humanitarian response and recovery in Vanuatu which was critical for subsequent disasters (COVID, TC Judy and Kevin, and the earthquake). However, overall progress is less than hoped for at design, with only modest progress made towards restoring infrastructure in water, education and health in affected communities, given implementation was made more difficult due to the disruptions during the period. Only around half the $18.5 million allocation had been expended after four years, and there is a significant gap in services for communities from the response to recovery activities. It was unrealistic to expect that the GOV Coordination Unit in DSSPAC and line ministries would be able to disburse funds and manage implementation given that the program did not provide for the technical assistance and project management support in finance, GEDSI, M&E and procurement that is provided in equivalent scale programs using a DFA modality.

5.2 Lessons learned

The evaluation identified the following lessons learned for DFAT's consideration when designing and supporting future recovery programs in Vanuatu:

- **Recovery programs to individual disasters need to be designed and implemented in the context of an ongoing cycle of disaster response,** recovery and building resilience, so that efforts contribute to overall system strengthening and institutional capacity, rather than as isolated interventions.
- **A whole-of-Post approach to drawing on political economy analysis to inform decision making for individual programs** in a highly adaptive and flexible manner in real time is needed to avoid 'set and forget' designs in a rapidly changing context.
- **DFAT needs to engage at a senior political level of oversight with GoV counterparts** and influence to sustain original intent and agreements behind DFA arrangements and effect change in governance and performance.
- **Skilled and adept program managers in DFAT need to be empowered** to adjust programs during implementation, with each program requiring different approaches at different times to deal with local complexity (including political dynamics that locally engaged staff are well attuned to) and changing circumstances and stakeholders.
- **Recovery programs must carefully weigh the trade-offs of working through government systems under strain** when selecting modalities and be designed from the outset to account for who bears the cost of foreseeable risks, ensuring that disaster-affected communities are not left to absorb the consequences of delays and systemic bottlenecks.
- **Positioning DFAT's support with a clear understanding of the wider recovery effort, including the scope and funding of other donors, is essential** to ensure donor alignment, transparency in the use of Australian aid funds, and an accurate assessment of Australia's contribution to an overall recovery.
- **Recovery programs that focus solely on infrastructure risk overlooking the broader determinants of effective recovery** including food security, housing, trained personnel, and community capability, and

should consider options across the wider recovery ecosystem, so that investments address the most critical needs rather than defaulting to what is most visible or straight-forward to deliver and measure.

- **Recovery programs need to simultaneously be designed from a bottom-up lens**, whereby important lessons from TC Harold implementation at Area Council and Provincial levels are core to informing broader recovery arrangements, and the decentralisation agenda critically important to future recovery efforts.
- **Differentiated arrangements are required across line ministries** to account for the significant variation in infrastructure delivery capacity (including procurement systems, contractor panels, and the availability of engineers and supervisors) as applying a uniform implementation model risks variable levels of progress and outcomes.
- **The establishment of Project Management Units in line Ministries is an effective way to strengthen implementation.** It is highly likely that there will be ongoing disaster management and recovery work for health, education, water and other Ministries where enhanced capacity in procurement, design, planning, budgeting and reporting, particularly for external donor and additional GOV funding will be required. The PMUs that were established over the life of the program were effective mechanisms for supporting officials to implement programs outside of their day-to-day operations.

The evaluation identified the following lessons learned for DFAT, program partners and broader sector stakeholders in the design and implementation of recovery programs in Vanuatu:

- **Sustainable community-management and operation of public amenities such as community water systems need to be put in place with sufficient attention to governance structures,** equitable cost-sharing arrangements; where financial responsibility falls disproportionately on a small number of permanent residents while other users are exempt from contributing, the long-term viability of the system and community trust in its governance are put at risk.
- **Effective recovery infrastructure requires more than the physical replacement of damaged assets**; lasting accessibility and community uptake depend equally on strengthening institutional coordination, deepening community ownership, promoting inclusive practices, and ensuring that infrastructure investment is complemented by sustained commitment to human resources and essential services that rebuild public confidence over time.
- **Effective contractor selection and construction oversight are as critical** to the long-term functionality of infrastructure as the technical design itself, whereby when pre-qualification assessments, performance guarantees, and on-site supervision are absent, preventable defects can create ongoing safety risks and costly disruptions to service.
- **Strong multi-stakeholder coordination across local government, NGOs, technical service providers, and community representatives significantly enhances a program's ability to respond** rapidly to operational failures; where these relationships are established and maintained from the outset, issues that might otherwise cause prolonged service disruption can be resolved within hours rather than weeks.
- **Rebuilding damaged infrastructure is a necessary but insufficient condition for sustainable recovery**; where physical reconstruction is not complemented by parallel investment in staffing and materials, essential supplies, and operational services, communities are left with facilities that are structurally improved but no more functional or effective than before. Infrastructure investment must be paired with targeted commitment to the human resources and service delivery conditions to translate rebuilt assets into lasting improvements in community wellbeing.

5.3 Recommendations

The following **general recommendations** arise for DFAT and the GOV in design and planning future recovery efforts:

1. **Future DFA agreements should consider the accompanying technical and project management support that is required, particularly finance, procurement, GEDSI and M&E.**

   This support may be structured in varying ways, drawing on the experience of other DFAT/GOV programs (where the support cost is almost 50:50 to the DFA allocation). It could be expected that the technical support and management costs would amount to at least 25% of the value of the DFA in most circumstances. Options for providing this support could include funding internal GOV positions, providing individual TA through Australia Assists or other human resources only support, to utilising services of a Contractor. The draft forthcoming Humanitarian Program would be well placed to manage this support across all response and recovery efforts.

2. **The balance of funding in future Recovery programs between using DFA and AHP (or other contractor-led/NGO-led) responses should be more evenly weighted to balance policy imperative and government systems strengthening with efficiency in delivery.**

   It is clear that partners outside the government system, but working alongside government, were more efficient and effective in program delivery, although not at scale. The balance between working through partner systems and funding NGO partners could be as high as 50:50 but start at least at 75% GOV system to 25% delivery led by NGOs and other partners. While there have been sensitivities related to development partners working directly through NGOs and CSOs under different governments in Vanuatu, the role of civil society in service provision and development has matured over time, and DFATs range of implementation modalities has broadened to include direct funding agreements with Governments as well as Contractor arrangements.

3. **There should be a specific funding allocation for the Department of Women's Affairs in future recovery efforts (in addition to key sectoral ministries), given enhanced capacity and catalytic role emerging in supporting sector clusters and Provincial and Area Council planning and delivery.**

   The Department of Women's Affairs in Vanuatu has strengthened capacity and demonstrated effectiveness in working with government and NGO colleagues to advance safeguards for women children and strengthening GEDSI integration. DFAT and GOV should ensure a direct funding allocation to the DOWA in future recovery efforts. This could be relatively small amounts of funds for key GEDSI officers and Advisers to support broader programming efforts, or may include funding for activity implementation as appropriate.

4. **The GoV through DSSPAC Coordination Unit should continue to refresh their institutional arrangements and responsibilities in light of the Disaster Recovery and Resilience Act, and update their approach to utilising DP funds and coordination with line Ministries. This work is already underway.**

   The Disaster Recovery and Resilience Act reinforce the primary role of the DSSPAC Coordination Unit as a policy coordination entity. It is clear from the evaluation that DSSPAC was not well positioned to directly manage implementation. While the Coordination Unit needs to remain central to the relationship with DFAT for design and planning of recovery efforts within a coordinated government framework and priorities, DFA funding can be allocated directly to line Ministries as a 'top up' to existing arrangements, with allocations for technical and program management support made to the existing Contractor or other support arrangements for sector programs.

5. **Future Recovery Funding could be structured as a 'top-up' to an existing, longer-term program of support to enhance longer term resilience and institutional sustainability.**

   DFAT needs to consider how to support a standing and ongoing institutional strengthening and capacity building effort for recovery that builds on the existing arrangements for response. The 2025 draft Humanitarian program design (Hari Up) is the ideal vehicle to structure this approach, acknowledging that it may be incorporated into a broader programming and contracting approach.

6. **DFAT should strengthen its capacity to be agile in program management, making real time adjustments to structures and implementation strategies according to changes in circumstances and progress.**

   The early signs that this program was not able to deliver on expectations were identified but not adequately acted upon. Program Management staff in DFAT did not have the delegated authority or support to make more decisive changes to implementation arrangements, for example re-allocating funds to provide more operational support, or re-negotiating governance arrangements. Internal capacity building and stronger management actions are required to respond in future situations.

The following **specific recommendation** is made concerning the future of the TC Harold program:

7. **The TCH Recovery Program should end on 30 June 2026 in line with the original agreement and design. Unspent funds in the DFA Trust Fund should be re-allocated by the NRC with DFAT approval to the relevant line Ministries for specific Activities as part of their ongoing work program and incorporated into their Business Plans.**

   DFAT should close the program and negotiate with the GOV to commit the unspent funds as a contribution to sector budget support as at 1 July 2027. DFAT should manage these funds as a 'top up' to existing sector support programs (in health, education and water supply) and included in the M&E and financial reporting arrangements of those programs. Line Ministries have plans in place to utilise the unspent funds, but ongoing management and implementation from the DSSPAC CU is not warranted, nor is DFATs transaction cost and effort in improving performance or effectiveness of the TC Harold response as a stand-alone program. A financial statement as at 30 June from the GOV on status of funds remaining and allocations to line Ministries in the next budget cycle, with ongoing monitoring and reporting by DFAT sector programs will provide accountability for completion of the program. Funding will be allocated and disbursed as part of the Ministries' ongoing business plans.

No further effort on M&E, GEDSI or procurement should be supported specifically for TC Harold Recovery program. Any support required by line Ministries would be as part of DFATs ongoing sector programs.

This Evaluation Report should be accompanied by a FIMR prepared for 30 June with additional information provided by DSSPAC CU at the completion date.

6. Annexes

6.1 Annex A: Case Studies

Case Study 1: Education Recovery on Pentecost Island

Schools: Melsisi Primary School, Pangi Primary School, Rangusuk Primary School, Bai-Barrier Primary School

In April 2020, Tropical Cyclone Harold caused extensive destruction across Vanuatu, severely damaging education infrastructure on Pentecost Island. Many classrooms lost roofs, buildings were structurally weakened, and furniture was destroyed. As a result, students were left without safe and appropriate learning spaces, disrupting both attendance and educational continuity. In response, the Government of Vanuatu, with support from the Government of Australia, implemented the Tropical Cyclone Harold Recovery Program to rebuild and repair priority school facilities. A joint evaluation mission later visited Pentecost Island to assess progress and gather perspectives from school leaders, teachers, parents, and community representatives regarding the program's impact.

Across Melsisi, Pangi, Rangusuk, and Bai-Barrier Primary Schools, the recovery process shared common features: infrastructure reconstruction, improved safety standards, and strong community engagement. However, each school also presented distinct contextual challenges and outcomes.

At Melsisi Primary School, which serves students from primary level through Year 14, two new cyclone- and earthquake-resistant classrooms were constructed for primary students. The improved facilities significantly strengthened the school's resilience to future natural hazards, reflecting a shift from simple restoration to "building back better." By 2026, enrolment had risen to 254 students, including 54 kindergarten children. This increase suggests renewed confidence among families in the safety and stability of the school environment. Teachers reported that new desks and chairs enhanced comfort and reduced classroom congestion, contributing to improved student focus. Parents expressed appreciation that education remained a national priority even during post-disaster recovery.

Despite these gains, Melsisi continues to face structural constraints that affect education quality. These include a shortage of qualified teachers, limited teaching and learning materials, inadequate lighting in some classrooms, and a damaged ablution block that requires urgent replacement. These gaps highlight that infrastructure recovery, while essential, must be complemented by sustained investment in human resources and essential services to achieve long-term improvements in learning outcomes.

At Pangi Primary School, cyclone destroyed the primary classroom block. Through the recovery program, a new classroom building was constructed, allowing students to resume learning in safer and more stable conditions. Teachers observed improved attendance and greater student concentration once the new facilities were operational. Importantly, parents increased their participation in school meetings and contributed to maintenance activities. This growing community ownership strengthens sustainability and reduces the risk that facilities will deteriorate due to neglect.

Rangusuk Primary School also benefited from infrastructure upgrades that improved classroom safety and weather resilience. Prior to the repairs, heavy rainfall and strong winds frequently disrupted lessons and exposed students to unsafe conditions. The upgraded buildings now provide stronger protection against extreme weather events, contributing to continuity of learning. Community leaders, including chiefs and church representatives, were actively involved in planning and oversight. Their engagement ensured that local priorities were reflected in project implementation and reinforced accountability. The school chairman noted that at the completion of the project, the entire village gathered to farewell the contractors and

presented them with gifts in appreciation of the quality of work. This gesture symbolised not only satisfaction with the outcome but also strengthened relationships between contractors and the community.

Similarly, Bai-Barrier Primary School received a new classroom and essential furniture. Teachers reported that students appeared more motivated and confident in the improved environment, suggesting that physical learning conditions directly influence student morale and engagement. Parents expressed strong appreciation for the support, recognising education as a foundation for long-term community development. However, like the other schools, Bai-Barrier continues to face limitations in staffing levels, access to teaching materials, and broader educational resources.

Community engagement was a central factor in the program's success across all four schools. Parents, chiefs, church leaders, and school committees participated in consultations, decision-making processes, and project monitoring. Pre-construction awareness sessions clarified the roles and responsibilities of government agencies, contractors, and community members, promoting transparency and shared accountability. This participatory approach enhanced trust and fostered a sense of collective responsibility for maintaining the new facilities.

The recovery program also demonstrated commitment to gender equality and disability inclusion. Classroom designs incorporated improved accessibility features, and teachers received training in inclusive and gender-responsive approaches. Separate and safer toilet facilities were planned or upgraded to ensure privacy and dignity for girls and boys. Women were represented in school governance structures, strengthening gender balance in decision-making. These measures contributed to improved participation, particularly among girls and children with disabilities, and reflect an understanding that resilient infrastructure must be accompanied by inclusive systems.

Effective coordination among the Ministry of Education, local authorities, development partners, and community leaders supported timely implementation and resource accountability. Regular communication and joint monitoring visits enhanced oversight and strengthened partnerships. In addition, training delivered through the Vanuatu Skills Partnership equipped young men and women with practical skills in construction, plumbing, and electrical work. This not only supported rebuilding efforts but also contributed to local workforce development, creating longer-term socio-economic benefits beyond the immediate recovery.

While substantial progress has been achieved, persistent challenges remain across the four schools. These include shortages of qualified teachers, insufficient learning materials, inadequate lighting, damaged or insufficient ablution facilities, and limited access to digital learning tools. Addressing these systemic constraints will be critical to translating infrastructure improvements into sustained gains in educational quality and student achievement.

Overall, the recovery of Melsisi, Pangi, Rangusuk, and Bai-Barrier Primary Schools demonstrates that post-disaster reconstruction is not solely about replacing damaged buildings. It is equally about strengthening institutional coordination, deepening community ownership, promoting inclusive practices, and rebuilding public confidence in essential services. The program has significantly enhanced the safety and resilience of school facilities on Pentecost Island. Most importantly, it has enabled children to return to stable learning environments and continue their education with renewed security and optimism for the future.

Case study 2: Health Facilities

Location: Ranmawat Dispensary, Bai-Barrier Dispensary

In rural Vanuatu, access to quality healthcare is often constrained by geographic isolation, limited infrastructure, and shortages of trained health workers. Within this context, Ranmawat and Baie Barrier dispensaries play a critical role as frontline health facilities, providing essential services and acting as lifelines for their surrounding communities. Their experiences demonstrate how small, community-based facilities can deliver meaningful improvements in health outcomes when services are aligned with local needs.

Both dispensaries have made meaningful progress in expanding access to basic health services, though the pace and approach have differed. At Baie Barrier, construction of the new dispensary building is still ongoing. The contractor has primarily provided technical supervision, while much of the physical labour has been carried out by community members. Church and community leaders have played a central role in mobilising local support, organising work schedules, and allocating tasks. Each Thursday has been set aside as a community workday, during which residents transport building materials from the beach to the construction site and assist with various building activities. While men have largely undertaken the structural work, women—particularly mothers—have contributed by preparing meals for the workers. This collective effort reflects a strong sense of local ownership and shared responsibility for improving health infrastructure.

The registered nurse expressed appreciation to both the Australian and Vanuatu Governments for supporting the construction of the new facility. The new building is larger than the existing one and is designed to provide improved space and functionality. Once completed, it is expected to enhance the quality of services, including maternal and child health care, immunisations, and treatment of common illnesses. Importantly, the upgraded facility includes accommodation and kitchen areas for mothers who travel long distances to give birth, addressing a significant barrier to safe delivery. Compared to the current structure, which offers limited space and privacy, the new building represents a substantial improvement in both service capacity and patient dignity.

In addition to infrastructure improvements, the dispensary has strengthened its referral system with the provincial hospital. Clearer communication channels and better coordination now enable faster transfers for patients requiring specialised care, including emergency obstetric services. In one documented case, a pregnant woman experiencing complications was referred in a timely manner, preventing potentially severe health outcomes. This example illustrates that improvements in health outcomes are not driven by infrastructure alone, but also by stronger systems, coordination, and responsiveness within the broader health network

Despite operating with a smaller workforce, Ranmawat has maintained essential health services under challenging conditions. Focused antenatal and postnatal care has contributed to improved maternal and child health outcomes, while vaccination campaigns have reached households that were previously underserved. Strong relationships with community leaders have helped build trust and encouraged greater use of services, even in the face of limited resources.

Both facilities have faced persistent challenges. Staffing shortages have placed pressure on service delivery, particularly at Baie Barrier, where high workloads have at times slowed patient care. At Ranmawat, limited outreach capacity has meant that some remote households are not consistently reached. Infrastructure constraints, including inadequate waiting areas and unreliable water supply, have further complicated operations. Transport barriers have also affected access to care, especially during emergencies, as poor road conditions make travel difficult for some communities. These challenges highlight the need to address human resource gaps, strengthen supply chains, and invest in infrastructure and transport solutions to ensure equitable and uninterrupted healthcare delivery.

Overall, the dispensaries have been largely successful in responding to community health priorities. At Baie Barrier, vaccination campaigns and preventive services have reduced the risk of communicable diseases, while effective referral systems have ensured timely access to higher-level care when needed. Ranmawat has addressed most basic healthcare needs locally, with a strong emphasis on maternal and child health. Regular home visits for pregnant women and newborns have enabled closer monitoring and early intervention, reducing the need for long and costly travel for basic services, even though some remote households remain difficult to reach.

Community engagement has been central to the success of both facilities. Baie Barrier has worked closely with village chiefs and community representatives to inform service planning, while local volunteers have supported outreach activities such as hygiene promotion and vaccination awareness. At Ranmawat,

collaboration with community leaders has enabled participatory health education sessions, particularly for mothers and caregivers. These interactive approaches have increased attendance, strengthened community ownership, and ensured that health initiatives remain relevant and effective.

Gender and disability considerations have been incorporated into service delivery at both dispensaries. Maternal health services have prioritised women's access to antenatal and postnatal care, while outreach efforts have targeted vulnerable groups, including persons with disabilities. Baie Barrier has adapted services through flexible arrangements, such as home visits for patients unable to travel, while Ranmawat has sought to include persons with disabilities in outreach activities despite logistical constraints. These efforts underline the importance of tailoring services to promote equity and inclusion.

Strong coordination with government agencies, non-government organisations, and community structures has further enhanced service delivery. Baie Barrier has collaborated with the Provincial Health Office and partner organisations to support staff training, manage medical supplies, and implement outreach activities. Ranmawat has similarly relied on support from local authorities and community volunteers to extend services to remote areas and maintain continuity of care. Such collaboration has improved resource mobilisation, expanded service coverage, and reinforced community participation.

The experiences of Ranmawat and Baie Barrier demonstrate that even small, resource-constrained health facilities can achieve meaningful outcomes when supported by strong community engagement and effective coordination with government and partners. Targeted investments in staffing, supplies, infrastructure, outreach, and inclusive approaches will further strengthen primary healthcare delivery, improve maternal and child health, and contribute to better overall wellbeing in rural communities.

Case Study 3: Water Facilities

Location: Melsisi Water Supply

The Melsisi Water Supply project demonstrates how well-planned water infrastructure can deliver wide-ranging social and economic benefits alongside improved health and school outcomes. By providing a reliable source of safe drinking water, the project significantly reduced the time households—particularly women and children—previously spent collecting water from distant or unsafe sources. Prior to the intervention, water collection could take an average of two to three hours per day. The reduction in this burden enabled children to attend school more consistently and allowed women to engage in small-scale income-generating activities, highlighting the project's contribution to broader community wellbeing and livelihoods.

The project's technical success was strongly supported by effective project management and meaningful community participation. Site selection for water points incorporated local knowledge, ensuring year-round accessibility, including during the rainy season. Community members were trained by Vanuatu Skills Partnership in basic system maintenance and water quality monitoring, and local water committees were established to oversee operations. Importantly, these committees included women and youth, strengthening local ownership and reinforcing sustainable management structures. This participatory approach illustrates how combining infrastructure investment with capacity-building enhances long-term functionality.

The challenges identified in this area are largely attributable to weaknesses in infrastructure planning, technical design, and construction oversight. Community members raised concerns that water supply pipelines and electrical power lines have, in several instances, been installed either crossing directly over one another or placed within the same trench. Such practices contravene standard utility separation requirements and increase the risk of service disruption, safety hazards, and costly repairs. In addition, some water pipes have been installed at insufficient depth, leaving them vulnerable to accidental damage from excavation works, road maintenance, or other surface-level activities. For example, during routine

roadworks, shallow-buried pipes were struck by heavy machinery, resulting in temporary water supply interruptions for several households.

Residents also emphasised the importance of strengthening contractor selection and contract management processes. They expressed the view that government authorities should ensure contractors possess adequate technical capacity, appropriate equipment, and sufficient materials before project commencement. Pre-qualification assessments, performance guarantees, and closer supervision during construction were suggested as measures to improve quality assurance and reduce the likelihood of preventable defects.

Despite these challenges, inclusivity emerged as a notable strength of the Melsisi Water Supply Project. Water points were deliberately designed at user-friendly heights to accommodate children and persons with disabilities, including wheelchair users. Furthermore, women were actively encouraged to participate in, and in some cases lead, community water committees. This inclusive governance approach promoted equitable access to both services and decision-making processes, ensuring that project benefits were distributed fairly and did not reinforce pre-existing social inequalities.

Strong multi-stakeholder collaboration also contributed significantly to the project's overall effectiveness. Coordination among local government authorities, non-governmental organisations, technical service providers, and community representatives facilitated resource sharing, joint monitoring, and rapid response to operational issues. For instance, when a water pump malfunctioned during the dry season, coordinated action between local operators, government engineers, and NGO support teams enabled repairs to be completed within 48 hours, thereby minimising service disruption and maintaining community trust in the system. In another case, when a road construction company accidentally damaged a water pipeline, the company accepted full responsibility and financed the necessary repairs, including engaging a qualified plumber to restore the service promptly.

Several mothers interviewed during the assessment raised concerns about the management and fairness of the community water system. Under the current arrangement, each household residing in Melsisi is required to contribute a monthly fee of VUV 300 to support the operation and maintenance of the water supply. This fee is collected by the community water committee and is primarily used to cover maintenance costs, including minor repairs, replacement of damaged pipes and taps, and general upkeep of the system.

However, Melsisi serves as a central hub administered by the Catholic authorities and hosts regular worship services at the Melsisi Cathedral Church. On weekends, large numbers of church members travel from surrounding villages to attend services. During these gatherings, water from the community system is frequently used for drinking, cooking, washing, and cleaning. Despite benefiting from the water supply, visiting worshippers are not required to contribute to the monthly maintenance fee.

Residents expressed that this arrangement feels inequitable. They believe that the financial responsibility for sustaining the water system falls disproportionately on the small number of households permanently living in Melsisi, while weekend visitors—who also place additional demand on the system—are exempt from contributing. Some mothers noted that water consumption increases significantly on Sundays, occasionally leading to lower water pressure or faster wear and tear on infrastructure. They suggested that a more inclusive contribution system, such as a small collection during church services or support from church authorities, could promote a stronger sense of shared responsibility and ensure the long-term sustainability of the water supply. The other option is to install meter system.

Overall, the Melsisi Water Supply project illustrates that successful water infrastructure initiatives depend on more than technical solutions alone. Key enabling factors included sustained community engagement to foster ownership, inclusive design to address gender and disability considerations, capacity-building to support local management, strong stakeholder coordination to ensure accountability and technical support, and proactive risk management and communication to address logistical and expectation-related challenges.

This case study provides practical lessons for future programming. Integrating these elements from the planning phase can significantly enhance impact, sustainability, and equity, positioning similar water supply projects as scalable and replicable models for other rural and semi-urban communities.

6.2 Annex B: Methodology

Evaluation purpose

The purpose of the evaluation is to assess the effectiveness and efficiency of the TC HRP and identify opportunities for strengthening program delivery if the program is extended. DFAT has identified three interconnected purposes for this evaluation:

- Accountability – to provide stakeholders with an assessment of HRP's effectiveness in achieving outcomes and efficiently delivering recovery support through the DFA modality between 2021 and 2025.
- Program improvement and lessons learned – to provide stakeholders with insights into possible adjustments to strengthen the program if extended, including improvements to the modality, program delivery, and investment-level monitoring and evaluation.
- Future strategic direction – to provide DFAT and GoV stakeholders with analysis, options, and recommendations on how Australia can most effectively support recovery efforts through government systems in Vanuatu, including lessons applicable to future DFA programming.

The primary intended audience for the evaluation is DFAT's Port Vila Post, particularly those managing the humanitarian portfolio and programs utilising DFAs. Rather than providing a traditional summative evaluation, this review serves as a strategic management tool to inform implementation decisions for the potential two-year extension period.

Secondary audiences include the Department of Strategic Policy Planning and Aid Coordination (DSPPAC) and the Disaster Recovery Coordination Unit (DRCU) as the primary implementing partner, other programs at Post delivering through DFAs, and the National Recovery Committee.

Key evaluation questions

The evaluation team developed four key evaluation questions aligned with the Terms of Reference, with sub-questions serving as a guide for investigation.

Q1: To what extent have the End of Program Outcomes been achieved and how significant and relevant are these outcomes?

Sub-evaluation questions:

a) To what extent has the program succeeded in restoring growth and social development in cyclone-impacted areas?
b) To what extent did the program produce results for women, children, and people with disabilities (GEDSI outcomes)?
c) What approaches appeared to produce better results than others, and why?
d) To what extent has the program met the needs and priorities of GoV, line ministries, and affected communities, and how satisfied are local stakeholders with the outcomes and project (DSPPAC/DRCU, line ministries, VSP, NGOs, and community)?
e) What has been challenging and to what extent have these challenges been addressed?

Q2: How effective and efficient has the HRP modality (DFA through PMO) been for delivering recovery outcomes?

Sub-evaluation questions:

a) How well has the DFA modality functioned in practice for channelling funds through government systems, and do the benefits of the modality outweigh the risks and challenges (achieving development results, supporting localisation, and strengthening the bilateral relationship)?
b) How well was the modality designed and delivered to build GoV personnel capacity, and what lessons can be learned to avoiding capacity substitution, and support GoS staff to balance delivery of activities and duties with skills development / absorption in a future program?
c) What have been the strengths and weaknesses of the implementation arrangements (DRCU coordination, line ministry delivery, VSP management, NGO partnerships)?
d) How efficiently was the program able to adapt to changes in the environment (new disasters, political transitions, COVID-19 impacts)?
e) How does the HRP modality compare to alternative delivery approaches for recovery programming (quality and timeliness of delivery, capacity development of GoV staff, achievement of planned results, delivery of core program functions such as GEDSI, MEL and reporting that meets DFAT's standards)?

Q3: How well have program partnerships, coordination mechanisms, and resource allocations functioned?

Sub-evaluation questions:

a) To what extent is the partnership between DFAT, DSPPAC/DRCU, line ministries, VSP, and NGOs functioning effectively?
b) How efficient has resource allocation been across program streams and sectors?
c) What governance and decision-making structures have supported or hindered program performance?
d) How well have funds been absorbed and utilized by line ministries and other recipients?
e) What factors have enabled and prevented effective decision making between partners and resolution of issues arising during implementation (or lack thereof), including protracted issues including to GEDSI and MEL.
f) How well DFAT coordinated (Post, Desk and other centralised support components such as Australia Assists)

Q4: What recommendations are there to strengthen the program if extended and inform future recovery programming through government systems?

Sub-evaluation questions:

a) What changes should be implemented if DFAT extends the program (2026-2028)? Consider:
    - Changes to the modality to ensure the achievement of quality delivery, development outcomes, and strength of bilateral relationships
    - Changes to the program's strategy and implementation arrangements (i.e. TOC and EOPOs, approach to building capacity, governance and joint decision making, project management, GEDSI, MEL, management)
    - Changes to ensure relevance to the current context (i.e. humanitarian, GoV capacity and resources) and policy priorities such as localisation

- Changes to partnerships, including between DFAT and implementing partners, DFAT Post-Desk, and other NGOs, representative groups, community and private sector partners involved in the project.

b) How could program MEL arrangements be strengthened to better capture progress and outcomes (including enhanced capture and analysis of sex and disability disaggregated data, outcomes level and qualitative data), while continuing to use and strengthen partner country MEL systems?

c) What lessons does HRP provide for future use of DFAs in recovery programming in Vanuatu and similar contexts?

d) What adaptations could improve alignment with GoV priorities and enhance program effectiveness?

Evaluation methods

The evaluation adopted a mixed methods and participatory methodology. To answer key evaluation question, various lines of evidence were gathered from a range of sources. Data collection consisted of:

- A desk review of a wide range of program documentation spanning program design and DFA documents, DRCU six-monthly and annual reports and line ministry funding proposals, investment monitoring reports, financial data, activity reports from NGO partners, VSP program reports and outputs, GoV policy documents and recovery strategies, previous evaluation reports and other MEL products.
- Face to face semi-structured and open-ended interviews and discussions in Port Villa, with stakeholders based in Vanuatu from 8-17 December 2025.
- Presentation of the Aide Memoir and feedback and verification meeting with the DFAT Port Villa Post and DRCU-DSPPAC.
- Development of case studies, informed by face-to-face consultations with community members in Pentecost 2-5 February 2026, focusing on sites where substantial reconstruction effort had taken place.

Stakeholder representation

The evaluation engaged a total of 27 respondents (14 men and 13 women) through consultations including individual interviews and group discussions from the following stakeholder groups:

Stakeholder Group	Number of respondents engaged

Australian High Commission staff and DFAT program management staff at Post	• 10 respondents
	  ○ HRP managers (2)
	  ○ Staff managing other investments (7)
	  ○ DHOM (1)

Government of Vanuatu partners and stakeholders	• 10 respondents
	  ○ DRCU-DSPPAC (4)
	  ○ MoET (2)
	  ○ DoWA (1)
	  ○ MoH (1)
	  ○ DoWR (1)

Implementing Partners (MCs and NGOs)	• 7 respondents
	  ○ VSB Partnership (1)
	  ○ Care Vanuatu (2)
	  ○ World Vision (2)
	  ○ Save the Children (2)

Project Stakeholders / Community members	• 11 respondents
	  ○ School principals (3)
	  ○ Nurses and health committee members (3)
	  ○ Market vendors (1)
	  ○ Central and area council administrators (4)

Other sector stakeholders (private contractors and donors)	• 3 respondents
	  ○ Civil Engineer (2)
	  ○ MFAT (1)

Data analysis and the formulation of judgements

Existing and new data was analysed iteratively over the course of the evaluation, with the team undertaking reflection at the end of each day. A structured reflection was held at the end of the in-country visit to analyse findings against the key evaluation questions and develop preliminary findings and recommendations. The associated Aide Memoire was presented and discussed with the DFAT Post and DRCU-DSPPAC personnel in a series of verification meetings in country. The evaluation team has ensured independence by holding responsibility for final determinations and judgements presented in this report.

Limitations

There were several limiting factors which need to be considered alongside the findings and analysis presented in this report. The limitations include:

- **Time and resources constraints**: A 10 days in-country limited the number of interviews that could be conducted. In-country meetings commenced with a short lead time to engage with stakeholders and schedule interviews. Budget and time constraints limited outer island visits, noting that the evaluation team prioritised a visit to Pentecost.

- **Stakeholder availability:** The timing of the evaluation around the Christmas period created scheduling conflicts that limited access to some key stakeholders. While Post made every effort to arrange meetings with the range of stakeholders, many interviewees cancelled scheduled interviews in the late stages, resulting in a smaller number of interviews being conducted than planned.
- **Weather impacting on travel:** While the evaluation team was scheduled to fly to Pentecost during the in-country mission, the flight was cancelled due to bad weather. However, the national member for the evaluation team and a DFAT staff member travelled to Pentecost in February 2026 to conduct site visits and meet with community members. While this trip was after the Aide Memoir was produced, data obtained through this visit has been integrated into the evaluation report.
- **MEL and data gaps:** The lack of an agreed MEL framework from the outset of the program meant limited baseline and progress data existed, particularly at the outcomes level. In addition, inconsistent reporting in relation to planned outputs and budget spend by line ministries using standardised budget line items made aggregating project results and financial data challenging. While the evaluation findings drew on available program documentation and reports, the evaluation findings are strongly reliant on qualitative assessment and stakeholder perceptions due to limited quantitative outcomes data.
- **Time lag and contextual factors:** TC Harold took place in 2020, five years prior to the evaluation, with a series of multiple natural disasters striking Vanuatu post TC Harold. As a result, some stakeholders experienced difficulty in recalling and differentiating between TC Harold and other responses. In these instances, the evaluation team captured insights related to broader recovery programs and context in Vanuatu. Only information directly attributable to TC Harold was included in the analysis of progress and outcomes.