



## Hunga Tonga- Hunga Ha'apai Disaster Response Program End of Program Evaluation Evaluation Report

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## Acronyms

<b>BHA</b>	USAID's Bureau of Humanitarian Assistance
<b>CHS</b>	Core Humanitarian Standard
<b>CHAF</b>	Canadian Humanitarian Assistance Fund
<b>CDP</b>	Centre for Disaster Philanthropy
<b>CoLAB</b>	Collaborate Consulting Pte Ltd
<b>EPP</b>	Emergency Preparedness Plan
<b>FGD</b>	Focus Group Discussion
<b>GBV</b>	Gender Based Violence
<b>GEDSI</b>	Gender Equality, Disability and Social Inclusion
<b>INGO</b>	International Non-Governmental Organisation
<b>KII</b>	Key Informant Interview
<b>MEAL</b>	Monitoring, Evaluation, Accountability and Learning
<b>MIA</b>	Ministry of Internal Affairs
<b>MORDI TT</b>	Mainstreaming Of Rural Development Innovation Tonga Trust
<b>NATA</b>	Naunau 'o e 'Alamaite Tonga Association Incorporated
<b>NDRMO</b>	National Disaster Management Response Office
<b>USAID/OFDA</b>	USAID's Office of U.S. Foreign Disaster Assistance
<b>OPD</b>	Organisation of Persons with Disabilities
<b>PDM</b>	Post Distribution Monitoring
<b>PI</b>	Phone Interview
<b>PPU</b>	CARE Australia Pacific Partnership Unit
<b>PSS</b>	Psychosocial Support
<b>PSEA</b>	Prevention of Sexual Exploitation and Abuse
<b>PSEAH</b>	Protection from Sexual Exploitation, Abuse and Harassment
<b>TC</b>	Tropical Cyclone
<b>TNYC</b>	Tonga National Youth Congress
<b>TOR</b>	Terms of Reference
<b>TTI</b>	Tupou Tertiary Institute
<b>WASH</b>	Water, Sanitation and Hygiene

## Acknowledgements

The evaluation team would like to express heartfelt appreciation to all those who shared their time, experience, and expertise to make the Hunga Tonga- Hunga Ha'apai (HTHH) Disaster Response Program End of Program Evaluation possible, particularly staff representatives from partner organisations - CARE Australia (CARE), Mainstreaming of Rural Development Innovation Tonga Trust (MORDI TT) and Talitha Project - implementing the project.

The evaluation team is deeply grateful to individuals and communities who participated in interviews and focus group discussions. We appreciate that having these discussions are still very sensitive as individuals, institutions and communities are still rebuilding their lives and processing the traumatic experience that was the HTHH disaster. The information they have shared has greatly contributed to understanding how the program was implemented, the achievements of the program and how the partnership between CARE, MORDI TT and Talitha Project supported a successful locally led humanitarian response.

Special thanks to the Evaluation Steering Committee: Siobhan Talty from The ME (AL) T.A., Crystal AD 'Ake from MORDI TT and Tasa Havea from Talitha Project for the overall support and guidance during the evaluation as well as facilitating introductions to the key stakeholders for interviews and focus group discussions.

# Executive Summary

## Introduction

This Evaluation Report presents the end of program evaluation (the evaluation) of the Hunga Tonga-Hunga Ha'apai Disaster Response Program (the program), implemented in partnership by CARE Australia, MORDI TT and Talitha Project (the partnership). The evaluation was conducted between July- November 2023 by Iris Low and Leaine Robinson (Collaborate Consulting Pte. Ltd (CoLAB)); Katrina Fatiaki (Tapuaki Mei Langi Consultancy) and Dr. Rev. 'Ungatea Kata and Ofa Pakalani (Tupou Tertiary Institute). The evaluation focused on evaluating the merit and worth of the program implemented by the partners by identifying the achievements of the program, strengths of the partnership modality to build on, and lessons to inform and improve future humanitarian programming.

## Evaluation objectives

The overarching purpose of the evaluation is primarily for learning and generating knowledge and focused on the following key areas:

- a) Quality and impact for communities.
- b) Gender Equality, Disability and Social Inclusion.
- c) Partnership.
- d) Locally led response.

## Evaluation approach

The evaluation employed a qualitative approach and used methods of multi-stakeholder key informant interviews (KII), focus group discussions (FGD) and phone interviews (PI) and document review. The evaluation included a breadth and depth of inquiry through a review of various program documents and grey literature related to disaster and humanitarian action. Thirty (30) documents were reviewed. Sampling of program stakeholders and communities was purposive to ensure diversity of perspectives and views from across the affected communities assisted by the program, including CARE, MORDI TT and Talitha Project staff, and key stakeholders. A total of sixty-six (66) people (43 female and 23 male) participated in FGDs, KII, and phone interviews.

## Limitations

- *The evaluation sample does not include some groups/communities therefore the evaluation findings does not include the perspectives of some affected communities/groups in the community: reach to outer island communities via phone interviews, particularly with Ha'apai communities assisted by MORDI TT, was challenging due to unstable phone connectivity. Of the five planned PI, the evaluation team were able to conduct two PI with Ha'apai communities and the remaining interviews were conducted with MORDI TT communities in 'Eua. While resourcing to travel to 'Eua and Ha'apai was available, this was not pursued as local evaluation team members were not able to secure domestic travel insurance as this is not available in Tonga. With irregular travel schedules (boat and aeroplane) to the outer islands and no insurance cover (for accidental injury, emergency medical expenses or costs of evacuation) for the local evaluation team, the evaluation team's approach was to conduct phone interviews with sample community representatives from 'Eua and Ha'apai. Regarding disability inclusion, while efforts were made to interview persons with disabilities and participants of the FGD included caregivers of persons with disabilities, no interviews were conducted directly with persons with disabilities. The*



evaluation team attempted to engage persons with disabilities as part of the focus group discussions, and in one instance an interview with a person with a disability was organised however the person was then not available. Reach to persons with disabilities is a broader challenge identified by partners in advancing disability inclusion in Tonga. Learnings and recommendations in disability inclusion are discussed in this report.

- *Competing priorities and unplanned events (funerals, illness) in the community resulted in protracted evaluation timelines:* the impact of this was that two of the communities in the initial sample for MORDI TT communities were not available and were replaced by another two communities. The protracted timelines meant the evaluation team spent longer than anticipated in following up with communities to conduct FGDs' and worked to time sensitive timelines to ensure the data collection was completed within the contract extension period.

## Evaluation findings

### Quality and impact for communities

#### Quality: What is a high-quality humanitarian response?

Outcome statement on what a high-quality humanitarian response is: Affected communities, especially those in most need, including vulnerable and groups often left out of assistance received assistance that is immediate, timely and meets their needs. The type of assistance communities receive is suited to their local context, and organisations providing assistance understand the local context and culture, have the capacity and capability to effectively engage and support communities, and coordinate with relevant government stakeholders. Communities receive clear communication from organisations about the selection process for assistance and they continue to receive assistance that helps to reduce their vulnerability and enhances their resilience.

Based on what stakeholders define as high quality humanitarian response, the evaluation finds that majority of communities, staff, and stakeholders interviewed stated that the assistance provided by CARE, MORDI TT and Talitha Project represents a high-quality humanitarian response as it met affected communities immediate needs (water, agriculture, hygiene kits), reached those in the community who needed assistance the most, was led by local organisations who coordinated and worked with existing national processes and systems in Tonga and who will continue to remain engaged in communities post-disaster to support communities to recover.

#### Impact: What difference did the program make?

The program has made an impact and positive difference to affected communities in helping to address their immediate needs and quality of living and recovery in the aftermath of the volcano and tsunami disaster. The targeted assistance has contributed to communities improved access to clean drinking water and their knowledge and skills on how to maintain Water, Sanitation and Hygiene (WASH) infrastructure; enhanced food security in communities through more options for healthy eating from the community gardens, helping communities to recover quickly, and increased livelihoods for women who sell the surplus produce; motivated communities to work together so that they are better prepared for future disasters and supported different groups (women, young people, adolescent girls, elderly and persons with disabilities) in the community. The program reached 20,182 people (5,593 women; 4,524 girls; 5,149 men and 4,916 boys) across the affected areas of Tongatapu, 'Eua and Ha'apai, with material and technical support to restore community rainwater collection systems, a significant impact in the aftermath of the disaster which left communities without access to clean drinking water.

The program has made a positive contribution to the Tongan government humanitarian response efforts and commitments. The partnership was able to mobilise quickly, providing assistance to address communities' immediate needs in the aftermath of the disaster, and implementing a response that was informed by an assessment of community needs, and delivered in coordination and consultation with relevant national actors, and within existing processes and systems and aligned to good practice humanitarian standards. This approach, in addition to the positive regard that government has of local partners MORDI TT and Talitha Project as humanitarian actors, is a positive indication of program impact. Partners are members of the national cluster groups and provided regular updates to both the National Disaster Management Response Office (NDRMO)<sup>1</sup> and sectoral cluster groups and engaged District and Town Officers when delivering assistance in target communities. The overall impact is that government recognises and values the role of local partners in the response, and as humanitarian actors.

Based on review of donor proposals, subsequent performance reporting and donor commitments to international humanitarian action standards, the evaluation found that the program results demonstrate how the program has achieved the objectives set out in donor proposals, either achieving or exceeding program targets in some instances as reported in program donor reports, and providing assistance that is aligned to donor partner commitments to internationally agreed humanitarian standards. However, the limitation to this finding is that it cannot be triangulated further than secondary data sources as no donor partner (s) were interviewed as part of the evaluation to gather feedback.

#### Gender equality, disability, and social inclusion

##### *Gender equality*

Gender equality was considered throughout the program, in the design, implementation, and subsequent monitoring of the response, through targeted activities and approaches, which has enabled positive outcomes for women and girls in affected communities and strengthened partners (MORDI TT and Talitha Project) capacity and capability for more gender inclusive response programming. The partnership's long-term recovery programming activities offer opportunities to help create more transformative change for communities, in particular women and other vulnerable groups. The partnership implemented specific activities that promoted gender and inclusion including refresher training for 44 partner staff on gender based violence (GBV) mitigation; development of gender equality, diversity and social inclusion (GEDSI) specific tools and analysis (youth, gender, disability, and social inclusion analysis); a GEDSI audit tool; GBV booklets in Tongan and English; and dedicated GEDSI technical specialists who have reviewed activities to ensure gender and inclusion approaches were mainstreamed in activity design and implementation.

This intentional approach to GEDSI has meant that assistance to affected communities was delivered in a way that prioritised vulnerable households in communities, in particular vulnerable groups such as women, adolescent girls, young people, elderly, and persons with disabilities, with a strong and intentional focus on ensuring physical and psychosocial safety of affected groups in the community, underpinned by analysis of the context (for example, the program addressed the anticipated rise in demand for GBV services following the disaster events acknowledging the specific vulnerabilities and risk women and girls face in regard to GBV post-disaster by working with partners to conduct GBV refresher training and training in prevention of sexual exploitation and abuse (PSEA), and providing key information to affected communities), met the needs of affected communities, with

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<sup>1</sup> Formerly known as National Emergency Management Office (NEMO).

communities reflecting that they felt the assistance provided reached those in most need and was targeted, and also contributes to their long-term recovery needs, characteristics of a quality response that ultimately has positive outcomes for communities.

#### *Disability inclusion: progress and learnings*

Disability inclusion was considered in the design, implementation, and subsequent monitoring of the response program through targeted activities and approaches, which has enabled the program to ensure persons with disabilities or households that have persons with disabilities and members of marginalised groups received assistance. At the partnership level, a commitment to GEDSI including through the provision of disability inclusion technical support has helped ensure program outputs and approaches were disability inclusive. There were challenges in reaching persons with disabilities, evidenced by the low disaggregated program data on persons with disabilities in program reporting and sample communities participating in PDM activities reporting low involvement of persons with disabilities in activities.

During the evaluation interpretation workshop partners also reflected that while they engage and work with OPDs, there are challenges related to coordination and data sharing, areas partners continue to strengthen in their engagement with OPDs to ensure they reach persons with disabilities. A further challenge was the ability of the program to engage directly with persons with disabilities to discuss their specific needs, a challenge identified by enumerators during the baseline in locating and screening for persons with disabilities to include in the sample. It is unclear the extent to which the partnership progressed the recommendation identified during the baseline to develop specific screening and interviewing approaches for persons with disabilities.

#### *Partnership*

*The CARE Australia in partnership with MORDI TT and the Talitha Project Hunga Tonga-Hunga Ha'apai volcanic eruption and Tonga tsunami Response Strategy January 2022 – December 2023 (the response strategy)* set out the approach and key principles that the three partners agreed to uphold in the design and implementation of the program. The International Non-Government Organisation (INGO) and Local NGO partnership combined the resources of CARE Australia with the local experience, expertise, and community connections of MORDI TT and Talitha Project. The evaluation found positive key features of the partnership model that supported the delivery of successful results for the program. Positive key features of the partnership model include: the partnership is guided by partnership principles which are articulated in the partnership's response strategy; the partnership had mechanisms in place by which issues of concern can be raised and resolved; the relationship is based on previous strategic partnerships that builds systems and processes based on the goals and ambitions of the partners; project implementation was led by the national organisations in Tonga - MORDI TT and Talitha Project; affected communities had input into the assessment of their own needs and had a say in decisions that affected them; and the flexibility to pivot and adapt was essential to implement a program that responds to the local context.

#### Opportunities to improve the partnership

Identifying opportunities to strengthen a partnership is an essential aspect of maintaining a dynamic and effective collaboration. The evaluation found that CARE, MORDI TT and Talitha Project value the localisation practices adopted for the program and the impact and outcome that was achieved through this approach. Opportunities to strengthen the partnership include 1) increasing mutual understanding of flexibility in grant management; 2) continuing to foster mutual learning during the implementation of the program taking into considerations the context in which partners are



operating in; 3) preparedness of systems and resourcing for emergency Monitoring and Evaluation; 4) continuing to maintain strong and sustainable partnerships outside of specific projects and 5) committing to building in self-care for implementing partners.

### Locally led response

The evaluation found that MORDI TT and Talitha Project were involved throughout the project management cycle demonstrating best practice that promotes effective collaboration, ensuring the response program was contextually relevant, and supporting the sustainability of the investments. In Tonga, MORDI TT and Talitha Project are established and recognised organisations and offered an in-depth understanding of the local context, including cultural nuances, community dynamics and specific needs. In addition, MORDI TT and Talitha Project have established trust and relationships within the community and leveraging these existing networks enhanced the effectiveness and acceptance of the response activities.

A localisation approach means that the partnership worked within the existing approaches, systems, processes in Tonga. The partnership in Tonga places great emphasis on ensuring proactive coordination with Government authorities at the national and sub-national levels. This includes undertaking initial distributions and assessments in close consultation with Town and District Officers and their initial damage assessments. MORDI TT and Talitha Project have close engagement with NDRMO and the Ministry of Internal Affairs and are active members of the UN's Inter-Agency coordination mechanisms, Shelter, WASH, Safety and Protection, and Food Security & Livelihoods Clusters. The partnership has also completed a Rapid Gender Analysis in previous emergency responses to support inclusive emergency response and early recovery activities. MORDI TT and Talitha Project have extensive experience engaging in the system and responding from day one of the disaster.

### Recommendations

Based on evaluation findings, the following recommendations provide key considerations for future programming. The recommendations are based on learnings shared by CARE, MORDI TT and Talitha Project in implementing the response program.

#### Future programming

1. Continue to build on the investments made by the partnership in GEDSI through the provision of dedicated technical support from CARE, and MORDI TT and Talitha Project's existing organisational approaches and commitments to GEDSI, and ensure this approach is tailored to the respective partners approach to GEDSI (MORDI TT- mainstreaming approach to GEDSI and Talitha Project where GEDSI is a core and explicit objective). For example, as a way to support local partner leadership role to promote more inclusive response and recovery programming in Tonga, exploring impact of MORDI TT's agriculture activities on women's role in agriculture beyond food production, and Talitha's work to support the psychosocial needs of children, specifically adolescent girls are opportunities to explore impact on GEDSI at a transformative change level.
2. Document the partnership learning on what works to advance disability inclusion in Tonga given the existing challenges to advance disability inclusion in Tonga and use learnings to inform programming approaches. Review current disability identification approaches to progress disability inclusion in a sensitive way, acknowledging the different disability groups

and impairments (physical, psychosocial) and how the partners can develop specific approaches to better integrate disability inclusion in future humanitarian response.

3. Continue to work with OPDs and explore partnerships based on mutual roles and strengths as a way to help ensure the needs of persons with disabilities inform partners programming and facilitate more direct access to persons with disabilities at the community level. Partnerships with OPDs can facilitate access to persons with disabilities at the community level by working with their members as a way to have more direct engagement with persons with disabilities. Identify other mechanisms within communities that may provide entry points to engage directly with persons with disabilities such as Town Officers, groups in the community such as women's groups or youth groups.
4. Ensure that members of the CARE GEDSI team are included throughout the program cycle not only through the provision of intermittent inputs such as training and technical review of program outputs over program implementation. This will help ensure a more joined up and coordinated approach with the GEDSI team for enhanced program outcomes.
5. Continue to encourage proactive two-way communication in the partnership and invest time to build best partnership practices as these practices create opportunities for the partners to try different ways of working in partnership including ways to navigate challenges, concerns and misunderstandings and establishing ways to promote open and honest conversations.
6. Develop emergency preparedness plans (EPP) at the organisation level, if this does not already exist, to enhance partners preparedness, response, and recovery capabilities in humanitarian settings. To support testing and implementation of the EPP and the ongoing strengthening of the partnership, partners can consider conducting simulation exercises that create scenarios that mimic the conditions of a disaster or emergency to test the plan and as a proactive and strategic investment to building the partners humanitarian response capacity and building a resilient and prepared organisational culture, enabling effective responses to emergencies.
7. Conduct advance discussion around project management and Monitoring, Evaluation, Accountability and Learning (MEAL) in humanitarian response. In future, the partnership can consider mobilising in-country technical MEAL resources to support partners with face-to-face MEAL technical advice, including in centralising project management and monitoring efforts.
8. Integrate self-care support for MORDI TT and Talitha Project, who faced challenging and emotionally demanding situations in their work in future humanitarian response programming. Self-care can be built into the current project management and operational processes of MORDI TT and Talitha Project such as training, human resource management, feedback mechanisms and as a standing agenda in staff and partner meetings.

#### **To inform the partnership approach**

9. Developing a long-term strategic partnership plan that outlines long-term objectives and shared goals for the partnership is crucial. Strengthening of the existing partnership and building on the positive partnership approaches and commitments can allow partners to focus on humanitarian response itself during a humanitarian crisis without being delayed by administrative processes such as establishing agreements or conducting due diligence. Longer term partnerships can also support partners to work across the nexus of development and humanitarian interventions.

**To inform future partnership and localisation approaches**

10. CARE, MORDI TT and Talitha Project should explore opportunities to communicate externally to the Government, national clusters, and other stakeholders in Tonga, donors and to the broader humanitarian sector the locally led approach and best practices taken in this partnership, including showcasing the positive features of its partnership model to support and influence the localisation agenda.

## Introduction

This Evaluation Report presents the end of program evaluation of the Hunga Tonga-Hunga Ha'apai Disaster Response Program (the program), implemented in partnership by CARE Australia, MORDI TT and Talitha Project (the partnership) and activities funded by the USAID's Bureau of Humanitarian Assistance, the Canadian Humanitarian Assistance Fund, CARE Australia, the Centre for Disaster Philanthropy, CARE USA, private donors, and the European Investment Bank. The evaluation focused on evaluating the merit and worth of the program implemented by the partners by identifying the achievements of the program, strengths of the partnership modality to build on, and lessons to inform and improve future humanitarian programming.

The evaluation was commissioned by the partners and conducted July - November 2023. The overarching purpose of the evaluation is primarily for learning and generating knowledge and focused on the following key areas:

- a) Quality and impact for communities.
- b) Gender Equality, Disability and Social Inclusion.
- c) Partnership.
- d) Locally led response.

This report is prepared by the evaluation team, CoLAB, Tapuaki Mei Langi Consultancy and Tupou Tertiary Institute.

The evaluation report has six sections: 1) Introduction; 2) Evaluation background; 3) Findings; 4) Recommendations; 5) Conclusion and 6) Annexes. The evaluation report had been prepared according to the evaluation Terms of Reference (TOR) (See Annex 1).

## Evaluation background

This section provides an overview of the evaluation including limitations.

### Purpose and objectives

The overarching purpose of the evaluation is primarily for learning and generating knowledge. The outputs of the evaluation will be used to communicate both internally and externally what has been learned from the program implementation with the intent to inform and improve future humanitarian program design; the "generating knowledge" aspect acknowledges the partnership model applied in this program and seeks new learning and knowledge around this model to contribute to CARE and the wider humanitarian sector's advancement towards locally led emergency response.

This is important because the partners have a collective interest in understanding the achievements of the program, learning about the strengths on which to build, and building wider awareness of this specific type of partnership modality.

The objective of the consultancy is to evaluate the merit and worth of the program implemented by the partners and will focus on the following key areas:

- a) Quality and impact for communities.
- b) Gender Equality, Disability and Social Inclusion.
- c) Partnership.
- d) Locally led response.

## Key evaluation questions

Informed by the evaluation Terms of Reference (TOR), the evaluation was guided by key evaluation questions to frame the inquiry and write up. The key evaluation questions are set out in the table below against the evaluation criteria area, which are the four values identified by the partnership as integral to good humanitarian response.

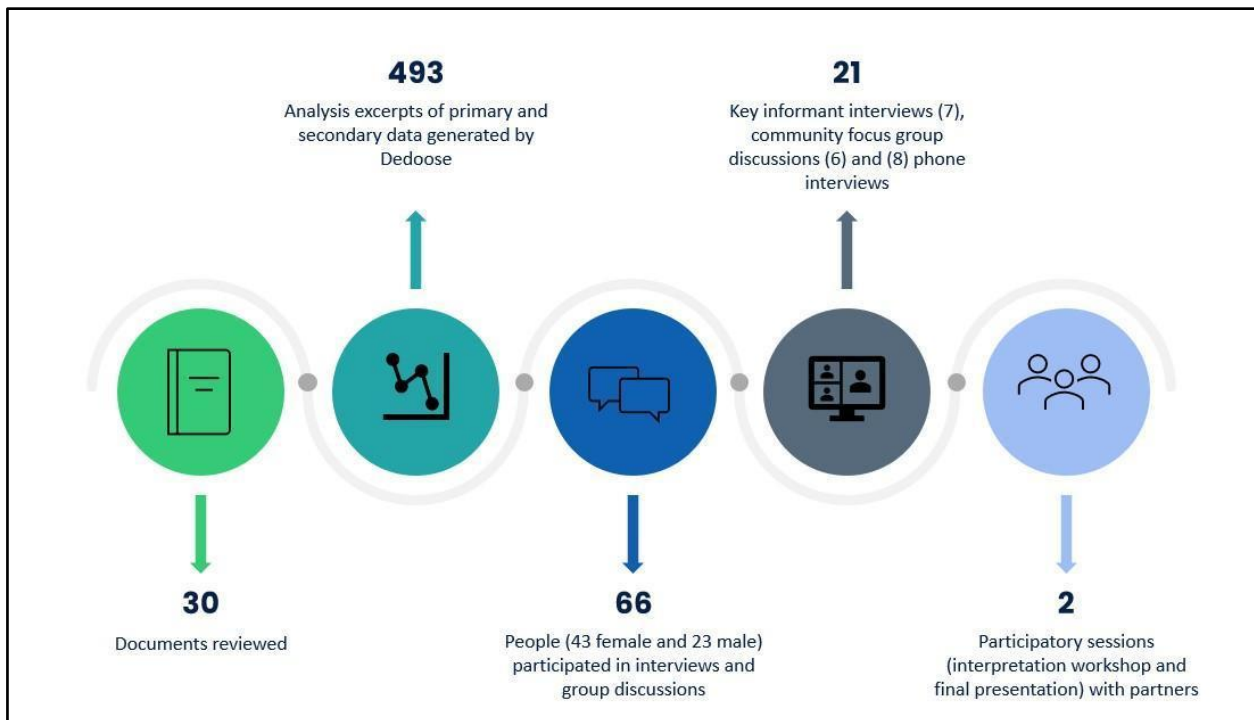
Table 1: Key evaluation questions

<b>Evaluation criteria A: Quality and impact for communities</b>	
<b>Key inquiry area 1: Quality- What does a high-quality humanitarian response look like to communities, staff and stakeholders and to what extent did the program meet those expectations?</b>	
a)	What do communities, staff, and stakeholders define as high quality humanitarian response?
b)	Based on what communities, staff, and stakeholders define as high quality humanitarian response, do they feel that the assistance provided by MORDI/Talitha Project/CARE represents a high-quality humanitarian response, and has assistance met their needs/expectations, including was the right assistance provided to communities? If yes, why/how and if not, why not?
<b>Key inquiry area 2: Impact- What difference has the program made?</b>	
1.	Did the program make a difference to communities? If yes, what difference? If it has not made a difference, why not?
2.	How has the program made a difference to the Tongan government humanitarian response commitments/expectations?
3.	How has the program impact met donor expectations/commitments?
4.	Have there been any unintended outcomes as a result of the response provided, positive or negative?
<b>Evaluation criteria B: Gender equality, disability, and social inclusion</b>	
<b>Key inquiry area 4: Who benefitted from the program?</b>	
a)	How was gender equality considered in the design, implementation, and subsequent monitoring of the response? Was this effective?
b)	How has the response supported disability inclusion and inclusion for other marginalised groups in the affected communities? Was this effective?
c)	Have there been any positive or negative unintended impacts on GEDSI?
<b>Evaluation criteria C: Partnership</b>	
<b>Key inquiry area 5: How did the partnership model address humanitarian needs that were well-targeted and delivered positive outcomes?</b>	
a)	What are the features of the partnership model that have supported achievement of positive results?
b)	What are the opportunities to improve the partnership model?
c)	How have resources (financial and non-financial) been used, in particular the flexible funding? Did this contribute to quality and impactful programming?
<b>Evaluation criteria 4: Locally led response</b>	
<b>Key inquiry area 6: To what extent did the partnership support local leadership of humanitarian action?</b>	
a)	To what extent did partners (MORDI and Talitha Project), stakeholders, and affected communities lead program planning, implementation, and decision-making?
b)	Are there specific advantages or disadvantages from the perspective of local organisations and communities of local organisations being the primary provider of support?
c)	To what extent did the partnership actively seek to work within the existing approaches, systems, processes in Tonga?



## Evaluation approach

Figure 1: Evaluation approach



The evaluation comprised three key phases. The first phase, the inception phase, included initial meetings and subsequent discussions with the Evaluation Steering Committee which comprised staff from CARE, MORDI TT and Talitha Project. These discussions helped to clarify the expectations, scope, and background to evaluation. An inception report was produced to outline the principles, methodology and approach to information and data gathering.

The second phase, the data collection, analysis, and sense-making phase included a review of thirty documents (30) and seven (7) KII with key informants from the partners (CARE, MORDI TT and Talitha Project), government and civil society; and six (6) focus group discussions and eight (8) phone interviews with communities. A total of sixty-six (66) people (43 female and 23 male) participated in FGDs, KII, and phone interviews.

The sample communities represented communities that were assisted by MORDI TT and Talitha Project and were decided in consultation with partners MORDI TT and Talitha Project using sampling criteria as a guide for deciding the sample communities. The program sites were diverse and geographically spread across Tongatapu, 'Eua and Ha'apai. Using the full list of communities that the response program assisted as the starting point, the evaluation lead in Tonga then worked with partners MORDI TT and Talitha Project, and in liaison with Town Officers, to select communities across the target locations. The following key criteria also guided how and who from communities were selected:

- Ensuring geographical representation in Tongatapu by selecting communities across Central Nuku'alofa, to the Western side and Eastern side.
- Communities who have not been part of previous program survey (baseline and PDM).
- Prioritising communities that received multiple forms of assistance from the program.

- Communities where access to diverse representation of men, women, youth, persons with disabilities, gender minorities (if possible) is more likely.
- Locations that are accessible/safe in terms of evaluation team safety.
- Sample that is proportionate to the time available to conduct data collection.

Ensuring the evaluation captured the voices of men, women and youth including other groups (persons with disabilities and elderly) was a priority, and so specific sampling within communities was applied to further refine the sample. For example, for the three MORDI TT-assisted communities that were sampled, a FGD was conducted for men, women, and youth respectively and people for the FGD were identified in consultation with MORDI TT staff who had a list of people who received support. This list was also verified by Town Officers. Similarly, the sample communities for 'Eua and Ha'apai targeted representatives from home garden and cluster farm groups, two key activities MORDI conducted in outer island communities, with partners providing a list of people and the evaluation team calling people for interview. Due to connection issues, as telecommunications has not been fully restored to outer island communities, the evaluation team conducted phone interviews with whoever from the list they called and had a stable phone connection to conduct the interview. Talitha Project sample communities were mixed and included both men and women, which was identified as an appropriate approach by the partner, and phone interviews were with representatives who were available for interviews and focused on 'Eua where Talitha Project implemented activities.

The sample for program partners was selected by identifying two representatives from each partner organisation who were staff directly involved in program implementation. Key stakeholders were selected in consultation with the partners MORDI TT and Talitha Project, prioritising one government representative and one civil society representative who the partners worked with to implement the program and/knows about the program and partnership with CARE. A list of stakeholders including communities consulted is at Annex 2.

Dedoose, a cloud-based web application for qualitative and quantitative research and analysis, was used to code and analyse documents and KII notes aligned to the inquiry areas and key questions, with the emerging themes developed as data was coded and analysed, generating 493 analysis excerpts. An interpretation workshop to present initial findings and recommendations was conducted with CARE, MORDI TT and Talitha Project representatives on 21 November 2023. Feedback from partners at the workshop has been integrated into this final draft of the evaluation report.

The evaluation used a qualitative approach, grounded in key local Tongan frameworks<sup>2</sup> and international good practice humanitarian and localisation frameworks<sup>3</sup>, using methods of multi-stakeholder interviews and document review to inform findings and recommendations. The Kakala research framework, which uses the Talanoa tool and research tool known as Nofo, was used in the evaluation in interviews with the different stakeholder groups, particularly in asking the sample stakeholders to reflect on the evaluation question on what quality humanitarian response looks like and conceptualise this in accordance with their beliefs and experiences. The framework was particularly relevant for focus group discussions and phone interviews with the sample communities, to enable them to share their views and experiences through deep listening and feeling/sensing

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<sup>2</sup> Kakala framework; Tongan values (faka'apa'apa (respect), loto fakatokilalo (humility), fe'ofa'aki (love, compassion) and feveitokai (caring, generosity)).

<sup>3</sup> Theory of change approach and Localisation praxis- Humanitarian Advisory Group Measuring Localisation framework.

known as Fanongo. Fanongo is the role of those convening the Talanoa/ the researcher and translates to “to listen” and is naturalistic in nature, requiring the researcher to be fully immersed in the context. This is why the language of the Talanoa should be in the language of the participant, not the researcher, and that the setting of the Talanoa should be in the participant’s most natural setting. To this end, the focus group discussions and phone interviews with the sample communities and stakeholders (government and civil society) were conducted in Tongan. Tongan values of faka`apa`apa (respect), loto fakatokilalo (humility), fe`ofa`aki (love, compassion) and feveitokai (caring, generosity) also guided the Talanoa in discussions with communities by outlining the purpose of the discussion (respect and humility) acknowledging their time to participate through the provision of generosity (for example, provision of refreshments for communities).

The Pacific Islands Association of Non-Governmental Organisations (PIANGO) and Humanitarian Advisory Group (HAG) Measuring Localisation: framework and tools (2019) were used as the analytical framework to map what a quality humanitarian response looks like (see Figure 4). For example, based on what communities and stakeholders (partners, government, civil society representatives) described as what comprises success regarding what high-quality humanitarian response looks like and a partnership journey, the evaluation team developed a journey map to show the endpoint of what quality looks like and the signposts or indicators to show that progress toward success is happening.

Interviews with communities were conducted in Tongan and translated by the evaluation team. The third and final phase is the finalisation of the evaluation report. On 5 December, a presentation was made to CARE, MORDI TT and Talitha Project on the findings and recommendations of the evaluation.

Reflecting on the evaluation approach, the evaluation team find that the approach was one that was appropriate and fit for purpose for the Tonga context given also that Tonga is still in recovery phase, it was an opportunity for communities who were assisted by the program, to share their thoughts and learnings during the Talanoa session. Reflections from TTI who conducted the FGD with communities is that community members appreciated the process and it was also in some way part of a healing process for most of them to stop, pause and reflect on the disaster, and through the use of Talanoa, weaving also the cultural values as outlined in the evaluation plan, ensuring that the discussion was facilitated in a way that created a welcoming and respected space for people to share, while acknowledging that people are still recovering from the disaster.

In line with the Talanoa approach, communities were also provided refreshments, to show reciprocity for giving their time to participate in the FGD. This approach is espoused in the use of Talanoa and has been a process used by TTI for their research. It is also a Pasifika approach used by Pacific countries and is considered a suitable approach to gathering information at community level, particularly in conducting consultations in the local language. The evaluation team appreciates the provision of refreshments to communities was a cost covered by the evaluation. As highlighted below in the limitations, a reflection on the evaluation approach is that community consultations are best conducted in-person, regardless of the geographic location, should actively pursue face-to-face interviews as a first option.

In addition, having the evaluation team led by a Tongan national together with TTI working in close collaboration with MORDI TT and Talitha Project in Tonga, supported an understanding of country and operational context. Having Tongan nationals conducting the KII and FGDs also helped make local stakeholders and communities comfortable and willing to participate in the evaluation as there were shared experiences.

## Limitations

The evaluation plan identified several potential limitations, some of which were realised in the evaluation. It is important to acknowledge these as they will influence a reader's interpretation of the findings and recommendations.

- *The evaluation sample does not include some groups/communities therefore the evaluation findings does not include the perspectives of some affected communities/groups in the community:* reach to outer island communities via phone interviews, particularly with Ha'apai communities assisted by MORDI TT was challenging due to unstable phone connectivity. Of the five planned PI, the evaluation team were able to conduct two PI with Ha'apai communities and the remaining interviews were conducted with MORDI TT communities in 'Eua. While resourcing to travel to 'Eua and Ha'apai was available to the evaluation team, this was not pursued as local evaluation team members were not able to secure domestic travel insurance as this is not available in Tonga. With irregular travel schedules (boat and aeroplane) to the outer islands and no insurance cover (for accidental injury, emergency medical expenses or costs of evacuation) for the local evaluation team, the evaluation team, the evaluation approach adapted to conduct phone interviews with sample community representatives from 'Eua and Ha'apai. Regarding disability inclusion, while efforts were made to interview persons with disabilities and participants of some of the FGD included caregivers of persons with disabilities, no interviews were conducted directly with persons with disabilities. The evaluation team attempted to engage persons with disabilities as part of the focus group discussions, for example in one instance an interview with a person with a disability was organised however the person was then not available. Inclusion of persons with disabilities is a broader challenge identified by partners in advancing disability inclusion in Tonga. Learnings and recommendations in progressing disability inclusion are discussed in this report.
- *Competing priorities and unplanned events (funerals, illness) in the community resulted in protracted evaluation timelines:* two of the communities in the initial sample for MORDI TT communities were not available and were replaced by another two communities. This took time to then organise two other communities resulting in protracted timelines that meant the evaluation team spent longer than anticipated in liaising with partners and confirming with communities to conduct FGDs. The evaluation team worked to time sensitive timelines to ensure the evaluation was completed within the contract extension period.

## Findings

The following section presents the evaluation findings. Findings are organised according to the key inquiry areas and questions set out in the evaluation plan/inception report. Findings are informed by data collected from interviews and a review of relevant program documentation and literature, and feedback from partner staff representatives shared during the interpretation workshop and on the draft evaluation report.

### Quality and impact for communities

#### Quality

<b>Key inquiry area 1: Quality- What does a high-quality humanitarian response look like to communities, staff and stakeholders and to what extent did the program meet those expectations?</b>
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1. What do communities, staff, and stakeholders define as high quality humanitarian response?
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2. Based on what communities, staff, and stakeholders define as high quality humanitarian response, do they feel that the assistance provided by MORDI/Talitha Project/CARE represents a high-quality humanitarian response, and has assistance met their needs/expectations, including was the right assistance provided to communities? If yes, why/how and if not, why not?
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During interviews, communities, staff, and stakeholders were asked to define what a high-quality humanitarian response means to them. For the partners, the interest is in learning about what constitutes high-quality humanitarian response from the perspective of different stakeholders, to help inform future response programming and as a measure of whether the HTHH response program represented a high-quality humanitarian response.

Figures 2 and 3 below present the words that stakeholders (one stakeholder group being communities and the second stakeholder group being partner staff, government and civil society) used to describe what encompasses a high-quality response. Though distinct words were used across the two stakeholder groups, the commonality is that stakeholders describe that a high-quality response is about **who receives** assistance (people, communities); **how** they receive the assistance (coordinated, clear process) and that it is evidence-based (needs assessment); **what** is needed to provide the assistance (resources); **when** assistance is provided (timely, immediate, ongoing); and **who provides** the assistance (locally led, local leadership, partnership).



*Community perspectives of what constitutes a high-quality humanitarian response*

Figure 2 below captures the words that sample communities used to describe what a high-quality response means to them. Communities described a high-quality response as one that addresses their families' immediate basic needs, such as food and water, and is provided in a way that they are clear about who is receiving the assistance and understand the process used to decide who receives the assistance. Communities also stated that those providing the assistance are local organisations who should work together and should inform the community's Town Officer and government so that assistance is coordinated and clear. High-quality assistance also results in communities feeling safe, happy, and helps build strong communities to recover from the disaster.



*Figure 2: Words communities use to describe a high-quality humanitarian response*

*Stakeholder perspectives of what constitutes a high-quality humanitarian response*

Figure 3 below captures the words that sample stakeholders (partner representatives and representatives from government and civil society organisations) used to describe what a high-quality response means to them. Stakeholders described a high-quality response as one that is informed by evidence, so that assistance provided to affected communities is needs-based, relevant and aligned to what communities identify as their needs, including being aligned to priorities at government level, and that assistance reaches those that are in most need, but often not included in the response. Stakeholders also stated that local organisations play a lead role in implementing the response and are equipped with resources and capacity to do so. High-quality assistance is delivered by organisations that have strong partnerships including with communities, and that these partnerships are based on respect and enable response work to continue beyond the disaster event to help support the ongoing building of community resilience.

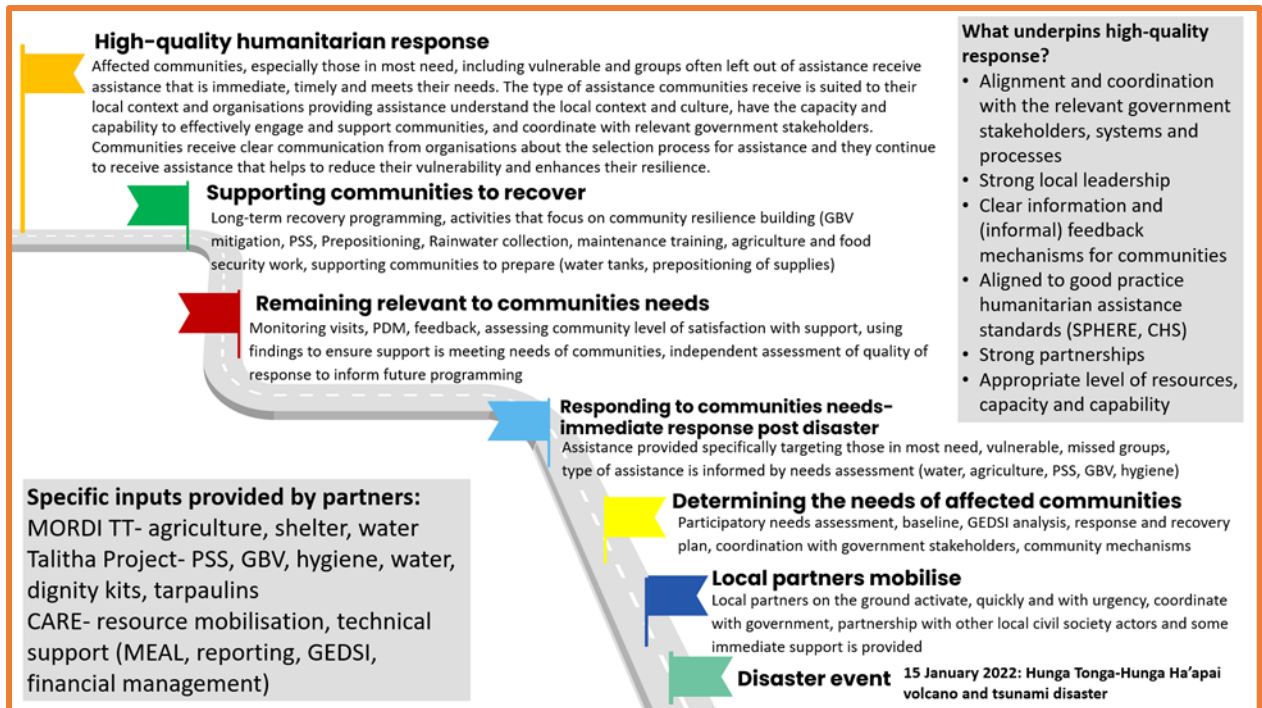
Figure 3: Words program staff and stakeholders (government and civil society) use to describe a high-quality humanitarian response



*Bringing the two perspectives together to map the high-quality response journey*

Figure 4 below illustrates a journey map of what communities, partners, and stakeholders regard as quality humanitarian response (the end goal or success). The signposts along the journey are the measures of success, and describe the different phases required to achieve a high-quality humanitarian response, using the context of the program and the assistance provided by the three partners in each phase of the journey toward success. While the journey map shows a starting and end point, the steps along the journey of a high-quality humanitarian response is one that transitions from the provision of initial immediate response that addresses immediate needs of affected communities and short-term recovery to long-term assistance that supports communities to recover from the disaster, building their resilience to future disasters, and that there is ongoing engagement between the community with the local organisation providing the support.

Figure 4: Mapping a high-quality response journey



Based on what stakeholders defined as high quality humanitarian response, the evaluation finds that majority of communities, staff, and stakeholders interviewed stated that the assistance provided by CARE, MORDI TT and Talitha Project represents a high-quality humanitarian response as it met affected communities immediate needs (water, agriculture, hygiene kits), reached those in the community who needed assistance the most, was led by local organisations who coordinated and worked with existing national processes and systems in Tonga and who will continue to remain engaged in communities post-disaster to support communities to recover.

#### *Responding to the needs of affected communities*

Of the communities interviewed, and based on community feedback captured in program documentation, the majority of communities surveyed stated that the assistance provided by the program met their needs. The program addressed the immediate and practical needs of communities (helping to restore access to clean drinking water, food security, and hygiene). Aside from the immediate practical needs of water and food security, during FGDs, communities stated that they also had other needs, related to their mental health and well-being given the trauma of the disaster event.

There is evidence of the program responding to this type of need identified by communities. For example, program documentation highlighted that psychosocial support (PSS) provided by the program helped create a space for children to talk about the disaster and its impact on their mental health and well-being, an important aspect in helping communities to recover and feel safe again.

The PDM data also highlight high (70%-100%) satisfaction ratings from communities about the quantity and quality of assistance provided, indicating that assistance was well-aligned to community needs. For some communities, their expectations were exceeded in the type of assistance they received and that assistance reached their community. Communities interviewed also appreciated that local partners visited their community to find out their needs before providing support.

*“The help that MORDI helped us a lot when they went around the village interviewing people and asking them about the things that they needed. We did not expect them [MORDI] to help us so much providing us with wires and materials to help us grow crops and vegetables. We thought that it would be hard to grow plants due to this dust not knowing that it provides great minerals for the plant” (KII PI 04).*

There was a clear process for distribution and coordination with communities and local authorities (Town/District Officer). Communities interviewed identified this as an important, as it helped them understand who in their community was receiving assistance, and why they were receiving the assistance.

*“The assistance and aid were distributed in the right way. It was given to us through the town officer because the town officer has the authority in the village. These included ploughing, plants, chain saw among other things were given to the town officer and he was the one who distributed it to the people. We were satisfied with how the aid was distributed” (FGD 02)*

There were some areas the evaluation found where needs and expectations may not have been met. For example, while not a representative sample, PDM data from a sample of Talitha Project-assisted communities highlighted findings where some respondents said that assistance did not meet their needs in terms of quantity and was less relevant for some groups in the community such as some people requiring more tarpaulins (10.3% of the sample) and dignity kits<sup>4</sup> was not considered as relevant by child respondents (three child respondents). During the evaluation FGDs, communities reflected that they felt that some households that included vulnerable groups (widows, persons with disabilities, elderly) in their community were left out of assistance. During interviews, some communities suggested other (food) items be added to the contents of assistance, such as tin fish and corned beef, and identified ways to improve the overall effectiveness of assistance.

*“About the “taa tutua (making tapa from the bark of the tree)”, because we were in groups and when it came to distributing the help, they said I’m either in group 4 or group 5 (community group name), but I did not join anything, but this is what I’m saying, to the groups are “lotokolo (central part of the village), muikolo (the back of the village) and kotongo (the outskirts of the village)”. It is best to work in blocks because some group leaders were said to distribute the things to their own group, but we also want to contribute to planting the vegetables and they would ask us, “oh where’s your group then?” but we do not have any groups to join in. So, they just only distribute it to their groups which we also want to be a part of. Which is why I suggest having groups by blocks so we could work together and all of us could have a share of the vegetables. When we had our water tanks, we had to have contributions and I gave about \$500 because we were to help contribute some money in order to get our water tanks. My point is, I am a widow and it’s hard to get money” (FGD 03).*

For the partners, high-quality response is grounded in the communities’ partners serve and relationships with communities and stakeholders, in being able to respond to the communities and provide assistance that is relevant to what communities need, with particular focus on those who are most affected by the disaster (vulnerable groups, communities in hard-to-reach locations). As described by partner representatives below:

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<sup>4</sup> Findings from the PDM on Program Quality: Alignment to needs found that children were the demographic group for which the items were least essential (50%), the activity targeting children with dignity kits were not considered as strongly essential by recipients sampled suggesting a review in terms of this activity meeting needs (Source: Interactive dash\_HTHH\_PDM\_Talitha Project Sep 2022).

*“It is easy to tell if we are doing a good job or not from the face of the community. If they smile, then you know, but if not, you know there is something wrong you are doing. But for me that’s what success looks like, a satisfied recipient” (KII local partner 01).*

*“When the volcano eruption was on a Saturday afternoon, and we responded the next day. So high quality response is responding immediately. This was enabled because of our partnership with other NGOs, they reached out to us, we got together and went out to affected areas. Partners know we play a role in the communities especially for girls. The communities will trust us when we show up. Knowing the communities’ immediate needs during this time. The Town Officers – we have a close relationship with them in the community and they called us and told us what they need right away so we got that ready from our storage container and could respond” (KII local partner 03).*

There were some key approaches that enabled the partnership to deliver a high-quality response that met the needs and expectations of communities and stakeholders.

- **Adapting and pivoting assistance in response to changing context on the ground.** For example, shelter activities adapted to instead procure items for prepositioning; PSS adapted to offering community-based activities, not evacuation centre-based activities; and WASH activities continued into year two of the program in response to positive feedback and requests for more visits to rainwater tanks.
- **Partners have strategies that guide their response work.** For example, MORDI TT developed a Response and Recovery Plan (January 2022) which outlines a clear phase of response- including immediate, immediate response post-disaster, early recovery and long-term recovery and building back better. CARE also developed a response strategy (January 2022- December 2023) which outlined how the partners were going to deliver the program together.
- **Local organisations with strong local leadership led the response.** MORDI TT and Talitha Project are highly regarded by stakeholders and communities, their leadership and influence ensured the response was relevant to the context in Tonga.

*“I thank Talitha Project for being prepared and giving out the right type of help to people, I am thankful for them” (FGD 04).*

*“They [MORDI TT and Talitha Project] have been very respectful and part of the process, and their approach has also been relevant because they respond to us and also have their responsibility and accountability to the cluster system which I know they are part of” (KII stakeholder 01).*

*“[MORDI and Talitha Project] are the expert[s] of the community. As simple as that. They’ve been working with the communities, they know the communities, the needs of the communities they know, you know if we talk about quality products, or what people need, or the timing of when things should be delivered or not– MORDI and Talitha Project are the experts to tell us when that should happen so they determine the boundaries around quality and yes, they have delivered high quality response because they are the experts of the communities” (KII CARE partner 01).*

Stakeholders regard the response program as one that was high-quality and met their expectation of a high-quality humanitarian response assistance as it was locally led, by MORDI TT and Talitha Project, organisations that have strong local leaders and dedicated staff, existing relationships with communities and stakeholders, and respective expertise in humanitarian response and working with communities. Stakeholders interviewed stated that one of their indicators of a high-quality response is that delivery of support is coordinated and aligned to government priorities and response efforts. Both stakeholders, from program partner staff to government and civil society representatives said



that the response was a high quality one because MORDI TT and Talitha Project worked closely with relevant national processes and systems such as undertaking initial distributions and assessments in close consultation with Town and District Officers, coordinating and supporting NDRMO from the outset of the disaster. Within the context of the HTHH disaster, with communications into Tonga affected, a localised response was needed, one that involved local organisations leading delivery of assistance. Local organisations are a key feature of a high-quality response.

*“Usually and typically this office is crowded with humanitarians from outside and overseas. This time around it didn’t happen so we were only dealing with our own and because we have established our networks, we were able to mobilise the existing and the current capacity and I think the outside world may have complained that Tonga was off grid of communications for a few weeks, but it enables us to sort ourselves out. (KII stakeholder 01).*

## Impact

<b>Key inquiry area 2: Impact- What difference has the program made?</b>
1. Did the program make a difference to communities? If yes, what difference? If it has not made a difference, why not?
2. How has the program made a difference to the Tongan government humanitarian response commitments/expectations?
3. How has the program impact met donor expectations/commitments?
4. Have there been any unintended outcomes as a result of the response provided, positive or negative?

### *Impact on communities*

The program has made a positive difference to affected communities, helping to address their immediate needs and enhance their quality of living and recovery in the aftermath of the volcano and tsunami disaster. The targeted assistance has contributed to communities’ improved access to clean drinking water and their knowledge and skills on how to maintain WASH infrastructure; enhanced food security in communities through more options for healthy eating from the community gardens, helping communities to recover quickly, and increased livelihoods for women who sell the surplus produce. The program has also motivated communities to work together, so that they are better prepared for future disasters, and supported different groups (women, young people, adolescent girls, elderly, and persons with disabilities) in the community to recover.

The program reached 20,182 people (5,593 women; 4,524 girls; 5,149 men and 4,916 boys) across the affected areas of Tongatapu, ‘Eua and Ha’apai, with material and technical support to restore community rainwater collection systems, a significant impact in the aftermath of the disaster which left communities without access to clean drinking water. PDM data from MORDI TT found that feedback was strongly positive from key informants who reported great satisfaction with the rehabilitation efforts, including an increase in knowledge in the community of how to address their WASH related problems in the future, how to keep water tanks clean, and more community members across multiple locations now able to access clean water from rainwater collection systems/water tanks.

Communities surveyed in September 2022 also reported a desire to have the activity continue in their community with requests for MORDI TT to continue work in the future. The program has also

contributed to community preparedness with communities also reporting knowing what they need to do to maintain systems and ensure to protect clean water and guttering over time.

The program also reached different groups in the community with targeted assistance. Talitha Project reached 308 children with PSS and 104 girls with MHM materials, which were added to dignity kits. Program endline reporting results highlight that MORDI TT's in-person hygiene demonstrations in the community benefited 4,926 people (1,107 girls, 1,169 boys, 1,420 women, 1,230 men). Posters placed in communities with a population of 15,249 (7,568 males and 7,681 females) and posters placed in schools benefitted 12,021 students and teachers (5,349 girls, 5,056 boys, 970 women, 646 men). PDM results show that 64% of people surveyed recall seeing the hygiene promotion posters in their community.

There is evidence that the program made a positive difference to communities, meeting their immediate needs particularly in providing communities with clean drinking water and subsequent assistance to maintain clean drinking water supplies, and the reach of this activity has been impressive (20,182 people). As highlighted in program performance reporting, participants reported multiple outcomes that have improved their living and supported their ability to recover from the disaster:

- Vegetable gardens are now being protected from livestock damage and sea spray due to the program's assistance with fencing materials and technical support to construct barriers.
- Distribution of surplus produce to other members of the community, with recipients including widows, the elderly, and persons with disabilities.
- Increased knowledge and self-sufficiency and improved diet with daily consumption of vegetables.
- Increased income, due to no longer being fully reliant on purchased food and/or the ability to sell surplus food from the gardens in the market.
- Increased involvement of women and girls in gardening and recovery processes<sup>5</sup>.

Beyond assistance that addressed the immediate needs of communities, communities also report increased community cohesion and a sense of community spirit to work together to improve their community.

*"This incident [disaster] has made our community grow closer to each other and we feel like each other family, and even to MORDI. We give out vegetables and all that and when there's left over, we sell it and use the money to help the people" (FGD 04).*

*"Now they [communities] are able to come together to one place and share and work together. It is good to see people of the village working together and in harmony. I think yes, the reason why I say yes is because we can all see how people in the village work together only because of the help and assistance. Yesterday, there was nothing like it. People work individually in the past but now it is amazing to see the people working together" (FGD 01).*

*"I just want to thank to the workers of the Talitha for being able to carry out this project. Even we asked for help because we are old and weak, not a lot of business would be eager to help out people like us, but you guys have put a lot of work and effort in to helping so many people and we are thankful. I believe one of the challenges they face is having to deal with everything that people want,*

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<sup>5</sup> Program reports reviewed include: CHAF Project Report (December 2022); BHA Final Report (January 2023).

*because there are a lot of us, and we want different things and having to cope with that is a lot of things. I believe that we need to learn how to share in times like these” (FGD 06).*

*Box 1: Impact of agriculture support activities*



The program achieved significant impact in supporting affected communities to re-establish food gardens and farms, which are an important source of food and livelihoods for communities. The program supported 6,287 females and 5,899 males with material and technical inputs. Women in particular have benefitted from the assistance with 104 women’s homestead gardening groups supported and women reporting increased incomes and knowledge and skills in gardening, including broader impacts at the community and household level on surplus food, improved nutrition, and wellbeing as a result of increased vegetables to the diet.

Rehabilitation of MORDI TT’s open pollination nursery through the provision of 13,828 seedlings and 11 crop varieties replanted in the MORDI TT agricultural nursery. The nursery also supports farmers’ groups, who collectively tend larger plots of land that support community resilience and provide essential nutrition. The nursery provides farmers with a variety of climate and pest-resilient cultivators, as well as inputs that have been adjusted to be more productive (shorter growth cycles) and resilient (can be preserved better and easier) contributing to building resilience in recovery efforts. The program supported 104 tax allotment farms and 13 cluster farmers’ groups.

### *Impact at the national level*

The program has made a positive contribution to the Tongan government humanitarian response efforts and commitments. The partnership was able to mobilise quickly, providing assistance to address communities’ immediate needs in the aftermath of the disaster, and implementing a response that was informed by an assessment of community needs, and delivered in coordination and consultation with relevant national actors, and within existing processes and systems and aligned to good practice humanitarian standards. While the program did not support the immediate response work of partners (water distribution), the visibility of partners on the ground so soon after the disaster event and the positive regard that government has of MORDI TT and Talitha Project as humanitarian actors laid good foundations for the partners to make a positive difference when program implementation commenced. For example, MORDI TT and Talitha Project are members of the national cluster groups and provided regular updates to both NDRMO and sectoral cluster groups and engaged District and Town Officers when delivering assistance in target communities. The overall impact is that through the program activities and MORDI TT and Talitha Project’s existing engagement with government, government recognises and values the role of the two organisations in the response, and as humanitarian actors.

*“We are grateful, and I am saying this on behalf of government, Tonga government, we are so grateful for Talitha Project and also MORDI. I think that Talitha was one of the first ones that get to us and have been supporting, they went as far as providing support for me for the actual coordination the national emergency committee because I was the secretariat, but it was a support that I did not expect. I think the longest I was here in the office, the shift was supposed to be only eight hours but the longest I was here, did not realise I was here for over two nights without having to go home and it is because of the requirements of the work, that was generally the feeling that we had at that time, the need of delivering the help, and at that time there were a lot of restrictions due to COVID 19 so we were able to provide the unlimited access of the Talitha Project and the MORDI when they needed to enter the community. So there were times where I felt that they were just acting on my direction and then would report later, but it was good in a way we were able to mobilise fast assistance on the ground regardless the nature of the environment at that time when I called them and this were both Talitha Project and MORDI and they were able to accommodate and this was to deployed for initial damage assessment they had it was a good thing and I want to applaud it. I think it's their overall level of support, I was astonished by the sense of urgency and the level of support that they were able to mobilise their partners in a quick time provided the communication issues, so I was amazed by particularly Talitha Project, I understand that MORDI has been doing this for several years now and they have that capacity in the outer islands” (KII stakeholder 01)*

*Challenges to humanitarian programming within a context of an unplanned humanitarian response*

The evaluation identified areas related to the program context that impacted the ability of the program to deliver in a rapidly evolving context, acknowledging that the disaster event was unplanned and a sudden onset disaster event. These areas are outside the control of the program and are considerations for risks associated with humanitarian programming in Tonga.

- During interview, a stakeholder reflected that disaster assistance is still largely centralised on Tongatapu which means communities in outer islands are at risk of not receiving immediate response support.

*“This is not [a negative about] the program but the context at the time is that a lot of support is still centralised. I know where we are still lacking or maybe still discussing and centralising their services in the outer island. So, you understand the key challenges we face, and this is one of the lessons identified from this office was that right after the Hunga there were no commercial boats saying Yes to our charter request to take the preposition relief stock to the outer islands, mind you that the outer island was impacted were for Ha’apai it was for Nomuka, Fono, Mango was of course wiped out. So it needs to still come from the main island and so was delayed, so March they were doing Tongatapu, I mean this is not in the negative sense but more so we must have a provision in the sub-national level to make our humanitarian assistance efficient and effective because time is the critical element, very critical, for humanitarian when there is delay for relief it means lives, the cost is lives, the life of a people the impacted population out there” (KII stakeholder 01).*

- Delivering a response in a context where there are multiple disasters. During the time of the response, Tonga also experienced its first cases of COVID-19 which impacted partners’ ability to deliver assistance.

*“During the time of response, COVID 19 hit. Transportation was hard because you need a permit so that slowed us down for a few days and the products (hygiene, tarps) they held it at the wharf for a*

*long time and it was raining during that weekend and some boxes got wet and we could not use those products” (KII local partner).*

#### *Impact on donor expectations and objectives*

Based on review of donor proposals, subsequent performance reporting and donor commitments to international humanitarian action standards, the evaluation found that the program results demonstrate how the program has achieved the objectives set out in donor proposals, either achieving or exceeding program targets in some instances as reported in program donor reports, and providing assistance that is aligned to donor partner commitments including on internationally agreed humanitarian standards. However, the limitation to this finding is that this cannot be triangulated further than secondary data sources as no donor partner(s) were interviewed as part of the evaluation.

Notwithstanding the limitations highlighted previously, secondary data including program performance reporting and donor engagement such as the virtual donor partner monitoring visit, is one source of evidence to show that CARE and partners are also well positioned to continue to build on existing positive donor relationships with donor partners. Though the limitation is that this inference cannot be verified as the evaluation did not include interviews with donor partner representatives.

#### *Alignment to international humanitarian standards*

The evaluation found that the program proposals aligned to Sphere standards of humanitarian response particularly in the technical areas of WASH, food security and nutrition and security of communities. For example, as outlined in project proposals, GBV and PSS activities aligned to Sphere protection principle 3 and WASH activities to Sphere WASH standard 2.2) (Centre for Disaster Philanthropy) (CDP) TopUp Tonga Request 9.21.22). Beyond alignment, an in-depth assessment of meeting the Sphere standard was not undertaken as part of the evaluation.

While a review of project proposals reveal that variations to activities were made along implementation and adapted from what was planned in proposals, the overall objectives of the funding partners remained in providing assistance to affected communities, including the ability to vary program activities, all of which has helped partners deliver a response program that has supported the immediate needs of affected communities such as improved access to safe and clean water and recovery of agriculture, and provide support that responded to the evolving context in Tonga. Without such funding, these outcomes would have been challenging to achieve or would have been delayed. For example, Canadian Humanitarian Assistance Fund (CHAF) funding allowed for disaster-affected individuals in Tongatapu, Ha’apai, and ‘Eua Islands to benefit from cleaned community water tanks, psychosocial support services and rehabilitated and replanted agricultural products for household consumption and income generation.

The positive performance of the program, through the partnership, as evidenced by the program achievements, positions CARE, MORDI TT and Talitha Project well to build on their existing positive relationship with donor partners, who are supportive of the collective programming approach and localisation agenda (Program overview inception slides April 2022). The partnership has also ensured that program activities were designed based on community needs and partner expertise and matched to donor interest and priority areas. For example, donor partner, CDP were interested in early recovery, rather than emergency response, locally led responses, and prepositioning, hence the partnership included these in the project proposal and activities (Program overview inception presentation slides April 2022).



The program also exceeded targets in some areas, for example, the program recorded an underspend for the rainwater tank cleaning activity, despite the activity exceeding the reach target by 392%. This was because the project pivoted to provide support to community level rainwater tank systems rather than the initially planned household level systems, which proved to be significantly more cost effective and impactful. For partners, accountability to donor partners including in their partnership with CARE, is also a key priority, as reflected by a local partner:

*“When we signed contract with donors, we know where to spend the funds and how to utilise it, so far no complaints from CARE or from our reports so we try to keep up that reputation as well” (KII local partner 03).*

## Gender equality, disability, and social inclusion



Key inquiry area 4: Who benefitted from the program?
1. How was gender equality considered in the design, implementation, and subsequent monitoring of the response? Was this effective?
2. How has the response supported disability inclusion and inclusion for other marginalised groups in the affected communities? Was this effective?
3. Have there been any positive or negative unintended impacts on GEDSI?

### Gender equality

Gender equality was considered throughout the program, in the design, implementation, and subsequent monitoring of the response, through targeted activities and approaches, all of which has helped enable achievement of positive outcomes for women and girls in affected communities and strengthened partners (MORDI TT and Talitha Project) capacity and capability for more gender inclusive response programming. The partnership’s long-term recovery programming activities and continued engagement with communities offer opportunities to help create more transformative change for communities, in particular for women and other vulnerable groups (elderly, widows, persons with disabilities).

The program actively considered gender and protection issues throughout the program, from the initial needs assessment<sup>6</sup> and completing a Youth GEDSI Analysis to identify the needs of the different groups in the affected communities, to program activities, monitoring, and reporting. Sex disaggregated data was collected and used to inform program implementation and report on program reach, as highlighted in Box 2 below.

Box 2: GEDSI achievements in numbers

	Agriculture sector activities: <b>6,287 females</b> and <b>5,899</b> males supported with material and technical inputs.
	Psychosocial support: <b>78 boys</b> and <b>230 girls</b> directly affected by the volcanic eruption and tsunami events attended PSS sessions.

<sup>6</sup> Copy of interactive dashboard HTHH Baseline Report (June 2022)



531 **Women and girls aged 7-20 years old** received dignity kits.



WASH recovery focused activities provided **10,117 females** and **10,065 males** with access to clean water through rehabilitated rainwater collection systems.



The project raised awareness about the gendered impact of emergencies, developed gender-sensitive WASH and health IECs, and distributed GBV booklets.

The partnership implemented specific activities that promoted gender and inclusion including refresher training for 44 partner staff on GBV mitigation; development of GEDSI specific tools and analysis (a youth-focused gender, disability and social inclusion analysis); GBV booklets in Tongan and English; and dedicated GEDSI technical specialists who have reviewed activities to help ensure gender and inclusion approaches were mainstreamed in activity design and implementation.

The approach has been a collaborative one, working to respect partner expertise in gender equality and was also as an opportunity to promote gender and inclusion, including building on existing partnership practice such as through ongoing engagement with CARE's GEDSI Advisor, and existing organisational practice such as MORDI TT holding refresher trainings each year that includes GEDSI awareness in humanitarian assistance and other organisational policies relating to code of conduct in communities.

*“Partners collaborated to develop a GBV booklet, in Tongan and English, that provides information to community members on accessing GBV support services, legal protections and recognising abusive and healthy relationships. CARE GEDSI advisors and Talitha staff worked to develop the content, which was printed by Talitha and then distributed at household level in tandem with information about the program itself and options for feedback and complaints. These booklets provide a long-term resource and will accompany distributions, not just for this project but beyond the project lifespan. The resource and some printed materials have also been shared with MORDI to expand the reach of this information” (Tonga response Q1 2023 report).*

The evaluation is unable to assess the extent to which these program outputs made a difference to and influenced partner programming and capacities beyond its development, and this was also not mentioned in interviews with partner staff representatives.

The work to embed GEDSI in the partnership is not new and builds on partners' existing approaches to GEDSI and work partners started in previous response programming. It is one way that demonstrates how partners have a genuine commitment in the partnership to work together on GEDSI and embed this in partnership practice and programming.

*“The Tonga Response Program will build on activities established through the CHAF [Canadian Humanitarian Assistance Fund] grant with a particular focus on children and adolescents until January 2024. Disaster-affected children have been introduced to Talitha-run recreational programs*

*for children, including tailored programs for adolescent girls. Broader longer-term efforts will utilise the updated GEDSI report published through the project to inform future emergency response programming, in particular protection activities targeted at disaster-affected youth. Key recommendations from the report offer those future efforts should prioritise people with disabilities, creating accessible spaces and pathways and engaging with them in decision-making processes” (CHAF Final Narrative Report Tonga 221212).*

What this intentional approach has meant for the response is that assistance delivered to affected communities prioritised vulnerable households in communities, in particular vulnerable groups such as women, children, young people, elderly, persons with disabilities, and an intentional focus on ensuring physical and psychosocial safety of affected groups in the community, underpinned by analysis of the context (for example, the program addressed the anticipated rise in demand for GBV services following the disaster events based on the analysis that specific vulnerabilities and risk women and girls face in regard to GBV post-disaster by working with partners to conduct GBV refresher training and training in prevention of sexual exploitation and abuse (PSEA), and providing key information to affected communities), met the needs of affected communities, with communities reflecting that they felt the assistance reached those in most need and was targeted, and also contributes to their long-term recovery needs, characteristics of a quality response that ultimately has positive outcomes for communities.

*“PSS sessions involved discussions about positive and negative coping mechanisms among children and youth in the aftermath of natural disaster(s) to improve their recovery and resilience and know where to seek support services. The project referred some young people to professional services at help centres and connected some to join Talitha recreational activities arranged for youth and children beyond the lifetime of the project” (CHAF Final Narrative Report Tonga 221212).*

*“There were a lot of shampoo/conditioner and spray and I have a lot of granddaughters and they were so happy about the things that we got. Most of the things that was given to us was for females and they were so happy about it, there were nothing that we did not appreciate, everything has went over our expectations and we are so thankful” (FGD 06).*

As established organisations, partners also described the existing expertise and commitment to ensuring a locally led approach to GEDSI. For example, as reflected by MORDI TT, the organisation mainstreams GEDSI while using a referral system for national agencies specialising in GEDSI including government and other civil society organisations.

*“MORDI Tonga has a GEDSI strategy, one in which is organisational and feeds into every project implemented by the organisation. While we work in partnership with GEDSI specialists from CARE Australia we make a concerted effort to adapt to the local needs of our communities. We ensure we are building the skills and capacities of local community members and existing community structures. Training of the community members and their leaders is to ensure their own resilience and take an active role. Women, youth, and persons with disabilities are encouraged to participate and I believe this is a clear indicator of how GEDSI is locally led” (MORDI TT staff representative feedback during evaluation interpretation workshop).*

Communities also appreciate the approach taken by partners to ensure assistance was targeted.

*“I want to add into this because I work at the office of our district and I am the one that mostly deals with the help that comes our way, I think that Talitha handles this project really well because they provide the things that we need the most. We do a lot of work with the Talitha and not only this, but*

*they would also help out our young girls in the community and to me the work that Talitha is doing is amazing” (FGD 05).*

Partners themselves reflected on the role they play as local actors in response, in particular in influencing community perceptions on the leadership role of women in disaster distribution and response work, a commitment partners demonstrate in how they delivered the response, and as shared by a Talitha Project representative.

*“We were not selective; we were very inclusive of all minority groups. We made sure it reached all the homes that have a disability, elderly. In Tonga, gender equality is new. The majority of distribution, they expected males to do that sort of work. At Talitha Project we have more females and so when they so females distributing, we saw the respect given to us so for us, as female, we don’t discriminate or take side to only select women, we prioritised every household will be distributed fairly. And also, some like the hygiene kits are specifically for girl” (KII local partner 03).*

Based on interviews and document review, there are opportunities for the partnership to have greater impact on GEDSI, particularly in the area of contributing more transformative change for communities through long-term humanitarian and broader development programming. The ongoing recovery programming efforts provide opportunity to work with communities on other GEDSI-related components such as working with women and youth groups on leadership, helping the partnership to move beyond numbers reached to how the partnership can influence more equitable gender relations and change between men and women in community, and support the leadership role of different groups in the community who see the benefit in working together.

Women and farmers’ groups are expected to benefit the most from activities such as the agricultural nursery, beyond the lifetime of the project. During interviews, communities identified the link between being an organised group in the community and accessing support from partners. There are several entry points that also provide opportunity to learn about what works to advance GEDSI in Tonga such as MORDI TT’s agriculture and livelihood development work to explore how/if women are having a more transformative role in agriculture beyond immediate food security and livelihood gains and Talitha Project’s work in building the agency of youth and adolescent girls.

*“Oh yes, we need to establish more women groups and youth groups in order to get more assistance from MORDI” (FGD 01).*

*“Is true like us youth. We go around helping out with the crops and vegetables and our elderly, but we have yet to formally form a youth group so that we can look after what we want” (FGD 01).*

While it is positive that communities identify the benefit in a collective, organised approach, it is also important that those in the community who are often not included or part of such groups in the community, such as persons with disabilities, those with diverse gender identity, elderly, are not left out or excluded from program assistance and decision-making.

Such approaches may also be a way to promote a more local, partner-led GEDSI approach, one that supports local partner leadership to promote more inclusive response and recovery programming in Tonga, drawing on partners’ respective experience and commitment to the safety and inclusion of vulnerable groups in disaster preparedness, response and recovery.

### *Disability inclusion: progress and learnings*

Disability inclusion was considered in the design, implementation, and subsequent monitoring of the response program through targeted activities and approaches, which has enabled the program to ensure persons with disabilities that reside in households including members of marginalised groups received assistance. At the partnership level, a commitment to disability inclusion through the provision of disability inclusion technical support has also supported the program to develop program outputs and approaches that were disability inclusive.

During interviews both communities and program partners reported how the program aimed to support outcomes for persons with disabilities by ensuring households with persons with disabilities were prioritised for support; and program activities included inclusive design approaches (for example, designing raised vegetable beds in communities to make gardening more accessible for persons with disabilities and other vulnerable groups, such as the elderly, to participate in agriculture activities).

*“In the communities when delivering drinking water and rehabilitation of guttering, household with people with disability was considered high priority by the community. Also, when women and men harvest their vegetables and crops, the first harvest is being distributed to vulnerable people in the community, like elderly, widows and people living with disabilities” (KII local partner 02).*

As an approach to disability inclusion, CARE provided technical expertise through the CARE Pacific Disability Advisor consultant reviewing program data collection tools and helping ensure program activities were inclusive. During baseline needs assessment, disability disaggregated data was collected and used to understand the different needs of different groups. The disability advisor also worked remotely with MORDI TT staff to identify how agriculture activities could be adapted for persons with disabilities.

Partners also have existing engagement with OPDs that informs their approach to disability inclusion. For example, feedback from MORDI TT staff representatives after the evaluation interpretation workshop stated that MORDI TT’s previous engagement with local disability organisation Naunau 'o e 'Alamaite Tonga Association Incorporated (NATA) has enabled them to identify specific needs of persons with disabilities and the organisation also has in place a rigorous feedback mechanism that allows for program participants to directly inform them of their needs in order to tailor programs to enable their participation, for example, building raised seedling beds, raised water pipes, better lighting to water tanks. At a partnership level, the partners also developed a Disability in Tonga brief.

There were challenges in reaching persons with disabilities, evidenced by the low disaggregated program data on persons with disabilities in program reporting and sample communities participating in PDM activities reporting low involvement of persons with disabilities in activities.

*“Very few key informants report the involvement of persons with disabilities in the (response) activity although do report efforts to share produce among the more vulnerable groups in the community.” (MORDI TT PDM data dashboard).*

While partners prioritised vulnerable households in the response, there are challenges to disability inclusion, at a programming level, and more broadly in advancing disability inclusion in Tonga.

*“Despite having participant registries with clear indications for disabilities or asking to indicate for disabilities using Washington questions, many people still fail to identify these which could go towards capturing persons with disabilities beyond physical disabilities. The word disability is still*

*very hard to accept and interpret in Tonga. So cultural differences, indifference, stigma, and also non-self-identification are challenges that will continue to present itself in Tonga” (MORDI TT staff representative feedback during evaluation interpretation workshop).*

During the evaluation interpretation workshop partners also reflected that while they engage and work with OPDs there are challenges related to coordination and data sharing, and are areas that partners continue to strengthen in their engagement with OPDs to ensure they are reaching persons with disabilities in their activities.

Another challenge identified was the ability of the program to engage directly with persons with disabilities to discuss their specific needs, a challenge identified by enumerators during the baseline in locating and screening for persons with disabilities to include in the sample. It is unclear the extent to which the partnership progressed the recommendation identified during the baseline to develop specific screening and interviewing approaches for persons with disabilities.

*“But also, one of the struggles we had in some cases where people with disability you know we have a few cases where we identify a few ladies, a few men that are physically disabled and they really get annoyed with us of identifying themselves. So, I raised this with CARE.... we need to approach this carefully [in communities]” (KII local partner 01).*

As highlighted by MORDI TT staff representative during the interpretation workshop, progressing disability inclusion also requires an understanding and appreciation of the context particularly at the community level- *“You can only advance so much without having to become borderline authoritative to the members of the community” (MORDI staff representative feedback during evaluation interpretation workshop).*

#### *Inclusion of other marginalised groups*

The program reached a diverse set of vulnerable groups in the community, as evidenced by program documentation with the program providing assistance to the elderly, youth, women, men, girls and boys, and persons with disabilities. This indicates the breadth and strength of community engagement of the partnership, particularly with the respective mandates of MORDI TT as a community development organisation and Talitha Project as a gender equality organisation. As highlighted previously, communities report PSS had a positive impact on children’s mental health post disaster.



Image 1: Talitha Project conducting empowerment psychosocial programs at 'Eua. Photo source Talitha Project Facebook page



*“Psychosocial Support Service (PSS) activities reached 1,355 community members in the targeted locations exceeding the project target (1,030 (15w, 472g, 15m,528b). The project targeted displaced people, women, and youth particularly, to provide PSS support. Talitha staff approached evacuation centres, under-18 women’s rugby teams in Tongatapu and on ‘Eua Islands, early childhood schools, and kindergartens. Caretakers who received PSS training expressed satisfaction with enhanced knowledge on mental health support, particularly for recovery in the aftermath of a natural disaster. Disaster-affected children have been introduced to Talitha-run recreational programs for children, including tailored programs for adolescent girls. Broader longer-term efforts will utilise the updated GEDSI report published through the project to inform future emergency response programming, in particular protection activities targeted at disaster-affected youth” (CHAF Final Narrative Report).*

The program also adapted activities to meet the needs of different groups in the communities.

*“Initially, the project aimed to target young people in evacuation centres mainly, however, shelter assessments showed that shelter damage – while catastrophic in some communities – was not widespread and many families were able to return to their homes. Therefore, the project expanded PSS activities to reach more affected young people through community structures such as group sessions in schools and churches on Tongatapu, Ha’apai, and ‘Eua Islands. Activities focused on art, play, and sports and provided water and meals to participants. Caretakers and parents expressed positive feedback. A key informant stated that, “After the program I saw my kids were calm after all that they had seen. The program helped them try to cope with what had happened.” (CHAF Final Narrative Report).*



### *Positive impacts and associated challenges on GEDSI*

The evaluation found an example of a positive impact on GEDSI, specifically in gender equality, in achieving positive outcomes for women and demonstrates the ability of the partnership to understand and adapt to the needs of different groups in the community, as described below.

#### *Promoting women's role in agriculture*

Activities focused on improving agricultural production which targeted women and farmer groups with technical support and materials including wire-mesh fencing, gardening equipment and training has contributed to positive outcomes for women such as increased income from selling surplus vegetables, providing nutritional food to households, and building women's skills in agriculture. The program supported a total of 6,287 females and 5,899 males and 104 women's home gardening groups. The increased involvement of women in gardening and agriculture-based activities prompted their interest to diversify to other garden-based activities, an interest that program partners responded to, and one demonstrates the ability of the partnership to respond to emerging needs of communities for more impactful recovery programming, beyond the current program of assistance.

*"So, one of the things the women asked us to look into were flowers, so we started trainings on planting and properly cutting flowers because the home garden apart from the fruit trees and the vegetables are only seasonal and there is a gap between doing one season and the other. They [women] want to use something so they identify together with the cut flowers so we going to go hard out this year setting up a proper cut flower station and training facility for the women and then start rolling out the plants to the women through a program to promote horticulture industry in Tonga. The other thing that came out hard out last year was they [women] needed more training on value additions fruit preservations" (KII local partner 01).*

MORDI also reported during interviews that their food security work with women has scaled up significantly across the country, attributed to the organisation's approach in integrating their response work into their mainstream development programming to support longer term recovery needs.

*"I think the women's one was significant in a way that this is the first time that we did that scale of setting up nursery providing planting material, providing the trays for women to plant and even teaching them how to do it. For this year we can see a big difference for when we go back. For the number of participants, we had we see a lot of them coming back this year even though there is a lot of them going back to work there's no more lockdown, if we look at our food security side, there is a lot of women showcasing their work. And even now with the work we do now is tripled than the work we have done last year, extended all the way to Vava'u, Ha'apai, and 'Eua. Just because a lot of those people have seen what we have done during the eruption, there has been a lot of interest in the home garden" (KII local partner 01).*

*"It should be noted that specific targeting may also impact these results as during the needs assessment most of the interviewees were women, so it is understandable why there are more community home gardens for women compared to cluster farms for men" (KII local partner 02).*

There were two areas of challenges associated with progressing GEDSI identified by partners and communities during interviews; these are described below and offer learnings for the partnership at a programming and partnership level.

The first area relates to two aspects of providing community assistance; ensuring that communities are clear about how the assistance is targeted and ensuring community members targeted for assistance are those in most need and that assistance is relevant to their needs. In two of the FGDs, community members who participated stated that assistance could be improved as they felt that assistance did not reach those in most need in their communities and the type of assistance was not suited to their household needs. Communities recommended that partners ensure they coordinate with local authorities such as Town Officers and community committees to obtain accurate data about community demographics and groups that need assistance. While these views are not representative, as the evaluation found based on documentation and interviews, that the program made concerted efforts to ensure communities and vulnerable groups were targeted in coordination with relevant authorities, these differing perspectives offer learning for future response work to ensure communities are clear about the process for selecting communities and community members for assistance and that the type of assistance provided meets the needs of affected communities.

*“I believe that the help wasn’t distributed equally to everyone because from what I heard there are families that received things that was not meant for them. I have an old person in my house, and I don’t believe that it [the assistance] was even meant for us, we also only received some of the help and we didn’t receive some” (FGD 06).*

*“I suggest that next time if there is another incident like this to happen again that you guys bring the record from the statistics and see the population of the village, know all the widows in the village and the once that needs help, it is also important to look in to the family that needs the extra help that cannot afford to help themselves, the ones in need and help them” (FGD 04).*

*“I believe that the work that you guys are doing needs improving, I believe that if you guys go to the Town Officers’ you guys can get the list from them of the people that needs the help the most” (FGD 04).*

The second area relates to the approach taken by the partnership to embed gender-sensitive and inclusive programming in the program, including within the partnership with partners MORDI TT and Talitha Project. While the program adopted both a qualitative and quantitative approach to data collection, during interviews one partner representative reflected that the program approach to monitoring appeared to prioritise quantitative data (for example number of people assisted, number of items distributed) over a qualitative approach (stories and experiences from affected communities) which could have complemented the quantitative data to gather stories from affected communities about their experiences, and as a way to better assess the impact of the program on affected communities, particularly from an inclusion perspective.

*“For me this project, the monitoring seemed to focus a lot on just quantitative data. It was all about the number of people who receive training, the number of people who got water. And they could have done better with a lot more of the stories, which gives you a bit more of the impact on people, but particularly around inclusion” (KII CARE partner 01).*

One partner representative also suggested the CARE ensure that members of the CARE GEDSI team are included throughout the program cycle, not just in the beginning during design, or in provision of intermittent inputs such as training and technical review of program outputs over program

implementation. This will help ensure a more joined up and coordinated approach with the GEDSI team for enhanced program outcomes.

*“If you're not including people in a conversation, the consequence is then the GEDSI elements of that is not going to be strong.... I think that's the unintended negative that they were opportunities to have stronger GEDSI interventions, but this was missed out. Because our team, did not think to include us” (KII CARE partner 01).*

Acknowledging that the above two points are not representative, the limitation is that these statements are not triangulated further than these interviews. They are however strong viewpoints and can help inform future programming and partnership approaches to GEDSI.

At a partnership level, the approach to GEDSI capacity could be strengthened to adopt a more tailored approach, acknowledging that MORDI TT and Talitha Project have different approaches to GEDSI, and bring respective strengths and experiences of the two organisations that can be leveraged to progress GEDSI in the partnership, and to do this in a way that MORDI TT and Talitha Project drive GEDSI in program implementation, utilising approaches that are appropriate to the culture and context in Tonga, and their relationship with communities and stakeholders, a sentiment shared by two out of the three partner representatives during interview:

*“Gender- I believe in the concept but you guys make it a bit extreme. For us, GEDSI is taken into account during the design and also, it's something that is very important for us because we have a delegated staff that focusing on looking at those people with, you know, disability or elderly people or single mom or all those kind of vulnerable people in the community” (KII local partner 01).*

*“I think it's different for both partners. And I think when people write designs, they often forget that Talitha is an expert in gender equality. So why would they need training, sometimes things are written in the design just to tick donor, donor requirements, donor needs, rather than actually thinking about the expertise organisations already have, and then working from there, not just assuming that they all need, like support around gender or disability” (KII CARE partner 01).*

## Partnership

<b>Key inquiry area 4: How did the partnership model address humanitarian needs that were well-targeted and delivered positive outcomes?</b>
1. What are the features of the partnership model that have supported achievement of positive results?
2. What are the opportunities to improve the partnership model?
3. How have resources (financial and non-financial) been used, in particular the flexible funding? Did this contribute to quality and impactful programming?

The CARE Australia in partnership with MORDI TT and the Talitha Project Hunga Tonga Hunga Ha'apai volcanic eruption and Tonga tsunami Response Strategy January 2022 – December 2023 (the response strategy) set out the approach and key principles for the response program. Examples of how these principles were practiced during the implementation of the response program is described in Table 2 below. The International Non-Government Organisation (INGO) and Local NGO partnership combined the resources of CARE Australia with the local experience, expertise, and community connections of MORDI TT and Talitha Project. The evaluation found positive key features of the partnership model that relied on national and local leadership to lead the program, supplemented by CARE Australia to support the delivery of successful results for the program.

### *The partnership model*

The partnership is comprised of partners CARE Australia, MORDI TT and Talitha Project all of whom have their own set of strengths and experiences. The approach to the partnership is that the national organisations in Tonga play a critical role as first responders in the emergency response program to identify and provide immediate support and resources where they are most needed with CARE as the partner providing capacity strengthening in project management, financial management, MEAL and gender and inclusion, to mobilise resources, manage grants, and to advocate for and support localisation at every opportunity.

The purpose of the partnerships is to draw on the mutual programming strengths and experience of all parties including CARE's integrated disaster risk reduction (DRR)/Climate Change, Gender and Emergency Preparedness and Response expertise and MORDI TT and Talitha Project's experience in long-term development and humanitarian response programming including Tropical Cyclone (TC) Gita, TC Harold and the COVID-19 pandemic.<sup>7</sup> Drawing from the strengths of each partner, the partnership focused on providing immediate and early recovery assistance in Shelter, WASH, Agriculture and Protection.

The relationship building over the years has helped establish trust amongst the partners which also supports the success of locally led processes. The partnership is based on previous programming relationships amongst the partners. For example, MORDI TT and CARE have held a longer programming relationship than CARE and Talitha Project. The prior response relationship between CARE and MORDI TT made it easier to plan response even when communications were down, however for Talitha Project, planning had to happen once communications were restored as CARE had less clarity on what Talitha Project would want to do as response activities. Examples of the history in the partnership include:

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<sup>7</sup> CARE Australia in partnership with MORDI TT, the Talitha Project Hunga Tonga Hunga Ha'apai volcanic eruption and Tonga tsunami (HTHH disaster) Response Strategy January 2022 – December 2023.

- CARE and MORDI TT worked together on TC Gita response program in 2018.
- CARE and MORDI TT implemented the COVID-19 Community-based Awareness and Preparedness in the Pacific project, funded by the Bureau of Humanitarian Assistance (BHA) from 2020-21.
- CARE and MORDI TT delivered USAID’s Office of U.S Foreign Disaster Assistance (USAID/OFDA) and Start Network funded projects in Tongatapu and ‘Eua in response to Cyclone Harold in 2020.
- CARE, MORDI TT and Talitha Project delivered a DFAT-funded COVID-19 response project in Tongatapu and ‘Eua in 2020-21, with some reach to Ha'apai.

The collaborative approach taken by the partnership has also supported positive impacts of the program outlined previously. There were joint planning and proposal development processes as well as regular meetings to support troubleshooting and finding solutions together. This collaborative approach is also articulated in the response strategy where the partnership committed to equitable involvement in decision making where each partner’s voice is respected.

*“First of all, we have to identify together. We identify what is the issue. We design the solutions for it and then we do you know everything has to be we have to be partners from the beginning from initiating the idea all the way to implementation and to reporting to donors in in my experience a lot of partners that they call them partners, but they just come with a pre-design program and give it to somebody fast. We don't, we also have other small criteria we call it rules of enhancement like they have to use our system they have to it. It's just to make it easy for things to be done on the ground” (KII local partner 01)*

The partnership model and locally led approach built on the needs of the affected populations and enabled the partnership to work past immediate response phase to long-term recovery, repositioning, and preparedness activities including, but not limited to building community a water tower, rehabilitating household level WASH infrastructure, providing PSS support to children and adolescents, building prepositioned stock storage facilities, expanding the agricultural nursery facilities, and supporting local partners’ technical capacity.

The evaluation identified positive features of the partnership model that contributed to the successful implementation of the program. The key features include: the partnership is guided by partnership principles which is articulated in the partnership’s response strategy;<sup>8</sup> the partnership had mechanisms in place by which issues of concern can be raised and resolved; the relationship is based on previous strategic partnerships that builds systems and processes based on the goals and ambitions of the partners; project implementation was led by the national organisations in Tonga - MORDI TT and Talitha Project; affected communities had input into the assessment of their own needs and had a say in decisions that affected them and the flexibility to pivot and adapt was essential to implement a program that responds to the local context.

#### *Positive features of the partnership model*

- **The partnership is guided by partnership principles which is articulated in the response strategy.** The partnership values the following principles: flexibility, open communication, collaboration, mutual learning, shared vision, and objectives. Table 2 below provides examples of how these partnership principles were practiced in the response program.

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<sup>8</sup> CARE Australia in partnership with MORDI TT, the Talitha Project Hunga Tonga-Hunga Ha’apai volcanic eruption and Tonga tsunami (HTHH disaster) Response Strategy January 2022 – December 2023.

Table 2: Examples of partnership principles in the response program

Partnership principles	Examples of principles in practice from the perspective of local partners and communities
Flexibility	<p>The partners understand that country and operational context impacts on project implementation therefore collaboration needed to adapt to these shifts. The three partners took prompt actions to review the PDM results and what flexibility the projects and implementing partners would have to accommodate the feedback from the communities. An additional USD 118,000 top-up grant was provided to include completion of MORDI’s Agricultural nursery construction and storage facilities to store prepositioned stock in Tonga as emergency preparedness measure.<sup>9</sup></p>
Open Communication	<p>The partnership established mechanisms that supported clear communication, access to information, enabled partners to provide feedback, promoted a culture of learning and allowed partners to understand the impact of the response activities through reporting and assessments. These include partnership meetings, partnership monitoring visits and partner led PDMs which are foundational in fostering ownership and accountability within the partnership. <i>“...it's not flat hierarchy, but very clear idea of who is doing what and we're in the same boat as a partnership with different roles. And having this sort of platforms like the Smartsheet. It just brings transparency and clarity, which probably serve everyone, and we can easily solve issues there, and it's easy for CARE to translate that data into report” KII CARE partner 02</i></p>
Collaboration	<p><i>“All partners involved contributed to the successfulness of the activities that was delivered. The mutual trust, respect and collaboration between partners enabled to leverage the strengths, resources, and expertise to achieve the output and outcome that was set in the beginning.” KII local partner 02</i></p>
Mutual Learning	<p>As set out in the response strategy, the partnership committed to learning and seeking improvement through reflection, open dialogue with project participants, other partners and with each other. An innovative approach taken by the partnership for monitoring of the project was the virtual field visit attended by donors and the three partners. Virtual field visits for the donor can be successful and connect large groups of stakeholders remotely when physical visits would not be possible.</p>

<sup>9</sup> Tonga response Quarter 1 2023 report.

Shared Vision and Objectives	The partnership’s goals for the response program places women, men, girls, and boys at the centre of the response program by having their immediate needs met and to be supported to transition to recovery and strengthen resilience to future shocks. Partnership health checks were conducted to assess the overall health and effectiveness of the partnership, providing an opportunity for the partnership to exchange feedback offering a basis for improvement and strategic decision-making.
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- **The relationship is based on previous strategic partnerships and builds systems and processes based on the goals and ambitions of the partners:** As articulated in an interview with CARE staff and a local partner, the previous working relationship with MORDI TT, described in the earlier section enabled CARE to estimate their needs as CARE understood their programming focus (what they do and where they work) and strengths. This relationship was valuable immediately following the disaster when immediate communication and access to Tonga was not possible to support the initial planning of the response program and resource mobilisation. Once communication was restored, MORDI TT were able to validate for these needs. For Talitha Project, needs identification and planning was done once communication was restored.

*“..... we have been very carefully promoting that this has to be a partner led in the intervention program, which means that as soon as we could we collected the needs from the partners, keeping in mind that there was six to eight weeks of power source cuts and immediate communication was impossible. But still, we were able to estimate the need based on our previous relationship with MORDI TT and Talitha [Project] so we knew what they do. We knew the areas they cover; we knew the activities that they do, and we know their strengths. So, we were able to use that information and knowledge quite a lot at the planning phase. As soon as the connectors were back, we returned to the partners asking validations for these needs. And they of course, both Talitha and MORDI TT quite promptly, very promptly, actually, just informed us what the situation is, what are the needs and the coverage. All the projects, the planning, and implementation is really strongly following the partner led approach.” KII CARE partner 02.*

*“When we negotiate partnership, I always make it clear that together we identify the issues, everything, we have to be partners from the beginning. In my experience, a lot of experience, a rule of engagement is that we have to use our system and know the amount they have to put on the table. The model with CARE since we started working has worked out very well.... model has worked in doing partnerships - we contribute to how CARE sees how we should work - in the community it’s all about us (local partners)” KII local partner 01.*

- **Project implementation was led by the national organisations in Tonga according to partners' experiences, priorities identified, ongoing programming in communities and their organisational strengths and relationships in Tonga.** The three main criteria for identification of target communities are communities in which partners are already working with in their programmes, locations identified by NDRMO and through initial rapid assessments.



MORDI TT drafted a response strategy which formed the basis of the overarching response strategy and subsequent donor proposals. MORDI TT and Talitha Project were at the centre of the assessment, design, implementation, and monitoring of the response program. Further details on how MORDI TT and Talitha Project were involved in each stage of the project management cycle can be found in the section on locally led response below.

*“Partnership and collaboration is important, cannot do this job on our own and if we do things individually, that is when duplication of work happens. I believe it was more positive and more effective of working in partnership together in this distribution” (KII local partner 03).*

The approach of a locally led response by partners, with remote surge support from CARE, worked well. It provided a significant opportunity to further develop the partnership model ensuring localisation is responsible, structured, guided, and supported according to partners’ needs. CARE’s remote technical support to partners positioned the partnership for an entirely locally led response, which also supported the Tongan Government’s efforts to minimise the risk of COVID-19 transmission.

- **Affected communities had input into the assessment of their own needs and had a say in decisions that affected them:** The partners locally-driven implementation modality ensured that project leadership is active on the ground in Tonga. Working together with the Town and District Officers ensured that communities were consulted about their needs as the Town and District Officers are the contact point for communities. MORDI TT’s existing partnership with NDRMO in conducting initial damage assessments, regular field visits also ensured community leaders and members are engaged. While the majority (80%) of community members that participated in the evaluation FGDs said that they were not consulted about their needs or the activities implemented, this does not mean that communities were not consulted by MORDI TT and Talitha Project, rather that community leaders were the entry points for many organisations following the volcanic eruption and tsunami and the information received is based on the assessment of the community leaders following community meetings and door-to-door assessment. This approach placed less burden and reduced consultation fatigue of communities who did not have to consult with multiple stakeholders’ multiple times. Working through the Town and District Officers meant that existing community structure and processes were followed.

*“The District Officer and Town Officer were called to meet and were involved in the planning because they are the representatives of the village. After that, they called the group leaders and shared with them the plans and everything. Before we make any decisions, we will always meet and agree before we decide on anything, and we followed the plan accordingly. We (Community) always have meetings once a month and all the members of the group have their say. So, what they decide on will be taken by their leader to the meeting with the Town Officer and other group leaders within the village” (FGD 02).*

Local organisations are intricately linked to the needs and aspirations of community members, placing the interest of the community at the forefront, in particular the most marginalised and those hardest to reach. Local organisations also build leadership capacities in communities through focal points and local leaders, and this fosters a sense of ownership

and responsibility, ensuring that decision-making processes are influenced by the voices of community members.

*“Always, our guiding principle is bottom-up approach. We always go and ask the client what is needed and most of the stuff that goes into our plan we have observed and also what the community tell us that they needed.” (KII local partner 01).*

- **The flexibility to pivot and adapt was essential to implement a program that responds to the local context.** Flexible funding enabled greater adaptability in the use of funds particularly as community needs changed. This flexibility contributed to the quality and impact of programming. According to the partners, the flexible funding enabled the delivery of the right type of support to address the needs of the affected communities which enhances the relevance and appropriateness of the response activities. For example, minor changes were made in the BHA-funded project to include the purchase and distribution of hygiene kits.

*“Flexible funding enabled the delivery of the right activities to address the needs of the affected communities. There was reallocation of funds within the program to enable delivering of these activities not only for the sake of delivering but ensuring that the activities have a positive impact on the communities. CARE Australia also provides technical assistance throughout the duration of the program. Delivering trainings virtually and also dispatching team to the ground contributed a lot to the quality and effectiveness of the program.” (KII local partner 02).*

The partnership was also able to leverage CARE’s donor relationships as well as knowledge and expertise in grant management and in how to access the flexibility in funding. For example, prepositioned goods from CARE and BHA enabled the partnership to meet the immediate needs of the communities and this prepositioned stock was replenished from the BHA, CDP and private donor funding. The project pivoted to provide support to community level rainwater tank systems rather than the initially planned household level systems, which proved to be significantly more cost effective and impactful. Being able to access this flexibility requires building donor trust by meeting project deadlines, processes, and reporting requirements.

#### *Opportunities to strengthen the partnership*

Identifying opportunities to strengthen a partnership is an essential aspect of maintaining a dynamic and effective collaboration. The evaluation found that CARE, MORDI TT and Talitha Project value the localisation practices adopted for the program and the impact and outcome that was achieved through this approach. Five main areas were identified for strengthening the partnership during KIIs with the partners:

- 1) **Increase mutual understanding of flexibility in grant management** – while the partnership allowed for adjustments and adaptations to the project activities based on changing needs and circumstances of the communities, navigating the complexities of grant agreements, including the mechanisms for flexibility may not have been well understood by all partners and/or by those directly implementing the program within the partner organisation. Limited experience and internal capacity in project management can lead to uncertainty about how to request changes or modifications. Due to limited resources and a desire to meet donor

expectations, partners may be risk-averse and hesitant to propose modifications to the original project plan.

*“ . . . flexibility - we did not have that as we just worked with the products that they sent us. As needs changed, we could not do much and had to work with what they gave us. For example, cleaning kits came after the hygiene kits and we realised that some people did not need this, they said they wanted food, water but we did not have that, so we had to explain that this is what the donors sent and we doing the distribution. We tried to stay in the lane of the agreement. We don't put off the trust that the donors have on us.... For future, our Director will sit and ask them to be more flexible in agreement. As for donors, its total black and white and if we move things, they might think we not honest. Things change over time, the same scenario when the emergency is changed now.” (KII local partner 03).*

Recognising that MORDI TT and Talitha Project are unique organisations who may require different types of collaboration and relationships, CARE provided project management training, inception workshops to go over compliance rules and donor regulations, project level support as well as partner feedback opportunities through weekly meetings. MORDI TT and Talitha were encouraged to proactively communicate about challenges or opportunities that may warrant adjustments to the project plan. Feedback from CARE on this draft evaluation report clarified that all activities were designed by partners and kit contents discussed together and donors listened to reasonable requests for changes. For donors, the partnership proposed many changes regarding immediate distribution versus prepositioning and these were positively accepted which would boost Tonga's ability to respond early to the next disaster. The partners should continue to invest time to build best partnership practices as these practices create opportunities for the partners to try different ways of working in partnership including ways to navigate challenges, concerns and misunderstandings and establishing ways to promote open and honest conversations.

- 2) **Continue to foster mutual learning during the implementation of the program taking into consideration the context in which partners are operating in.** Following the aftermath of the volcanic eruption and tsunami, MORDI TT and Talitha Project were trying to work within a very new disaster response program, with little to no communication initially internally and externally while at the same time trying to understand what communities needed and how they can best support. The organisations implemented multiple projects from different donors with different project management obligations, compounded by COVID-19 travel restrictions and the impacts of the virus itself on staff and communities. Simultaneously, CARE was mobilising resources, providing technical support to the national partners in Tonga, as well as liaising with and reporting to donors.

During interviews, partners spoke of the need for planning and resourcing of institutions to be able to respond during humanitarian crisis. Developing Emergency Preparedness Plans (EPP) at the organisation level, if this does not already exist, will enhance partners' preparedness, response, and recovery capabilities in humanitarian settings. EPP's include strategies for preventing and mitigating the impact of potential disasters, protection of physical assets of the organisation, business continuity, communication strategies, roles and responsibilities and collaboration with stakeholders during emergencies. To support testing and implementation of the EPP and the ongoing strengthening of the partnership, partners can consider conducting simulation exercises that create scenarios that mimic the conditions

of a disaster or emergency to test the plan and as a proactive and strategic investment to building the partners humanitarian response capacity and building a resilient and prepared organisational culture, enabling effective responses to emergencies.

- 3) **Preparedness of systems and resourcing for emergency monitoring and evaluation** – while establishing robust MEAL systems is a crucial aspect of effective project management, smaller organisations may sometimes face challenges in fully understanding or engaging with these systems, particularly during emergency response programming. CARE coordinated the program-level MEAL system, including joint MEAL activities, as well as providing technical advice when requested. The technical support in MEAL to both MORDI TT and Talitha Project and the MEAL system was adjusted to respond to the challenges faced during implementation including by setting up a joint program management platform (Smartsheet) allowing all partners to access a shared, single source for project data and planning. However, interviews revealed that MORDI TT and Talitha Project felt pressured to provide and maintain data that was requested of them while at the same time implementing activities to meet project deliverables. The learning from this response program can foster advance discussion around project management and MEAL in humanitarian response programming to ensure that all partners feel supported and confident in the emergency program MEAL systems and requirements. In future, the partnership can consider mobilising in-country technical MEAL support to support national partners with face-to-face MEAL support, including centralising project management and monitoring efforts.

*“There is always room for improvement through collaboration, communication, and feedback. Areas to improve may include improving our monitoring and evaluation mechanisms. Looking at the challenges we have faced and see how we can address those challenges.” (KII local partner 02).*

- 4) **Continue to maintain strong and sustainable partnerships outside of specific projects** – this is crucial for fostering ongoing collaboration and shared learning. MORDI TT and Talitha Project believe that ongoing support in organisational strengthening, building on the support provided by CARE in the response program is a key component of disaster preparedness and should continue.

*“. . . right now, I only talk to CARE when there's a disaster but like during the non-disaster period, they can help us strengthening ourselves build our capacity. Maybe on report writing, maybe on M&E, maybe on finance, on procurement, there's some other areas that can strengthening us. To do that is the key. The first activity, initial activity to do is an internal audit of whatever that we wanted to look at or look at GEDSI. So, if they can do that as a preparedness thing for when the disaster come, then I'm sure we'll be deliver a better-looking service. Because it's all the same if you have a look at other agency, they're all the same. If they come at times and you meet the minimum, they're happy to go with that. If they say no, no, I'm not happy with that, that you need to improve. I need to get something out of this partnership and if you're just using me to deliver their stuff, you can take a hike and find another partner.” (KII local partner 01).*

Developing a long-term strategic partnership plan that outlines long-term objectives and shared goals for the partnership is crucial. In the context of disaster response, where there is unpredictability in identifying specific areas that will be severely affected, these existing

partnerships can allow partners to focus on humanitarian response itself without being delayed by administrative processes such as establishing agreements or conducting due diligence. With longer term partnerships these practices can also support partners to work across the nexus of development and humanitarian interventions.

- 5) **Committing to building in self-care for implementing partners** – building in self-care for staff in humanitarian response programs is crucial to ensure their well-being and effectiveness in delivering the program. MORDI TT and Talitha Project spoke to fatigue that they felt implementing the program. While partners were always in response mode, upon reflection over the past few months, MORDI TT and Talitha Project acknowledged that there is a need to build self-care into a response program. Talitha Project was able to have a reflection retreat six months after the disaster and this supported reflection and lessons learned process.

*“None of the staff really had time off – packing, distributing until we are bone tired, but we prioritised the affected areas. After six months, we had a little retreat with staff to refresh and reflect.” (KII local partner 03).*

Intentionally building in self-care into the current project management and operational processes of implementing partners may include training on stress management, coping strategies and identifying signs of burnout, encouraging open communication about stress and burnout, recognising availability of peer support, rotating staff and volunteers to allow for rest and recovery, including self-care as an agenda item in weekly partner meetings and feedback mechanisms.

Image 2: Rainwater harvesting system set up at Government Primary School in Fatai. Photo Source: MORDI Facebook Page





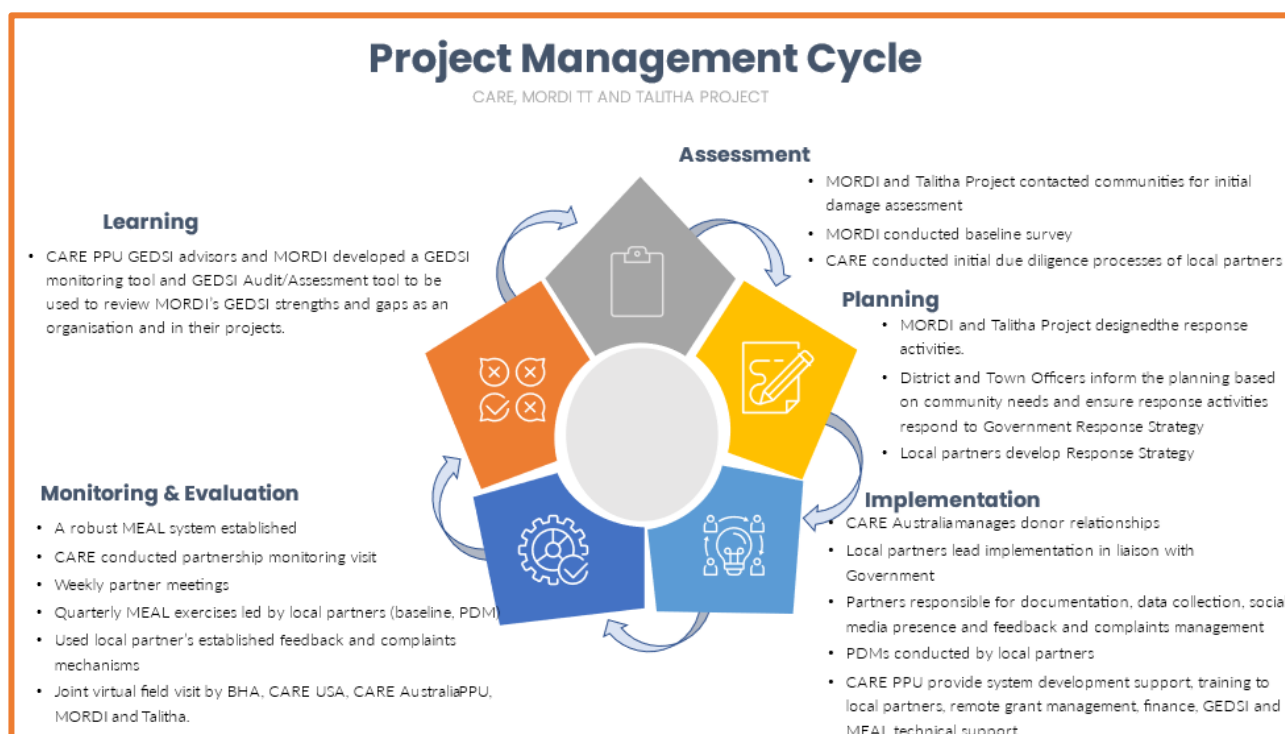
## Locally led response

Key inquiry area 5: To what extent did the partnership support local leadership of humanitarian action?
1. To what extent did partners (MORDI and Talitha Project), stakeholders, and affected communities lead program planning, implementation and decision-making?
2. Are there specific advantages or disadvantages from the perspective of local organisations and communities of local organisations being the primary provider of support?
3. To what extent did the partnership actively seek to work within the existing approaches, systems, processes in Tonga?

The evaluation found that local partners, MORDI TT and Talitha Project were involved throughout the project management cycle demonstrating best practice that promotes effective collaboration, ensuring the response program was contextually relevant, and supporting the sustainability of the investments.

Figure 5 below illustrates the crucial role local partners played in identifying and assessing the needs of the affected communities, collaborating with CARE to establish goals for the response program, conceptualising the project proposals, implementation of the day-to-day activities, participating in capacity strengthening activities, data collection and responding to community and partner feedback and contributing to the evaluation of the project's overall impact on the community.

Figure 5: Project management cycle and partnership approaches



At the different stages of the project management cycle, MORDI TT and Talitha Project were at the centre of designing and implementing the response activities, playing a key role in each stage of the project management cycle:

**Assessment:** MORDI TT and Talitha Project contacted communities for initial damage assessment information as well as liaised directly with District and Town Officers to ensure plans align with the Government response strategy.

At the outset of the project, CARE conducted initial due diligence processes by assessing both local partners' financial and program management systems and processes. CARE also evaluated safeguarding systems against child abuse, sexual harassment, exploitation, and abuse. In addition, in the initial phases of the project, CARE conducted a program-level risk analysis and program risk management strategies were revisited to assess the potential risks and proposed strategies tailored to the current context were identified.<sup>10</sup> These processes support risk mitigation and supported the operational efficiency and effectiveness of the program.



**Planning:** MORDI TT and CARE conducted a baseline data collection exercise in May 2022, to support target setting and decision making. The data also informed the work of partner Talitha Project. The baseline collected information on WASH, shelter, agriculture, gender, inclusion, feedback, and communication preferences. The results were immediately used during an interpretation and reflection session. Some amendments to the response were suggested to ensure activities remained needs-based and in line with community preferences, in particular informing the shelter and settlements sector. All partners signed the CARE Code of Conduct, Child Protection, and PSEAH policies as part of sub-agreement processes and a refresher of these policies were provided during project inception.

**Implementation:** CARE acted as the intermediary between donors and the local partners, MORDI TT and Talitha Project. The local partners informed the design of the response activities and response

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<sup>10</sup> Canadian Humanitarian Assistance Fund Final Narrative Report Tonga



approach based on the needs on the ground and working in liaison with the District and Town Officers. CARE was responsible for grant management, change management, reporting, resource mobilisation, and donor engagement. To foster mutual understanding of humanitarian principles, CARE’s technical support team provided training to partner staff on the Accountability to Affected Populations (AAP) principles outlined in the Core Humanitarian Standard (CHS) and CARE International’s Humanitarian Accountability Framework (HAF); including using CARE’s ‘AAP Snapshot’ tool, which is designed to promote reflection on how the project can better develop processes and perform against HAF/CHS principles.<sup>11</sup>

Although the response was fully managed and monitored remotely, there was a financial technical support visit to Tonga in September 2022 by CARE, as requested by both partners. This visit provided an opportunity for CARE to conduct technical financial capacity building for partners' finance teams, develop partners' financial systems, conduct anti-fraud training and due diligence processes. There were also two monitoring visits by the Head of PPU in June and November 2023, and one monitoring visit by CARE’s Tonga Response Coordinator in February 2023. CARE also provided remote grant management and oversight, finance, GEDSI, and MEAL technical support. Project activities and targets were amended based on the evolving needs of the communities.

**Monitoring and Evaluation:** Features of the MEAL system included a monitoring dashboard to assess progress to targets and weekly monitoring reports for grant management; weekly partner meetings; quarterly MEAL exercises such as the baseline and PDM to ensure the ongoing assessment of needs and solicitation of feedback from the community; and at project-level, there was a regular field presence of M&E officers, incorporating monitoring visits into program activities; established feedback and complaints mechanisms that work within existing community structures and protocols.<sup>12</sup> Partners are responsible for the documentation, data collection, social media presence and feedback and complaints management. BHA, CARE USA, CARE PPU, MORDI TT and Talitha co-conducted a virtual field visit in September 2022. Evidence-based decision-making used data from



<sup>11</sup> CARE Australia in partnership with MORDI TT, the Talitha Project Hunga Tonga Hunga Ha’apai volcanic eruption and Tonga tsunami (HTHH disaster) Response Strategy January 2022 – December 2023.

<sup>12</sup> Bureau for Humanitarian Assistance (BHA) Narrative Reporting - Tonga Final Report

the baseline and PDM exercises to make adaptations to the project that ensured it remained in line with community needs and preferences.

**Learning:** Throughout the project cycle, there were many opportunities for learning at the individual and organisational level. For example, the program funded a MEAL system assessment for MORDI; CARE'sGEDSI advisors and MORDI TT were engaged in developing a GEDSI Audit/Assessment tool that was used to review MORDI's GEDSI strengths and gaps as an organisation and in their projects. This assessment informed a jointly developed GEDSI action plan and for future planning. The partnership has also completed a Rapid Gender, Disability and Social Inclusion Analysis in previous emergency responses to support inclusive emergency response and early recovery activities, with a supplementary Youth GEDSI Analysis completed in September 2022.

Image 5: MORDI training enumerators from Tonga National Youth Congress. Source: MORDI Facebook page



In Tonga, MORDI TT and Talitha Project are established and recognised organisations and offered an in-depth understanding of the local context, including cultural nuances, community dynamics and specific needs. In addition, MORDI TT and Talitha Project have established trust and relationships within the community and leveraging these existing networks enhanced the effectiveness and acceptance of the response activities.

*Perspectives of local organisations and communities of local organisations being the primary provider of support.*

Outlined below are the perspectives of the local partners, stakeholders and communities about local organisations leading the response program:

- **Knowledge of operating context in country:** *“They have done their prior action, engaging with the community at the local level so they know the setup they know the context where the entry points are when it comes to community and when it comes to the sub-national level, so going from there to the national level they already know whom do they go to if need of this thing. I think there is no disadvantage, they are complementing the work of NDRMO and they are actually supporting the work in the office, and I think that it should continue.”* KII stakeholder 01.

- **Understanding of local context:** *“They are locals, they already earned the trust. And they know what is appropriate, what is not appropriate, even when it comes to methodologies, how to speak how to deliver items, how to ask how you're doing, it's, it's the sort of local knowledge which cannot and should never be replaced by external items or support or expertise at any level. So, I think the advance has definitely been the whole approach that really puts the local implementation in the spotlight and makes them the primary providers.”* KII CARE partner 02
- **Established relationship in communities** *“Thing is that the relationship between us and the communities is already in place and has been established since 2018. Making the engagement with the communities easier and it builds trust between us and the communities and its members.”* (KII local partner 02)
- **Relationship built on trust** *“The working relationship between the village and MORDI is based on trust because MORDI worked closely with group leaders, town and district officers and the aid and assistance was distributed fairly.”* (FGD 02)
- **Understanding of cultural nuances** *“As a local organisation is that we have a better understanding of the local context and culture, we engage the communities on a regular basis face-to-face, so we have established relationships and build trust with the affected communities and also other local stakeholders.”* (KII local partner 02)
- **Ensure sustainability and ownership of interventions** *“Mobilising resources locally and staff quickly and efficiently like straight after the HTHH eruption, the next day we mobilised our staff even though it was a Sunday to start our initial damage assessment and addressing the urgent needs of the affected communities. We can also ensure that sustainability and ownership of the inventions with the communities”* (KII local partner 02)
- **Ability to share resources** *“We know each other and are familiar with the Director of MORDI and have done other collaboration over the years.... we are on familiar grounds of each other's work and find a way to work together from there. We do not have trucks for delivery (Talitha Project), but MORDI do have a huge truck where we could use to distribute so whenever we need help with loading of huge loads, they help us with that. They have more male workers too, so they help us in that part.”* (KII local partner 03)

Recognising the limitations and avoiding overburdening smaller NGOs during humanitarian response programs is crucial for the success and sustainability of collaborative efforts. CARE and Talitha Project recognise that Talitha Project is an NGO that usually manages small development projects, and are therefore limited in resources, both in terms of funding and human resources, often operating in challenging environments. Therefore, considerations must be given to support to smaller partners in areas such as project management and monitoring and evaluation. Recognising the challenges Talitha Project was facing, CARE aimed to address the issue by setting up a joint program management platform (Smartsheet) allowing all partners to access a shared, single source for project data and planning<sup>13</sup> as well as provided project management training during a partnership visit.

*A localisation approach means that the partnership worked within the existing approaches, systems, processes in Tonga.*

The three partners place great emphasis on ensuring proactive coordination with Government authorities at the national and sub-national levels. CARE has permission through the NDRMO and the Tonga Ministry of Meteorology, Energy, Information, Disaster Management, Environment,

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<sup>13</sup> Bureau for Humanitarian Assistance (BHA) Narrative Reporting - Tonga Final Report.



Climate Change and Communications to operate alongside MORDI TT to support disaster response. MORDI TT and Talitha Project have close engagement with NDRMO and the Ministry of Internal Affairs and are active members of the UN's Inter-Agency coordination mechanisms, Shelter, WASH, Safety and Protection, and Food Security & Livelihoods Clusters. MORDI TT has a current Memorandum of Understanding with the Ministry of Internal Affairs (MIA), and the Ministry of Agriculture, Food and Forests, which form the foundation of MORDI TT's work in Tonga. Additionally, MORDI TT has strategic partnerships with several agencies and organisations in Tonga including private sector representatives who are working with and have a particular interest in rural development in Tonga. MORDI TT works closely with the MIA who manages government-appointed community representatives nationally as well as a growing partnership with NDRMO. MORDI TT and Talitha Project undertook initial distributions and assessments in close consultation with Town and District Officers and their initial damage assessments.

Talitha Project is a registered local organisation that works closely with the MIA and Ministry of Education and Training, the Family Protection Legal Aid Centre, the Women and Children's Crisis Centre Tonga, and the Tonga Family Health Association and is a member of the Safety and Protection Cluster.<sup>14</sup>

MORDI TT and Talitha Project have extensive experience engaging in the system and responding from day one of the disaster and have received positive recognition from stakeholders: *"For us when it comes to our limitation that is when we are stepping out and we tap on [MORDI TT and Talitha Project] so that they may continue.....other than that they have been very respectful and they have been part and parcel and process and their approach has also been relevant because they response to us and they also have their responsibility and accountability to the cluster system, I know they are part of one or two cluster. There is no way they can go off track from that because they report back to us so they have covered families and children, they have provided that and that is accountability because they have to have their report come through us for the situation report so all the time I pressure them to report back to NMC because only through that way we can avoid duplication and wastage of resources because every NGO must report back what is it they cover and that way we can better allocate the task"* (KII stakeholder 01).

Understanding these systems, processes and dynamics of these relationships is crucial for effective collaboration and supports sustainability of the interventions.

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<sup>14</sup> Bureau for Humanitarian Assistance (BHA) Narrative Reporting - Tonga Final Report

## Recommendations

Based on evaluation findings, the following recommendations provide key considerations for future programming. The recommendations are based on learnings shared by CARE, MORDI TT and Talitha Project in implementing the response program.

### Future programming

1. Continue to build on the investments made by the partnership in GEDSI through the provision of dedicated technical support from CARE, and MORDI TT and Talitha Project's existing organisational approaches and commitments to GEDSI, and ensure this approach is tailored to the respective partners approach to GEDSI (MORDI TT- mainstreaming approach to GEDSI and Talitha Project where GEDSI is a core and explicit objective). For example, as a way to support local partner leadership role to promote more inclusive response and recovery programming in Tonga, exploring impact of MORDI TT's agriculture activities on women's role in agriculture beyond food production, and Talitha's work to support the psychosocial needs of children, specifically adolescent girls are opportunities to explore impact on GEDSI at a transformative change level.
2. Document the partnership learning on what works to advance disability inclusion in Tonga given the existing challenges to advance disability inclusion in Tonga and use learnings to inform programming approaches. Review current disability identification approaches to progress disability inclusion in a sensitive way, acknowledging the different disability groups and impairments (physical, psychosocial) and how the partners can develop specific approaches to better integrate disability inclusion in future humanitarian response.
3. Continue to work with OPDs and explore partnerships based on mutual roles and strengths as a way to help ensure the needs of persons with disabilities inform partners programming and facilitate more direct access to persons with disabilities at the community level. Partnerships with OPDs can facilitate access to persons with disabilities at the community level by working with their members as a way to have more direct engagement with persons with disabilities. Identify other mechanisms within communities that may provide entry points to engage directly with persons with disabilities such as Town Officers, groups in the community such as women's groups or youth groups.
4. Ensure that members of the CARE GEDSI team are included throughout the program cycle not only through the provision of intermittent inputs such as training and technical review of program outputs over program implementation. This will help ensure a more joined up and coordinated approach with the GEDSI team for enhanced program outcomes.
5. Continue to encourage proactive two-way communication in the partnership and invest time to build best partnership practices as these practices create opportunities for the partners to try different ways of working in partnership including ways to navigate challenges, concerns and misunderstandings and establishing ways to promote open and honest conversations.
6. Develop emergency preparedness plans (EPP) at the organisation level, if this does not already exist, to enhance partners preparedness, response, and recovery capabilities in humanitarian settings. To support testing and implementation of the EPP and the ongoing strengthening of the partnership, partners can consider conducting simulation exercises that create scenarios that mimic the conditions of a disaster or emergency to test the plan and as a proactive and strategic investment to building the partners humanitarian response capacity and building a resilient and prepared organisational culture, enabling effective responses to emergencies.
7. Conduct advance discussion around project management and Monitoring, Evaluation, Accountability and Learning (MEAL) in humanitarian response. In future, the partnership

can consider mobilising in-country technical MEAL resources to support partners with face-to-face MEAL technical advice, including in centralising project management and monitoring efforts.

8. Integrate self-care support for MORDI TT and Talitha Project, who faced challenging and emotionally demanding situations in their work in future humanitarian response programming. Self-care can be built into the current project management and operational processes of MORDI TT and Talitha Project such as training, human resource management, feedback mechanisms and as a standing agenda in staff and partner meetings.

#### **To inform the partnership approach**

9. Developing a long-term strategic partnership plan that outlines long-term objectives and shared goals for the partnership is crucial. Strengthening of the existing partnership and building on the positive partnership approaches and commitments can allow partners to focus on humanitarian response itself during a humanitarian crisis without being delayed by administrative processes such as establishing agreements or conducting due diligence. Longer term partnerships can also support partners to work across the nexus of development and humanitarian interventions.

#### **To inform future partnership and localisation approaches**

10. CARE, MORDI TT and Talitha Project should explore opportunities to communicate externally to the Government, national clusters, and other stakeholders in Tonga, donors and to the broader humanitarian sector the locally led approach and best practices taken in this partnership, including showcasing the positive features of its partnership model to support and influence the localisation agenda.

## **Conclusion**

The overall evaluation conclusion is that the merit and worth of the Hunga-Tonga-Hunga Ha'apai Disaster Response Program has been validated. The partners- CARE, MORDI TT and Talitha Project - are to be commended for the positive achievements and impact the program has had on affected communities in providing assistance that met the needs of communities and assistance that continues to help them recover, and including at the partnership level, helping to strengthen the partnership between the organisations. The evaluation findings demonstrate the positive impact the program has made on the lives of affected communities, in the context of a disaster that was unanticipated and caused significant devastation and destruction in Tonga, the partnership was able to deliver a response that met the immediate needs of communities, both at a practical level (through provision of water, shelter, agricultural support) and supporting the wellbeing of children and adolescents to cope with the associated psychological impacts of the disaster.

Through a localised approach to the response, with partners MORDI TT and Talitha Project leading the response, supported by CARE through the provision of resources, technical support and donor partner liaison; and providing assistance that met the needs of affected communities, the program is considered by stakeholders as one that represents a high-quality humanitarian response. A strong partnership between the organisations underpins the programming and has contributed to the success of the response. Learnings and recommendations to improve future project delivery and partnership approaches are offered as considerations for strengthening and building on the positive work achieved. The positive achievements also provide good indication that partnership between international and local humanitarian actors can result in an effective response, including supporting ongoing recovery of affected communities to enhance their resilience to future disasters.



## Annexes

**Annex 1: Terms of Reference for Contract to Conduct End-of-Program Evaluation**  
Attached separately.

### Annex 2: List of people and communities consulted

#### List of communities

##### MORDI TT communities

No.	Community	Group		Method
<b>Tongatapu</b>				
1	Kolonga	Women's Group	Toulālānga	FGD/Talanoa
2	Fatumu	Youth Group	Community	
3	Houma	Men's Group	Toutu'u	
<b>Ha'apai</b>				
1	Fonoifua	Women's Group	Home garden	Phone interview
<b>'Eua</b>				
1	Petani	Cluster Farm		Phone interview
2	Mata'aho	Cluster Farm		
3	'Esia	Home Garden		
4	Mata'aho	Home Garden		

##### Talitha Project

No.	Community	Group		Method
<b>Tongatapu</b>				
1	Houma	Community- mixed (women, men, elderly, youth)		FGD/Talanoa
2	Kolomotu'a	Community- mixed		
3	Makaunga	Community- mixed		
<b>'Eua</b>				
1	Mata'aho	Community		Phone interview
2	Mata'aho	Community		
3	'Esia	Community		
4	Mata'aho	Community		

##### List of stakeholders

No.	Name	Designation	Organisation
1	Soane Patolo	CEO	MORDI TT
2	Lorfan Pomana	Finance Coordinator	MORDI TT
3	Akanesi Pohiva	Project Officer	Talitha Project
4	Shirleen Ali	Pacific Gender and Inclusion Senior Advisor	CARE Australia
5	Sari Bernardo	Program Coordinator	CARE Australia
6	Moana Kioa	Principal Assistant Secretary for Disaster Risk Management	NDRMO
7	Mausa Halahala	Humanitarian Coordinator	Tonga National Youth Congress