

Terms of Reference

Evaluation of the Community based Management of Acute Malnutrition in 3 southern provinces of Lao PDR

1. Background and rationale

Severe acute malnutrition is a life threatening condition and if left unrecognized and untreated can result in death of the vulnerable children. Mortality from SAM can be easily prevented by providing appropriate treatment.

Until recently in most countries, emergency response to high levels of acute malnutrition was predominantly through Therapeutic Feeding Centres (TFCs) which involved in-patient treatment of patients who are admitted and treated for around 21 days or longer. The TFCs are often very far from the villages where the children live. Most often, long periods of stay in the hospital disrupted the regular lives of caregivers and consequently resulted in defaulting of children from treatment. With the availability of ready to use therapeutic foods (RUTF), large numbers of severely malnourished children who are above the age of 6 months and without medical complications could be treated safely in the communities without necessitating admission in the hospital. This resulted in more severely malnourished children without complications being treated in the communities and many countries started to implement the community based approach for the management of children with acute malnutrition. Additionally, community based volunteers were trained to screen for acutely malnourished children using Mid-Upper Arm Circumference (MUAC) tapes to identify and refer acute malnourished children to appropriate health facilities to receive appropriate treatment on a **timely basis**. At present, large-scale community based management of severe acute malnutrition (CMAM) program is being implemented in several countries in Africa but is still at a pilot phase in most parts of Asia, including Lao PDR.

The nutritional assessment conducted in 2010 in nine provinces of Laos mostly affected by the 2008 floods and 2009 Ketsana typhoon found an overall prevalence of Global Acute Malnutrition (GAM)¹ of 9.7 per cent and Severe Acute Malnutrition (SAM)² of 2.0 per cent. In Attapeu province the GAM rate was 18.9 per cent which is above the emergency level of 15 per cent and is classified as critical. In Saravane and Savannakhet provinces the GAM was above 10 per cent and termed serious.

In this context, in 2010-2011, the three UN agencies, UNICEF, WFP and WHO implemented nutrition activities in response to the critical situation in three southern provinces of Attapeu, Saravane and Savannakhet in Lao PDR. The main objective of the UN joint action was to improve the nutritional status of children under five years of age living in 13 most affected districts of Attapeu (Samakhisay, Sanamsay, Sanxay, Saysettha and Phouvong), Saravane (Saravane, Taoi, Toomlan, Samoi) and Savannakhet (Nong, Phine, Vilabouly and Sepone). The Ministry of Health and the Provincial and District Health departments in the three target provinces of Attapeu, Saravane, and Savannakhet were the main implementing partners for this action. The implemented activities were in line with the developed National Nutrition Strategy (NNS) and the National Plan of Action for Nutrition (NPAN) and aimed to ensure prevention, early detection and better management of acute malnutrition.

The Community Management of Acute Malnutrition (CMAM) encompasses the following activities:
(1) community-based screening by community health workers to identify acute malnourished children
(2) referral to appropriate care, based on degree of wasting, appetite and presence of complications

¹ Global Acute Malnutrition (GAM) is a combination of moderate and severe acute malnutrition, also known as wasting¹ among children under-five

² SAM is low weight-for-height or less than -3 standard deviation of reference (WHO standards reference)

(3) development and implementation of specific treatment protocols, therapeutic or supplementary food supplements and medicines, (4) management and follow-up of severely malnourished children in communities (5) monitoring and supervision.

Each UN agency had specific roles and responsibilities in the implementation of the Integrated Management of Acute Malnutrition (IMAM), including its community-based component. WHO supported the development and implementation of guidelines for the inpatient management of acute malnutrition and provision of therapeutic food (F-75, F-100 and Plumpy Nut) for the treatment of acutely malnourished children with complications. UNICEF's key role included providing technical and financial assistance for the community based management of acute malnutrition, including screening, referral and management, infant and child feeding education. As part of this support, UNICEF provided Ready-to-Use Food (RUTF, Eezeepaste Nut) for severely malnourished children and multiple micronutrient powder (MNP, Sprinkles) for children 6-23m. Additionally, UNICEF supported capacity development of health staff and village health volunteers³. WFP provided targeted supplementary feeding with rice-soya blend plus (RSB+) and oil for moderately malnourished children under-five years of age and delivered protective rice rations to the households with acutely malnourished children and to the caregivers of children admitted for inpatient treatment of acute malnutrition.

The IMAM/CMAM activities have been implemented for over a year now. At the end of funding period in December 2011, WHO and WFP have ceased their related support to the 3 southern provinces. However, UNICEF continues to supplement the implementation of the therapeutic component of the CMAM and has currently extended support to Sekong province. As part of the joint UN program, an evaluation of the CMAM program was planned for Lao PDR with the aim of assessing performance, documenting lessons learned and informing future programming in this area.

Purpose of the evaluation

This evaluation will be conducted in three southern provinces of Lao PDR including Savannakhet, Saravane and Attapeu which were affected by the 2008 floods and 2009 Ketsana typhoon. UNICEF continues to support the implementation of the therapeutic component of the CMAM and intends to continue its support over the coming years with aim of ensuring full integration of CMAM into the national health system. Additionally, the MoH is currently scaling up the CMAM program in some of the provinces in the north including Bokeo and Luang Namtha. In the context of planned UNICEF support and the MoH plans for further scale-up of the CMAM program, the evaluation is critical for informing future actions to integrate the CMAM into the health system.

The main objectives of the evaluation are to assess programme performance and inform future actions to integrate the CMAM into the health system. In terms of the main uses of the evaluation, it is expected that it will make recommendations on how to address challenges, pursue opportunities, and fill identified gaps in order to achieve a sustainable integration of CMAM into the national health system and support scale-up, as relevant. In addition, promising practices and lessons learned that are relevant for other programmes' integration into the health system will be disseminated and used at the country level.

The principal evaluation users will be the Ministry of Health, Provincial and District Health Offices and development partners supporting CMAM in Lao PDR. More broadly, the evaluation results will be shared with wide group of stakeholders, including the Ministry of Planning and Investment, Ministry of Finance, donors (Grand Duchy of Luxembourg, European Commission), other development partners (WB, ADB, Lux Development, UNFPA etc.) and INGOs.

The specific objectives of the evaluation are as follows:

³ Health staff are provincial health staff. Village health volunteers are based in villages and generally volunteer their services and are not compensated.

1. Analyze the relevance of UN agencies-funded activities to Lao PDR context and the extent to which they have contributed to the CMAM integration into the national health system.
2. Assess the effectiveness of CMAM activities supported by UN agencies in terms of improved nutritional indicators (eg. cure/death rate for acute malnutrition, prevalence of global acute malnutrition, etc.). If sufficient data are unavailable, develop recommendations for improved data collection.
3. Identify challenges, opportunities, gaps, promising practices, and lessons learned in CMAM implementation, in particular with regard to CMAM integration into the health system.
4. Formulate recommendations and distil lessons to guide future scaling up of CMAM program

As regards the approach to be taken to this evaluation, it should be noted that while always taking into account the standard evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability, this evaluation will be organized around a set of specific evaluation questions. In such an approach, the criteria will be translated into specific questions. These questions are intended to give a more precise and accessible form to the evaluation criteria and to articulate the key issues of concern to stakeholders, thus optimising the focus and utility of the evaluation. The evaluation questions will be finalized by the evaluator(s) in consultation with all the stakeholders. The questions should include in their coverage the following main areas:

1. Relevance of UN agencies-funded activities to Lao PDR context:
 - 1.1. Was CMAM programme and related activities relevant to the level of acute malnutrition and the country/health system context?
 - 1.2. Is CMAM programme still relevant and should it be continued provided the latest available data? If the programme is still relevant, should it be pursued nation-wide or be targeted to specific provinces?
2. Financial and programmatic sustainability of CMAM:
 - 2.1. What has been achieved in terms of CMAM integration into the national health system? Which elements of CMAM – policies and guidelines, training, screening, supply, monitoring, etc. – have already been integrated or which not?
 - 2.2. What is the level of ownership and commitment to continuing the implementation of CMAM at various levels of the system – central, provincial, district, etc.?
 - 2.3. What is the likelihood of the CMAM services to be maintained over time without external financial and technical assistance? What factors will support or inhibit the expansion of the CMAM program including administrative, technical, and financial aspects.
3. Effectiveness of CMAM activities supported by UN agencies:
 - 3.1. How far the planned outputs and outcomes were achieved by CMAM project?
 - 3.2. How are the achieved outcomes as indicated in the Implementation Plan for Community Management of Acute Malnutrition including indicators such as recovery rate, death rate, default rate, nonresponse rate, relapse rate, rate of weight gain and average duration of treatment as compared - to the Global Sphere Standards?
 - 3.3. What factors have contributed to meeting quality standards? Where quality standards are not met, what are the key constraints that need to be addressed in order to meet quality standards?
 - 3.4. How well is the management and coordination mechanism understood and implemented including the roles and responsibilities at various levels of the health system, community and development partners
 - 3.5. How effective is the community mobilization activities at the local level to inform and involve the communities including the village chiefs and committees to mobilize the caregivers and the children for the screening and to support caregivers for referral and follow-up of identified children
 - 3.6. How effective was the UN coordination among itself and with NGO partners
 - 3.7. How effective were the various incentives provided to ensure participation of acutely malnourished children in the program
4. Impact of CMAM program:

- 4.1 What are the impacts achieved by the CMAM project? Both intended and unintended impacts will be documented under this question.
 - 4.2 How effective was the program in achieving the expected goals as indicated in the Implementation Plan for Community Management of Acute Malnutrition in Lao PDR in the target provinces?
 5. Appropriateness
 - 5.1. How adequate are the CMAM guidelines?
 - 5.2. How adequate and successful is the capacity building component of the CMAM activities for both health sector and the community?
 6. Efficiency of CMAM activities:
 - 6.1. What is the ability of the health professionals, community health workers and village volunteers to detect, classify and treat malnutrition according to existing protocols;
 - 6.2. How efficient is the coordination between the health staff, village committees, village volunteers and NGOs
 - 6.3. How efficient is the logistics including transportation of supplies and beneficiaries to health facilities for treatment and follow-up
 - 6.4. How efficient is the program set up to provide services to the vulnerable children on a regular basis
- Cross-cutting issues:**
- a) To what extent has gender been considered in the design and implementation of the CMAM program services?
 - b) What are the issues related to the equitable delivery of CMAM services? What measures could be proposed to improve services in terms of gender and equity?
 - c) Who are the main beneficiaries of UN-supported activities? Was the project successful in reaching the most vulnerable?

Evaluation Scope and Process

Methodology. The evaluation will employ both quantitative and qualitative techniques to assess the relevance, effectiveness, quality and the level of CMAM integration into the national health system (sustainability) in Lao PDR.

A desk review of available quantitative methods will include review of routine monitoring data collected by MOH/PHO/DHO and UN agencies and NGO partners, if any, during the CMAM implementation stage and of population-based survey data (2011/12 LSIS) that are relevant for this assessment.

Qualitative methods will involve semi-structured in-depths interviews with key stakeholders, including MOH, PHO, DHO, Health Centers, community volunteers, UNICEF, WHO and WFP. Review of programme records and direct observation of CMAM services in selected health centers and during health outreach will be employed using standardized check-lists. Knowledge/practice tests will be considered to assess the capacity of health professionals and community workers for detecting, referring and treating acute malnutrition according to existing protocols. In addition, structured individual interviews and focus group discussions with programme beneficiaries will be conducted.

The detailed methodology and tools, including key evaluation questions, data collection tools and analysis techniques, will be further developed and finalized by international consultant (hired to conduct the evaluation) in consultation with the Ministry of Health, UNICEF and UN agencies.

Process

The evaluation will be conducted during February 25-April 25, 2013. The process will include a holistic approach for each of the following phases, within which a number of methodological steps will be developed (in grey the consultant's part):

No	Phases	Methodological steps
1	Preparatory	Development of the ToR Recruitment of consultant
2	Inception Phase	Desk review; develop full methodology and detailed evaluation plan, including further refining the evaluation questions, data collection tools, analysis framework and timeline
3	Field Phase	Data collection and analysis
4	Synthesis, Feedback and Report Writing Phase	Elaboration of findings, conclusions, recommendations and documentation of lessons learned; validation workshop with the MoH/PHO/DHO; addressing the feedback received during the consultation process; finalization of the report
5	Dissemination and follow-up on recommendations	Approval and dissemination of the final evaluation report. Follow-up on the recommendations.

The assistance of international consultant will be required through phases 2-5. Estimated duration of the consultancy is 30 working days over the period of November-December 2012. This will be reviewed once the methodology and detailed time schedule for the evaluation will have been finalized.

Preparatory Phase: development of the ToR and hiring an international consultant

During this phase, UNICEF will support the development of ToR for CMAM evaluation in consultation with the Ministry of Health, WHO and WFP.

Inception Phase: The Inception Report

This phase is estimated to take up to 2 weeks. The largest part of the work at this stage will be dedicated to the analysis of all relevant key documentation (see Annex 1), including data on the pertinent policy and programming documents and instruments, and also taking account of any key documentation produced during the CMAM project planning, implementation and monitoring phases. On the basis of the information collected, the consultant will prepare the Inception Report which will include:

- (a) Description of the country context with focus on nutrition in Lao PDR.
- (b) The **intervention logic** (a logical diagram) of UN agencies' support to CMAM in Lao PDR, reconstructed on the basis of available documentation, and proposed **evaluation questions** with the respective explanatory comments.
- (c) Appropriate **judgment criteria and preliminary quantitative and qualitative indicators** for the evaluation questions.
- (d) Suitable methods of data and information collection in Lao PDR, for example: interviews both structured and unstructured, focus groups, questionnaires, additional literature, workshops, case studies, etc. - indicating any limitations and describing how the data should be cross-checked to validate the analysis.
- (e) Appropriate methods of analysis of the information and data collected, again indicating any limitations in Lao PDR.

(f) The time schedule for data collection and analysis.

A first meeting will be held with the MOH and UN agencies to present the logical diagram, the evaluation questions, methods of data collection, information and analysis (indicating any limitations) and the strategy for data collection and information to be validated by the MOH and UN agencies.

The Inception Report will include all the above information in the form validated by the MoH and UN agencies.

Field Phase

Following satisfactory completion of the Desk Review Phase, the consultant will proceed with the fieldwork, which will be undertaken on the basis set out in the Inception Report and agreed by the MoH and UN agencies. The duration of the field work is expected to take around two weeks. If during the course of the fieldwork any major deviations from the agreed methodology or schedule are perceived as being necessary, these should be explained to the MoH and UN Agencies.

At the end of this phase the consultant will give a detailed on-the-spot (orally) de-briefing on his/her provisional findings and give a presentation to the MoH and UN agencies, shortly after the return from the field, to discuss the preliminary findings.

Synthesis, Feedback and Report Writing Phase

The Evaluation Report will be structured as set out in Annex 2. The first draft of the report will be delivered to MOH and UN agencies in accordance with the agreed time schedule, taking due account of comments received during de-briefings.

The revised draft final report will be presented and discussed at a consultative meeting (the purpose is to present the preliminary findings, conclusions and recommendations) with the relevant stakeholders. The consultants should prepare a presentation (a power point) for the meeting. This presentation shall be considered as a product of the evaluation (like the reports).

On the basis of both the results of the consultative meeting and further comments received from the MoH, UN agencies and other relevant stakeholders, the consultant will make the appropriate final amendments and submit the Final Evaluation Report. The consultant may either accept or reject the comments made by the relevant stakeholders, but, in case of rejection, he/she shall motivate (in writing) the refusal and annex the relevant comments and responses to the report.

The quality of the editing of the Final Report (as well as previous reports and notes) must be high (the judgment of the report's quality will be made on the basis of the evaluation grid in annex 3). The analysis, findings, conclusions and recommendations should be thorough and all based on proved evidence. They should reflect a methodical and thoughtful approach, and finally the link or sequence between them should be clear.

The (power point) presentation will be revised in accordance to the final report and provided to the Evaluation Unit.

Dissemination phase

After the finalization of the evaluation report, UNICEF will assist the MoH to disseminate it to all the relevant partners and will promote the use of data for policy and programme action.

2. Timelines

It is planned that the evaluation will take place during February-April 2013.

3. Expected outputs and deliverables

Deliverable	Estimated delivery dates	Specific requirements
Draft Inception Report	Within 2 weeks of the contract start date and at the end of desk review phase (Feb 25 – Mar 8)	See the requirements for inception report in the desk review section or Inception Phase
Conduct Field phase and detailed de-briefing with preliminary findings	Within 2 weeks of the inception report (Mar 11 – Mar 22)	See the requirements of field phase and data collection in the section on Field phase
Final Evaluation Report	Within 2 weeks of field phase (Mar 25-Apr 5)	See the requirements in Synthesis, Feedback and Report writing phase section
Dissemination phase	April 8	

The work schedule will be reviewed following the finalization of the inception report.

4. Management and supervision of the evaluation

The ultimate responsibility for the management and supervision of the evaluation will rest with UNICEF Lao PDR office. As a managing agency, UNICEF will facilitate the recruitment, initial briefing of the international consultant, drafting of the agenda and setting up meetings with MoH, WHO, WFP and other development partners for introduction, interview and other evaluation purposes. UNICEF will also facilitate the necessary arrangements for consultative meetings and field travel of the consultant and the MOH staff.

The consultant will carry out the above tasks under the direct supervision of the Chief of Health and Nutrition Section of UNICEF Lao PDR and in close coordination with the Nutrition Specialist and Nutrition Officer. The consultant will work in collaboration with the Ministry of Health including staff from the National Nutrition Centre, Department of Hygiene & Prevention of MOH and with the Provincial Health Departments of Attapeu, Saravane and Savannakhet. The consultant will be required to work with an evaluation group comprising of technical focal points from MoH, UNICEF, WHO, WFP and other relevant development partners.

The progress of the evaluation will be closely followed by the Ministry of Health nutrition focal points, as well as the WHO and WFP. The principal functions of MoH, WHO and WFP will be:

- (a) to provide comments and finalize the Terms of Reference drafted by UNICEF
- (b) to validate the evaluation questions and provide comments on the methods and data collection and analysis tools;
- (c) to ensure that the consultant has access to and consult all information sources and documentation on activities undertaken;
- (d) to provide feedback on the inception and evaluation reports produced by the consultant, as well as to give an opinion on the quality of the final report.
- (e) to follow-up, as relevant, on the recommendations from the evaluation.

Comments by individual members of MOH, WHO and WFP that are provided outside the consultative meetings and interviews with the consultant will be compiled by UNICEF and subsequently transmitted to the consultants.

5. Qualifications and experience required

Minimum Qualifications and Experience:

- Advanced university degree (or equivalent experience) in Medical, Social Sciences, Nutrition or a related field
- At least 3 to 5 years experience in conducting nutrition assessment, with demonstrated experience in CMAM program implementation and CMAM policy and program issues

Competencies required:

- Strong evaluation expertise, including experience in leading evaluations, including conducting quantitative and qualitative analyses
- Proven experience working with national Governments, UN and other partners
- Ability to work to tight deadlines
- Excellent analytical and report writing skills, facilitation and communication skills
- Good communication and written skills in English
- Demonstrated ability to work in multi-cultural settings
- Good knowledge of computer management and applications
- Experience working in South-East Asia and Lao PDR desirable

6. Resource requirements

The evaluation budget includes the costs for the international consultant and consultative/ dissemination meetings planned in the framework of this evaluation.

Provided the complexity of the assignment the level of the consultancy is set at P4 level. The estimated costs are summarized below:

Cost item	Description	Cost, USD
Consultant's fee for estimated 30 working days	30 working days x 450 USD/day	13,500
Daily subsistence allowance for estimated 40 nights	a)33 nights x 143 USD/day = 4,719 b)11 nights x 44 USD/day = 484	5,203
International travel, one round trip travel	1,800 USD	1,800
In country travel	740 USD	740
TOTAL consultant		21,243

In addition, estimated 7,000 USD will be allocated for the consultative meetings organized during the evaluation. Furthermore, estimated 5,000 USD will be allocated for translation and printing of the report.

7. Payments

The consultancy fee will be provided upon received and approval of deliverables and will be provided at the end of the contract

8. Funding Charge Code

PBA/SM/2010/0420

9. Travel and other logistics arrangements:

The consultant is expected to travel to Attapeu, Saravane and Savannakhet provinces. All the travel arrangement and related cost is subject to UN rules and regulations. The Consultant will be accompanied by UNICEF nutrition officer and relevant MoH and Provincial focal persons.

During in-country part of the work, UNICEF will provide the consultant with the working space and access to Internet in UNICEF office.

UNICEF will make arrangements for entry visa and hotel reservation

Uma Palaniappan
Contract supervisor

Dated: _____

Viorica Berdaga
Chief, Health and Nutrition

Dated: _____

Julia Rees
Deputy Representative

Dated: _____

Tim Schaffter
Representative

Dated: _____

Annex 1. Key Documentation for Review

1. Funding Proposal on the Joint UN Response to Nutrition Emergency in Three Southern Provinces of Lao PDR
2. Final Report on the Joint UN Response to Nutrition Emergency in Three Southern Provinces of Lao PDR
3. UNICEF-adapted UNEG Evaluation Report Checklist, July 2010
4. Technical Guidelines for Community Outreach workers
5. Manual for Health Centre staff
6. Training curriculum for Community Outreach workers
7. Training curriculum for Health Centre staff
8. Implementation plan for Community Management of Acute Malnutrition in southern Lao PDR

Annex 2. Outline Structure of the CMAM Evaluation Report

The requirements outlined in this Annex should be read in conjunction with the *UNICEF-adapted UNEG Evaluation Report Checklist, July 2010*, both of which should be addressed by the consultant.

Length: The Final Report should not be longer than 40 pages (including the executive summary). Additional information on overall context, programme or aspects of methodology and analysis should be confined to annexes.

1. Executive Summary (*length: 3 pages maximum*)

This Executive Summary must contain the following information:

- 1.1 – Purpose of the evaluation
- 1.2 – Methodology
- 1.3 – Analysis and main findings
- 1.4 – Main conclusions⁴
- 1.5 – Main recommendations⁵.

Introduction (*length:3-5 pages*)

- 2.1. Context: very brief analysis of country context with emphasis on nutrition situation and trends
- 2.2. Synthesis of the UN support to CMAM activities in Lao PDR
- 2.3. Purpose of the evaluation: presentation of the evaluative questions and of how they will permit to assess the UN supported CMAM activities

Methodology (*length:5-6 pages*)

- 3.1. Judgment criteria selected for each Evaluation Question and agreed by the MoH and UN agencies;
- 3.2. Indicators: attached to each judgment criterion.
- 3.3. Data and Information Collection: can consist of literature review, interviews, questionnaires, case studies, etc. The report will indicate any limitations and will describe how the data should be cross-checked to validate the analysis.
- 3.4. Methods of Analysis: of the data and information obtained for each Evaluation Question (again indicating any eventual limitations);
- 3.5 Methods of Judgment

Main Findings and Analysis (*length:10-15 pages*)

- 4.1. Answers to each Evaluation Question, indicating findings and conclusions for each;
- 4.2. Overall judgment. This assessment should cover:
Relevance to needs and overall context, including other health and nutrition priorities and co-ordination with development partners;

Actual Impacts: established, as well as unforeseen impacts and compare to intended impacts;

Effectiveness in terms of how far the intended results were achieved:

Efficiency: in terms of how far funding, personnel, regulatory, administrative, time and other resource considerations contributed or hindered the achievement of results;

Sustainability: whether the results can be maintained over time without UN or other external support.

⁴ Conclusions and recommendations must be ranked and prioritised according to their relevance to the evaluation and their importance, and they should also be cross-referenced back to the key findings. Length-wise, the parts dedicated to the conclusions and recommendations should represent about 40% of the executive summary.

⁵ Idem

5. Conclusions and Recommendations⁶ (*length 10-15 pages*)

A full set of Conclusions and Recommendations (i) for each evaluation question; (ii) as an overall judgment of the country programme and strategy vis a vis the country needs. (As an introduction to this chapter a short mention of the main objectives of the country programme and whether they have been achieved.

All conclusions should be cross-referenced back by paragraph to the appropriate findings.

Provide **detailed and operational recommendations**, pertinent within the Commission context, organised by target groups, principally focused on Commission Services both in headquarters (strategy programming and operational thematic and geographical services) and in delegations. These recommendations should be ranked and prioritised according to their relevance and importance to the purpose of the evaluation. Options to implement the recommendations with the indication of the respective limits and possible risks should be presented. Recommendations will in all cases need to be cross-referenced to the corresponding conclusions. Furthermore the evaluation team should select (and justify) the 3 most important recommendations that should be highlighted to the Commission management. It should provide the Commission's policy-makers and managers with a valuable support both for the implementation of the current Strategy and Indicative Programmes, in addition to an aid for future programming.

Annexes can include:

- logical diagrams;
- methodology and data collection tools;
- list of people met;
- list of key documentation reviewed;
- ToR;
- acronyms and abbreviations, etc.

⁶ Conclusions and recommendations must be ranked and prioritised according to their relevance to the evaluation and their importance, and they should also be cross-referenced back to the key findings

Annex 3. Quality assessment grid

Criteria for assessing evaluation report	Unacceptable	Poor	Good	Very good	Excellent
1. Meeting needs: Does the evaluation adequately address the information needs of the commissioning body and fit the terms of reference?					
2. Relevant scope: Is the rationale of the policy examined and its set of outputs, results and outcomes/impacts examined fully, including both intended and unexpected interactions and consequences?					
3. Defensible design: Is the evaluation design appropriate and adequate to ensure that the full set of findings, along with methodological limitations, is made accessible for answering the main evaluation questions?					
4. Reliable data: To what extent are the primary and secondary data selected adequate. Are they sufficiently reliable for their intended use?					
5. Sound analysis: Is the quantitative and qualitative information appropriately and systematically analysed according to the state of the art so that evaluation questions are answered in a valid way?					
6. Credible findings: Do findings follow logically from, and are they justified by, the data analysis and interpretations based on carefully described assumptions and rationale?					
7. Validity of the conclusions: Does the report provide clear conclusions? Are conclusions based on credible findings?					
8. Usefulness of the recommendations: Are recommendations fair, unbiased by personal or stakeholders' views, and sufficiently detailed to be operationally applicable?					
9. Clearly reported: Does the report clearly describe the programme/project being evaluated, including its context and purpose, together with the procedures and findings of the evaluation, so that information provided can easily be understood?					
Overall assessment: Taking into account the contextual constraints on the evaluation, the overall quality rating of the report is considered					