UNICEF Global Evaluation Report Oversight System (GEROS) Review Template

Colour Coding	CC	Dark green	Green	Amber	Red	White
	Questions	Outstanding	Yes	Almost	No	Not Applicable
	Section & Overall Rating	Outstanding/ Very Confident to Act	Good/ Confident to Act	Almost satisfactory / Almost Confident to Act	Unsatisfactory/ Not Confident to Act	

The key questions are highlighted as shown here, and are important questions in guiding the analysis of the section

The Cornerstone questions are in column J and are questions that need to be answered for rating and justification of each of the six sections

UNEG Standards for Evaluation in the UN System	UNEG Norms for Evaluation in the UN System	UNICEF Adapted UNEG Evaluation Report Standards

	Response
Title of the Evaluation Report	Evaluation report of the Community Health Strategy implementation in Kenya

Report sequence number	2010/014	Date of Review	09/03/2011	Year of the Evaluation Report	2010
Region	Eastern and Southern Africa Regional Office			Country(ies)	Kenya
Type of Report	Evaluation			TORs Present	Yes
Name of reviewer	IOD PARC				

	Classification of Evaluation Report	Comments
Geographical *(Coverage of the programme being evaluated & generalizability of evaluation findings)*	1.2 National: The programme covers the whole country, and the evaluation draws a sample in every district, or uses a sampling frame that is representative of the whole country.	While the intention is to implement the strategy nationally, it is not clear from the report what the implementation status at the time of the evaluation was.
Management *(Managerial control and oversight of evaluation decisions)*	2.5 Not clear from Report	
Purpose *(Speaks to the overarching goal for conducting the evaluation; its raison d'être)*	3.3 Policy: An evaluation whose main purpose is to examine the results of a policy that is delinked from field-based programming operations.	The evaluation is of a government strategy aimed at empowering communities to take responsibility for their own health. It forms part of a larger initiative, the Kenya Essential Package for Health
Result *(Level of changes sought, as defined in RBM: refer to substantial use of highest level reached)*	4.3 Impact: Final results of a programme or policy on the intended beneficiaries and, where possible, on comparison groups. Reflects the cumulative effect of donor supported programmes of cooperation and national policy initiatives.	It is not the final results of the strategy that are evaluated, but the results of its implementation to date. There is no indication that the cumulative effect of donor supported programmes and the strategy will be considered.
MTSP Correspondence *(Alignment with MTSP focus area priorities: (1) Young child survival and development; (2) Basic education and gender equality; (3) HIV/AIDS and children; (4) Child protection from violence, exploitation and abuse; and (5) Policy advocacy and partnerships for children's rights)*	5.1 Sectoral: addresses issues within only one of the five MTSP focus areas (5. Policy advocacy & partnerships)	While not clear from the TOR, it would appear that UNICEF commissioned the evaluation to inform the revision of the government's community health strategy. By implication, this would relate to the MTSP focus area of policy advocacy and partnerships.
Level of Independence *(Implementation and control of the evaluation activities)*	6.4 Not clear from Report	
Timing / Stage	7.1 Formative: An evaluation with the purpose and aim of improving the programme. Formative evaluations strengthen or improve the object being evaluated by examining the delivery of the programme	

SECTION A: OBJECT OF THE EVALUATION

Question	cc	Remarks		
Object and context			**A/ Does the report present a clear & full description of the 'object' of the evaluation?** The report should describe the object of the evaluation including the results chain, meaning the 'theory of change' that underlies the programme being evaluated. This theory of change includes what the programme was meant to achieve and the pathway (chain of results) through which it was expected to achieve this. The context of key social, political, economic, demographic, and institutional factors that have a direct bearing on the object should be described. For example, the partner government's strategies and priorities, international, regional or country development goals, strategies and frameworks, the concerned agency's corporate goals & priorities, as appropriate.	**Constructive feedback for future reports** *Including how to address weaknesses and maintaining good practice*
1 Is the object of the evaluation well described? This needs to include a clear description of the interventions (project, programme, policies, otherwise) to be evaluated including how the designer thought that it would address the problem identified, implementing modalities, other parameters including costs, relative importance in the organization and (number of) people reached.	No	It is not clear from the TOR or report what the object of the evaluation is. The TOR requires a review of the historical performance of the "convectional" (sic) primary health care delivery in Kenya based on the guidelines provided during the Alma Ata and Bamako declarations, which constitutes on object, while it also requires the review of various aspects of "Level 1 service provision", which is one element of the Kenya Essential Package for Health and, as such, a different object. While the policy context with regard to health in Kenya is explained, no data or statistics are provided about access to and uptake of health services, or key health indicators for Kenya. There is no linkage between the explanation of the context and the findings.		
2 Is the context explained and related to the object that is to be evaluated? The context includes factors that have a direct bearing on the object of the evaluation: social, political, economic, demographic, institutional. These factors may include strategies, policies, goals, frameworks & priorities at the: international level; national Government level; individual agency level	Almost			
3 Does this illuminate findings? The context should ideally be linked to the findings so that it is clear how the wider situation may have influenced the outcomes observed.	No			
Theory of Change	Not Confident to Act	The object of the evaluation is not clear. The problem that primary health care delivery and the Kenya Essential Package for Health must address is not described at the hand of relevant information and statistics. Key information about the design, implementation and status of the Kenya Essential Package for Health and the community health strategy is not provided. While the report states that the "overall assessment of the performance was based on how individual results have led to the achievement of the purpose and objectives of the strategy", the strategy's purpose and objectives are nowhere discussed. There is very little relevant background information to contextualise the evaluation.	The object of the evaluation and the problems it was designed to address have to be clearly identified and explained supported by appropriate information and statistics. Implementation status at the time of the evaluation, as well as key changes that have taken place since implementation began and the implications of these changes must be explained. To evaluate the effectiveness, efficiency, etc. of a strategy of this nature, the goal, purpose and objectives of the strategy must be explained. Key stakeholders in the object of the evaluation must be identified and their roles and contributions must be described.
4 Is the results chain or logic well articulated? The report should identify how the designers of the evaluated object thought that it would address the problem that they had identified. This can include a results chain or other logic models such as theory of change. It can include inputs, outputs and outcomes, it may also include impacts. The models need to be clearly described and explained.	No	The problem the strategy aims to address is not clearly defined. There is no articulation of the strategy's intervention logic in the description of the object of the evaluation. Much later in the report, in section 5.1, a results framework is presented. Its relevance for the methodology, findings, conclusions and recommendations of the evaluation remains unexplained.		
Stakeholders and their contributions				
5 Are key stakeholders clearly identified? These include o implementing agency(ies) o development partners o rights holders o primary duty bearers o secondary duty bearers	Almost	It would appear that households are rights holders in that the community health strategy envisages capacity building of households to demand services and to know and progressively realise their right to equitable, good quality health care. It is not clear who duty bearers are. The role of different stakeholders in the implementation of the strategy is not systematically described. Reference is made to the contributions of Civil Society Organisations. The roles of UNICEF and other donors are not clear.		
6 Are key stakeholders' contributions described? This can involve financial or other contributions and should be specific. If joint program also specify UNICEF contribution, but if basket funding question is not applicable	No			
7 Are UNICEF contributions described? This can involve financial or other contributions and should be specific	No			

Implementation Status		
8 Is the implementation status described? This includes the phase of implementation and significant changes that have happened to plans, strategies, performance frameworks, etc that have occurred - including the implications of these changes	No	It is mentioned that the community health strategy (which, if correctly interpreted, constitutes the first of 6 service delivery levels in the Kenya Essential Package for Health) aims to reach 16 million Kenyans (3.2 million households) in four years. It's implementation status at the time of the evaluation is not discussed. There is no reference to changes in plans, or the implications of these changes.
Executive Feedback on Section A Issues for this section relevant for feedback to senior management (positives & negatives), & justify rating. *Up to two sentences*	The object of the evaluation and the problem it was designed to address are not clearly identified or described at the hand of relevant information and statistics. In the absence of a clearly identified problem, as well as inputs, outputs and outcomes, the intervention logic of the strategy and therefore the very foundation and framework of the evaluation, are unclear.	

SECTION B: EVALUATION PURPOSE, OBJECTIVES AND SCOPE

Question	cc	Remarks	B/ Are the evaluation's purpose, objectives and scope sufficiently clear to guide the evaluation? The purpose of the evaluation should be clearly defined, including why the evaluation was needed at that point in time, who needed the information, what information is needed, and how the information will be used. The report should provide a clear explanation of the evaluation objectives and scope including main evaluation questions and describes and justifies what the evaluation did and did not cover. The report should describe and provide an explanation of the chosen evaluation criteria, performance standards, or other criteria used by the evaluators.	Constructive feedback for future reports *Including how to address weaknesses and maintaining good practice*
Purpose, objectives and scope				
9 Is the purpose of the evaluation clear? This includes why the evaluation is needed at this time, who needs the information, what information is needed, how the information will be used.	No	The TOR does not identify a purpose or objectives for the evaluation and the scope is not specified. However, in the report it is mentioned that the assessment of the effectiveness and impact of the community health strategy was based on the objectively verifiable indicators and means of verification set out in the TORs, but this is not evident from the TOR that was provided to the reviewer. There is information in the report of the purpose and criteria of the evaluation that is not reflected in the TOR that was provided to the reviewer.		
10 Are the objectives and scope of the evaluation clear and realistic? This includes: Objectives should be clear and explain what the evaluation is seeking to achieve; Scope should clearly describe and justify what the evaluation will and will not cover; Evaluation questions may optionally be included to add additional details	No			
11 Do the objective and scope relate to the purpose? The reasons for holding the evaluation at this time in the project cycle (purpose) should link logically with the specific objectives the evaluation seeks to achieve and the boundaries chosen for the evaluation (scope)	N/A			
Evaluation framework				
12 Does the evaluation provide a relevant list of evaluation criteria that are explicitly justified as appropriate for the Purpose? It is imperative to make the basis of the value judgements used in the evaluation transparent if it is to be understood and convincing. UNEG evaluation standards refer to the OECD/DAC criteria, but other criteria can be used such as Human rights and humanitarian criteria and standards (e.g. SPHERE Standards) but this needs justification.. Not all OECD/DAC criteria are relevant to all evaluation objectives and scopes. The TOR may set the criteria to be used, but these should be (re)confirmed by the evaluator. Standard OECD DAC Criteria include: Relevance; Effectiveness; Efficiency; Sustainability; Impact Additional humanitarian criteria include; Coverage; Coordination; Coherence; Protection *(This is an extremely important question to UNICEF)*	Almost	In the TOR, no evaluation criteria are specified. However, in the report it is stated that, "in addition to the effectiveness and impact of the programme, the evaluation considered the relevance, efficiency and sustainability of the strategy". It is not clear where these criteria are derived from, since they are not specified in the TOR. There is no explanation for the selection of these criteria.	**Not Confident to Act** While the TOR does not specify the purpose, objectives and criteria of the evaluation, the report identified a purpose (albeit unclear), and specifies the criteria of effectiveness, impact, relevance, efficiency and sustainability. It is not clear where these are derived from The selection of evaluation criteria is not explained.	An evaluation must have a clearly identified purpose that states why the evaluation was needed, who needs the information, what information is needed and how the information will be used. The objectives and scope of the evaluation must be clear, and these must be relevant to the purpose. Evaluation criteria must be identified and their selection must be explained. Differences between the TOR and report must be explained.
13 Does the evaluation explain why the evaluation criteria were chosen and/or any standard DAC evaluation criteria (above) rejected? The rationale for using each particular criterion and rejecting any standard OECD-DAC criteria (where they would be applicable) should be explained in the report.	No			
Executive Feedback on Section B Issues for this section relevant for feedback to senior management (positives & negatives), & justify rating. *Up to two sentences*		In the TOR, no purpose, objectives or criteria for the evaluation are identified. However, the report does identify a purpose (albeit unclear) and criteria for the evaluation. The selection of these criteria is not explained. Discrepancies between the TOR and report are not explained.		

SECTION C: EVALUATION METHODOLOGY, GENDER, HUMAN RIGHTS AND EQUITY

Question	cc	Remarks	C/ Is the methodology appropriate and sound?	Constructive feedback for future reports
Data collection				
14 Does the report specify data collection methods, analysis methods, sampling methods and benchmarks? This should include the rationale for selecting methods and their limitations based on commonly accepted best practice.	Almost	While the methodology is comprehensively described, methodological choices are not explained in relation to the purpose and criteria of the evaluation. It is therefore not always clear how data and information from different sources were used to inform findings and conclusions on different criteria. The rationale for the selection of different data sources is not explained. While general limitations of the evaluation are identified, the specific limitations related to different data sources are not identified.	**C/ Is the methodology appropriate and sound?** The report should present a transparent description of the methodology applied to the evaluation that clearly explains how the evaluation was specifically designed to address the evaluation criteria, yield answers to the evaluation questions and achieve the evaluation purposes. The report should also present a sufficiently detailed description of methodology in which methodological choices are made explicit and justified and in which limitations of methodology applied are included. The report should give the elements to assess the appropriateness of the methodology. Methods as such are not 'good' or 'bad', they are only so in relation to what one tries to get to know as part of an evaluation. Thus this standard assesses the suitability of the methods selected for the specifics of the evaluation concerned, assessing if the methodology is suitable to the subject matter and the information collected are sufficient to meet the evaluation objectives.	**Constructive feedback for future reports** *Including how to address weaknesses and maintaining good practice*
15 Does the report specify data sources, the rationale for their selection, and their limitations? This should include a discussion of how the mix of data sources was used to obtain a diversity of perspectives, ensure accuracy & overcome data limits	Almost			
Ethics				
16 Are ethical issues and considerations described? The design of the evaluation should contemplate: How ethical the initial design of the programme was; The balance of costs and benefits to participants (including possible negative impact) in the programme and in the evaluation; The ethics of who is included and excluded in the evaluation and how this is done	Yes	Ethical considerations and safeguards regarding confidentiality and consent are described.		
17 Does the report refer to ethical safeguards appropriate for the issues described? When the topic of an evaluation is contentious, there is a heightened need to protect those participating. These should be guided by the UNICEF Evaluation Office Technical Note and include: protection of confidentiality; protection of rights; protection of dignity and welfare of people (especially children); Informed consent; Feedback to participants; Mechanisms for shaping the behaviour of evaluators and data collectors	Yes			
Results Based Management				
18 Is the capability and robustness of the evaluated object's monitoring system adequately assessed? The evaluation should consider the details and overall functioning of the management system in relation to results: from the M&E system design, through individual tools, to the use of data in management decision making.	Almost	It is mentioned that the Community Health Strategy has no clear targets or indicators for its various components, and that inadequate information flows from communities to districts hamper monitoring. In essence, this means that the Community Health Strategy has no functional M&E framework or monitoring system. The evaluation does not draw on the M&E framework of the evaluated object.	Almost Confident to Act — The methodology is strong on addressing the strategy's effectiveness, but it is not adequate to address criteria such as efficiency, relevance and impact. The purpose of the literature review of Community-Based Health Care in other countries, and the selection of these countries, are not clear. The fact that the Community Health Strategy has no functional M&E framework or monitoring system is a serious limitation of the evaluation. However, this is not acknowledged and no explanation is provided as to how the evaluation attempts to overcome this. While human rights and equity feature in the rationale of the	The evaluation methodology must allow all the identified evaluation criteria and questions to be addressed. The relationship between methodological choices and the criteria/questions they are designed to address must be made evident and this must relate to the rationale for the selection of different data sources. The methodology must make provision for addressing aspects of human rights, equity and gender equality as they relate to the object and purpose of the evaluation. Limitations regarding the evaluability of the object of the evaluation must be clearly identified and their implications must be acknowledged, e.g. if
19 Does the evaluation make appropriate use of the M&E framework of the evaluated object? In addition to articulating the logic model (results chain) used by the programme, the evaluation should make use of the object's logframe or other results framework to guide the assessment. The results framework indicates how the programme design team expected to assess effectiveness, and it forms the guiding structure for the management of implementation.	No			

Human Rights, Gender and Equity		

20 Did the evaluation design and style consider incorporation of the UN and UNICEF's commitment to a human rights-based approach to programming, to gender equality, and to equity? This could be done in a variety of ways including: use of a rights-based framework, use of CRC, CCC, CEDAW and other rights related benchmarks, analysis of right holders and duty bearers and focus on aspects of equity, social exclusion and gender. Style includes: using human-rights language; gender-sensitive and child-sensitive writing; disaggregating data by gender, age and disability groups; disaggregating data by socially excluded groups	Almost	Underlying the Community Health Strategy is the belief that building the capacity of households to demand services from providers, and to know and progressively realise their rights to equitable, good quality health care, will lead to health improvements, development and poverty reduction. However, the evaluation design and style does not follow through on this focus on rights and equity. The evaluation does not provide background information that could illuminate aspects of equity and human rights in relation to health care provision in Kenya and no information about human rights are specifically provided or mentioned in the methodology, analytical framework, findings, conclusions or recommendations. Likewise, gender equality and women's empowerment are not considered and no conclusions are made regarding the effectiveness or impact of the Community Health Strategy on equitable access to health services.
21 Does the evaluation assess the extent to which the implementation of the evaluated object was monitored through human rights (inc. gender, equity & child rights) frameworks? UNICEF commits to go beyond monitoring the achievement of desirable outcomes, and to ensure that these are achieved through morally acceptable processes. The evaluation should consider whether the programme was managed and adjusted according to human rights and gender monitoring of processes.	No	
22 Do the methodology, analytical framework, findings, conclusions, recommendations & lessons provide appropriate information on HUMAN RIGHTS (inc. women & child rights)? The inclusion of human rights frameworks in the evaluation methodology should continue to cascade down the evaluation report and be obvious in the data analysis, findings, conclusions, any recommendations and any lessons learned. If identified in the scope the methodology should be capable of assessing the level of: Identification of the human rights claims of rights-holders and the corresponding human rights obligations of duty-bearers, as well as the immediate underlying & structural causes of the non realisation of rights.; Capacity development of rights-holders to claim rights, and duty-bearers to fulfil obligations.	No	
23 Do the methodology, analytical framework, findings, conclusions, recommendations & lessons provide appropriate information on GENDER EQUALITY AND WOMEN'S EMPOWERMENT? The inclusion of gender equality frameworks in the evaluation methodology should continue to cascade down the evaluation report and be obvious in the data analysis, findings, conclusions, any recommendations and any lessons learned. If identified in the scope the methodology should be capable of assessing the immediate underlying & structural causes of social exclusion; and capacity development of women to claim rights, and duty-bearers to fulfil their equality obligations.	No	
24 Do the methodology, analytical framework, findings, conclusions, recommendations & lessons provide appropriate information on EQUITY? The inclusion of equity considerations in the evaluation methodology should continue to cascade down the evaluation report and be obvious in the data analysis, findings, conclusions, any recommendations and any lessons learned. If identified in the scope the methodology should be capable of assessing the capacity development of rights-holders to claim rights, and duty-bearers to fulfil obligations & aspects of equity.	No	

Stakeholder participation		
25 Are the levels and activities of stakeholder consultation described? This goes beyond just using stakeholders as sources of information and includes the degree of participation in the evaluation itself. The report should include the rationale for selecting this level of participation. Roles for participation might include: o Liaison o Technical advisory o Observer o Active decision making The reviewer should look for the soundness of the description and rationale for the degree of participation rather than the level of participation itself.	No	It would appear that stakeholders were mainly involved as sources of information. Given the role of GAVI and the Ministry of Health & Sanitation in the implementation of the Community Health Strategy, it would have been advisable to involve them to a greater degree in the development of conclusions and recommendations.
26 Are the levels of participation appropriate for the task in hand? The breadth & degree of stakeholder participation feasible in evaluation activities will depend partly on the kind of participation achieved in the evaluated object. The reviewer should note here whether a higher degree of participation may have been feasible & preferable.	Almost	
Methodological robustness		
27 Is there an attempt to construct a counterfactual? The counterfactual can be constructed in several ways which can be more or less rigorous. It can be done by contacting eligible beneficiaries that were not reached by the programme, or a theoretical counterfactual based on historical trends, or it can also be a comparison group.	Yes	The evaluation compares access to and uptake of selected services in communities where the Community Health Strategy had been implemented with that in communities where it had not been implemented. While the evaluation purpose and questions are not entirely clear, the methodology can answer questions related to the effectiveness of the strategy. It cannot adequately address issues of efficiency, relevance and impact. The TOR requires, amongst others, the review of the historical performance of the "convectional" (sic) primary health care delivery in Kenya based on the guidelines provided during the Alma Ata and Bamako declarations. The methodology does not make provision to address this. The purpose of the literature review of Community-Based Health Care in other countries is not clear.
28 Can the methodology answer the evaluation questions in the context of the evaluation? The methodology should link back to the Purpose and be capable of providing answers to the evaluation questions.	Almost	
29 Are methodological limitations acceptable for the task in hand? Limitations must be specifically recognised and appropriate efforts taken to control bias. This includes the use of triangulation, and the use of robust data collection tools (interview protocols, observation tools etc). Bias limitations can be addressed in three main areas: Bias inherent in the sources of data; Bias introduced through the methods of data collection; Bias that colours the interpretation of findings	Yes	
Executive Feedback on Section C Issues for this section relevant for feedback to senior management (positives & negatives), & justify rating. *Up to two sentences*	The methodology for evaluating access to and utilisation of selected health services at a community level is robust. The methodology for evaluating the strategy according to identified criteria (effectiveness, efficiency, relevance, impact) and issues identified in the TOR is very weak. The purpose of the literature review of Community-Based Health Care in other countries is not clear. Issues of human rights, equity and gender equality are not addressed.	

SECTION D: FINDINGS AND CONCLUSIONS

Question	cc	Remarks	D/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?	Constructive feedback for future reports
			Findings should respond directly to the evaluation criteria and questions detailed in the scope and objectives section of the report. They should be based on evidence derived from data collection and analysis methods described in the methodology section of the report. Conclusions should present reasonable judgments based on findings and substantiated by evidence, providing insights pertinent to the object and purpose of the evaluation.	*Including how to address weaknesses and maintaining good practice*
Completeness and logic of findings				
30 Are findings clearly presented and based on the objective use of the reported evidence? Findings regarding the inputs for the completion of activities or process achievements should be distinguished clearly from results. Findings on results should clearly distinguish outputs, outcomes and impacts (where appropriate). Findings must demonstrate full marshalling and objective use of the evidence generated by the evaluation data collection. Findings should also tell the 'whole story' of the evidence and avoid bias.	Almost	Findings are not presented in a manner that coherently addresses the identified criteria. It is not clear what the purpose or significance of the Summary of services provided at level one (section 4.1; Table 2) is to the evaluation. This is not contextualised or explained. The discussion of the socio-demographic characteristics of the study population also serves no purpose. It is not clear why the survey focused on the services it did (immunization, breastfeeding, childhood illnesses, maternal health, family planning, malaria and environmental health & sanitation) - this does not correspond entirely with the summary of services provided at level one as articulated in Table 2. It is therefore not clear whether the findings presented in the report constitute a valid reflection on the object of the evaluation. The findings related to different evaluation criteria and questions vary significantly in robustness and clarity. In many cases, the findings presented do no address the evaluation criterion/question concerned in a clear and coherent manner.		
31 Do the findings address all of the evaluation's stated criteria and questions? The findings should seek to systematically address all of the evaluation questions according to the evaluation framework articulated in the report.	Almost			
32 Do findings demonstrate the progression to results based on the evidence reported? There should be a logical chain developed by the findings, which shows the progression (or lack of) from implementation to results.	No	The evidence base for findings related to the relevance, efficiency and sustainability of the strategy is very weak. Considering information in Section 4.1 (Table 2) of the report, it is not clear whether the evidence base for findings related to the effectiveness of the strategy is valid and reliable. There is no cost analysis, or no attempt to quantify the cost implications related to some of the recommendations. The conclusions selectively deals wit some operational issues of the strategy and do not constitute a comprehensive and coherent reflection of findings related to the strategy's strengths and weaknesses. The evidence base for some conclusions is not clear and the conclusions do not add value to the findings. Because it is not clear who the end users of the evaluation is, it is difficult to ascertain the usefulness of the conclusions.	All findings must be based on and informed by evidence. The methodology must generate the necessary evidence to address all the objectives, questions and criteria of the evaluation. The evidence generated must be valid and reliable - it must accurately reflect on the nature and content of the object of the evaluation. Findings must clearly and accurately address all the objectives, criteria or questions of an evaluation. Conclusions must be based on findings, but must add value to the findings by identifying important underlying problems and priority issues.
33 Are gaps and limitations discussed? The data may be inadequate to answer all the evaluation questions as satisfactorily as intended, in this case the limitations should be clearly presented and discussed. Caveats should be included to guide the reader on how to interpret the findings. Any gaps in the programme or unintended effects should also be addressed.	No			
34 Are unexpected findings discussed? If the data reveals (or suggests) unusual or unexpected issues, these should be highlighted and discussed in terms of their implications.	No			
Cost Analysis				
35 Is a cost analysis presented that is well grounded in the findings reported? Cost analysis is not always feasible or appropriate. If this is the case then the reasons should be explained. Otherwise the evaluation should use an appropriate scope and methodology of cost analysis to answer the following questions: o How programme costs compare to other similar programmes or standards o Most efficient way to get expected results o Cost implications of scaling up or down o Cost implications for replicating in a different context o Is the programme worth doing from a cost perspective o Costs and the sustainability of the programme.	No	No cost analysis is presented. This seriously undermines the evaluation of the efficiency of the strategy. Important questions regarding programme efficiency, e.g. cost implications of wider implementation, financial justification and sustainability, are not addressed.		

Not Confident to Act

Contribution and causality			
36 Does the evaluation make a fair and reasonable attempt to assign contribution for results to identified stakeholders? For results attributed to the programme, the result should be mapped as accurately as possible to the inputs of different stakeholders.	No	Programme results are not assigned to the contributions of identified stakeholders. The conclusions make sweeping statements about the Community Health Strategy that are not substantiated by the findings. The evidence base for some of the specific conclusions is not clear. The conclusions do not represent a systematic and comprehensive reflection of the findings. It is not clear if or to what extent the conclusions take account of the views of different stakeholders. Causal reasons for accomplishments and failures are not identified.	
37 Do conclusions take due account of the views of a diverse cross-section of stakeholders? As well as being logically derived from findings, conclusions should seek to represent the range of views encountered in the evaluation, and not simply reflect the bias of the individual evaluator. Carrying these diverse views through to the presentation of conclusions (considered here) is only possible if the methodology has gathered and analysed information from a broad range of stakeholders.	No		
38 Are causal reasons for accomplishments and failures identified as much as possible? These should be concise and usable. They should be based on the evidence and be theoretically robust. *(This is an extremely important question to UNICEF)*	No		
Strengths, weaknesses and implications			
39 Are the future implications of continuing constraints discussed? The implications can be, for example, in terms of the cost of the programme, ability to deliver results, reputational risk, and breach of human rights obligations.	No	Continuing constraints are not clearly identified and their implications are not acknowledged. The conclusions do not constitute a complete and coherent reflection of the strengths and weaknesses of the Community Health Strategy, but focuses selectively on some operational issues.	
40 Do the conclusions present both the strengths and weaknesses of the evaluated object? Conclusions should give a balanced view of both the stronger aspects and weaker aspects of the evaluated object with reference to the evaluation criteria and human rights based approach.	No		
Completeness and insight of conclusions			
41 Do the conclusions represent actual insights into important issues that add value to the findings? Conclusions should go beyond findings and identify important underlying problems and/or priority issues. Simple conclusions that are already well known do not add value and should be avoided.	No	The conclusions do not adequately reflect the findings, nor do they add value to the findings. The evidence base for some conclusions is unclear. It is not clear who the end users of the evaluation are, so it is not possible to ascertain whether they are pitched at a relevant level.	
42 Are the conclusions pitched at a level that is relevant to the end users of the evaluation? Conclusions should speak to the evaluation participants, stakeholders and users. These may cover a wide range of groups and conclusions should thus be stated clearly and accessibly: adding value and understanding to the report (for example, some stakeholders may not understand the methodology or findings, but the conclusions should clarify what these findings mean to them in the context of the programme).	N/A		
Executive Feedback on Section D Issues for this section relevant for feedback to senior management (positives & negatives), & justify rating. *Up to two sentences*	**The evidence base for many of the findings is very weak and findings related to the various evaluation criteria are not presented in a coherent manner. There is no clear relationship between findings and conclusions. The evidence base for some conclusions is unclear and their relevance for (the unidentified) end users of the evaluation is not apparent.**		

SECTION E: RECOMMENDATIONS AND LESSONS LEARNED

Question	cc	Remarks	E/ Are the recommendations and lessons learned relevant and actionable?	Constructive feedback for future reports
			Recommendations should be relevant and actionable to the object and purpose of the evaluation, be supported by evidence and conclusions, and be developed with involvement of relevant stakeholders. Recommendations should clearly identify the target group for each recommendation, be clearly stated with priorities for action, be actionable and reflect an understanding of the commissioning organization and potential constraints to follow up.	*Including how to address weaknesses and maintaining good practice*
Relevance and clarity of recommendations				
43 Are the recommendations well-grounded in the evidence and conclusions reported? Recommendations should be logically based in findings and conclusions of the report.	No	There is no evidence base for some of the recommendations and the relationship between findings, conclusions and recommendations is very unclear. There is a large number of not prioritised general and specific recommendations that do not relate to the criteria, findings or conclusions of the evaluation.		
44 Are recommendations relevant to the object and the purpose of the evaluation? Recommendations should be relevant to the evaluated object	Almost			
45 Are recommendations clearly stated and prioritised? If the recommendations are few in number (up to 5) then this can also be considered to be prioritised. Recommendations that are over-specific or represent a long list of items are not of as much value to managers. Where there is a long list of recommendations, the most important should be ordered in priority.	No			
Usefulness of recommendations	Not Confident to Act	There is no evidence base for some of the recommendations and the relationship between findings, conclusions and recommendations is very unclear. It is not clear who would be responsible for the implementation of all the general and specific recommendations. Implementation of some recommendations is linked to or relies on wider systemic and policy changes that may render them unrealistic. The recommendations appear to be based largely on the views and opinions of the evaluators.	All recommendations must be based on evidence presented in earlier parts of the report. The process followed in the development of recommendations must be described, and recommendations should not only reflect the views and opinions of the evaluators. Recommendations should be limited in number and prioritised. Responsibility for the implementation of recommendations should be identified and the conditions necessary for their implementation must be in place or achievable. Lessons learned must be drawn from the evidence generated by the evaluation and generic, unsubstantiated statements about the advantages of an approach should be avoided.
46 Does each recommendation clearly identify the target group for action? Recommendations should provide clear and relevant suggestions for action linked to the stakeholders who might put that recommendation into action. This ensures that the evaluators have a good understanding of the programme dynamics and that recommendations are realistic.	Almost	It is not clear who would be responsible for the implementation of many of the recommendations. Some of the recommendation would require significant support and resources from MoPHS and this may not be realistic. Successful implementation of some of the recommendations relies on larger policy and health systems changes, which may also not be realistic to expect. The process followed in developing the recommendations is not described and they seem to be based largely on the views and opinions of the evaluators.		
47 Are the recommendations realistic in the context of the evaluation? This includes: o an understanding of the commissioning organisation o awareness of the implementation constraints o an understanding of the follow-up processes	No			
48 Does the report describe the process followed in developing the recommendations? The preparation of recommendations needs to suit the evaluation process. Participation by stakeholders in the development of recommendations is strongly encouraged to increase ownership and utility.	No			
Appropriate lessons learned				
49 Are lessons learned correctly identified? Lessons learned are contributions to general knowledge. They may refine or add to commonly accepted understanding, but should not be merely a repetition of common knowledge. Findings and conclusions specific to the evaluated object are not lessons learned.	Almost	The report identifies four lessons learned. These lessons, although relevant to a community-based health strategy, are not clearly based on evidence presented in the findings of the evaluation. Lessons learned are not specifically generalised to the wider implementation of the Community Health Strategy in Kenya or in other contexts.		
50 Are lessons learned generalised to indicate what wider relevance they may have? Correctly identified lessons learned should include an analysis of how they can be applied to contexts and situations outside of the evaluated object.	Almost			
Executive Feedback on Section E Issues for this section relevant for feedback to senior management (positives & negatives), & justify rating. *Up to two sentences*		The relationship between findings, conclusions and recommendations is not evident and some recommendations are not based on any clear evidence. Responsibility for the implementation of all recommendations is not specified and some recommendations appear to be unrealistic.		

SECTION F: REPORT IS WELL STRUCTURED, LOGIC AND CLEAR

Question	cc	Remarks	F/ Overall, do all these elements come together in a well structured, logical, clear and complete report? The report should be logically structured with clarity and coherence (e.g. background and objectives are presented before findings, and findings are presented before conclusions and recommendations). It should read well and be focused.	Constructive feedback for future reports *Including how to address weaknesses and maintaining good practice*
Style and presentation				
51. Do the opening pages contain all the basic elements? Basic elements include all of: Name of the evaluated object; Timeframe of the evaluation and date of the report; Locations of the evaluated object; Names and/or organisations of evaluators; Name of the organisation commissioning the evaluation; Table of contents including tables, graphs, figures and annex; List of acronyms	Almost	The names/organisation of the evaluators are not indicated in the opening pages. It is not clear who commissioned the evaluation. The heading for section/chapter 4 in the Table of Content is missing. Although the report is logically structured in the sense that different sections are presented in a logical sequence, the content of the different sections is not dealt with in a logical manner and the linkages between different sections are not apparent. The overall impression is that of loose-standing sections with very little logic and coherence as far as content is concerned. There is only one annex which lists the names of key respondents at a national level and it does not increase the usefulness and credibility of the report. Important annexes, such as the complete TOR, data collection instruments, evaluation matrix and results chain, are not part of the report.	While the report is logically structured in the sense that it contains all the necessary sections in a logical sequence, there is little coherence in the manner in which the content of the various sections is presented. The linkages between the content presented in various sections are not evident, which makes the report difficult to read and understand. There is little coherence between the results, findings, conclusions and recommendations. The purpose of some sections of the report, e.g. the literature review of community-based health care in other countries, the discussion of services provided in level one health care (section 4.1) and the discussion of the results framework in section 5.1, is not clear. While sections 4.1 and 5.1 appear to have important implications for the evaluation, these implications are not identified and explained.	There should be coherence and consistency in the content presented in different sections of an evaluation report. Linkages between different sections should be clear, i.e. the methodology should address the objectives/questions/criteria of the evaluation in a manner that is relevant to the nature and characteristics of the object of the evaluation; the findings should be clearly based on the evidence generated by the methodology, while the conclusions and recommendations should be linked to the findings. The various sections of the report must form a coherent whole and must not come across as a series of loose-standing chapters.
52 Is the report logically structured? Context, purpose, methodology and findings logically structured. Findings would normally come before conclusions, recommendations & lessons learnt	Almost		Not Confident to Act	
53 Do the annexes contain appropriate elements? Appropriate elements may include: ToRs; List of interviewees and site visits; List of documentary evidence; Details on methodology; Data collection instruments; Information about the evaluators; Copy of the evaluation matrix; Copy of the Results chain. Where they add value to the report	No			
54 Do the annexes increase the usefulness and credibility of the report?	No			
Executive Summary				
55. Is an executive summary included as part of the report? If the answer is No, question 52 to 54 should be N/A	Yes	The Executive Summary is too long (just over 8 pages). The Executive Summary does not specify the object of the evaluation. It is not clear where the purpose is derived from, since this is not articulated in the TOR. The description of the methodology is not linked to the objectives or criteria of the evaluation. The purpose of the overview of community health intervention models in other countries is not clear, and the criteria for the selection of the countries are not explained. The evaluation results are discussed in too much detail, while the lessons learned, conclusions and recommendations are copied directly from the main report. Because the Executive Summary reflects the shortcomings of the main report, it cannot be used to inform decision-making.		
56 Does the executive summary contain all the necessary elements? Necessary elements include all of: Overview of the evaluated object; Evaluation objectives and intended audience; Evaluation methodology; Most important findings and conclusions; Main recommendations	Almost			
57 Can the executive summary stand alone? It should not require reference to the rest of the report documents and should not introduce new information or arguments	Yes			
58 Can the executive summary inform decision making? It should be short (ideally 2-3 pages), and increase the utility for decision makers by highlight key priorities.	No			
Executive Feedback on Section F Issues for this section relevant for feedback to senior management (positives & negatives), & justify rating. *Up to two sentences*		While the report contains all the necessary sections in a logical order, there is lack of coherence in the manner in which the content of the various sections is presented. Linkages between results, findings, conclusions and recommendations are not always evident from the manner in which the content is presented. The purpose of some sections of the report is not clear.		

Additional Information

Question	Remarks
i/ Does the evaluation successfully address the Terms of Reference? If the report does not include a TOR then a recommendation should be given to ensure that all evaluations include the TOR in the future. Some evaluations may be flawed because the TORs are inappropriate, too little time etc. Or, they may succeed despite inadequate TORs. This should be noted under vii in the next section	The evaluation does not address all the issues/questions identified under the "work agreement" in the TOR. The first issue, namely to review the historical performance of the conventional PHC delivery in Kenya, is not addressed. An overview of the policy context and policy development is provided, but there is no review of performance at the hand of relevant indicators. The second issue, namely to identify the different kinds of services provided to different socio-economic groups in level 1 with a view to assessing the comprehensiveness of services, is not addressed. The third issue (determine the level of capacity building for CHEWs, CHWs and CHCs to provide services in level 1) is partially addressed in the sense that efforts to build their capacity are described. The extent to which this is adequate to provide the level of service expected is not addressed. The fourth issue (linkages between the health facility and community units) is briefly addressed. The fifth issue (determine to what extent the capacity of the community has been strengthened to demand for quality health services as reflected in the outputs and outcome indicators) is partially addressed in the sense that the analysis is not based on any discernable output and outcome indicators. Instead, the evaluation focuses largely on differences in access to and utilisation of selected PHC services in communities where the Community Health Strategy has been implemented and those where it hasn't been implemented. The sixth issue (to establish how information is collected from household level, analysed, utilised and transmitted to higher levels) is briefly addressed. The seventh issue (make recommendations for revision of the community health strategy) is addressed, but the recommendations are based on a generally weak evidence base. While attempting to address some of the disjointed issues identified in the TOR, the evaluation also attempts to address the effectiveness, efficiency, relevance, impact and sustainability of the community health strategy. It is not clear why this is the case. It is also not clear why an overview of community based health care in a selection of other countries was conducted.
ii/ Identify aspects of good practice of the evaluation In terms of evaluation	The methodology to determine access to and utilisation of selected health services at a community level is sound and robust.
iii/ Identify aspects of good practice of the evaluation In terms of programmatic, sector specific, thematic expertise	

OVERALL RATING

Question	cc	Remarks	OVERALL RATING Informed by the answers above, apply the reasonable person test to answer the following question: Ω/ Is this a credible report that addresses the evaluation purpose and objectives based on evidence, and that can therefore be used with confidence? This question should be considered from the perspective of UNICEF strategic management.
i/ To what extent does each of the six sections of the evaluation provide sufficient credibility to give the reasonable person confidence to act? Taken on their own, could a reasonable person have confidence in each of the five core evaluation elements separately? It is particularly important to consider: o Is the report methodologically appropriate? o Is the evidence sufficient, robust and authoritative? o Do the analysis, findings, conclusions and recommendations hold together?	No	The object, purpose and objectives of the evaluation are not clear. The methodology is not appropriate to address the issues identified in the TOR, but instead focuses on criteria that are not identified in the TOR. The results constitute a weak evidence base for findings. The relationship between findings, conclusions and recommendations are not clear, while the conclusions and recommendations are also negatively affected by a lack of evidence.	The evaluation is guided by very weak TOR. It seems to attempt to create a focus and structure by identifying a purpose and criteria that are not reflected in the TOR. The methodology partially addresses one of the criteria (effectiveness), but there are questions about the reliability and validity of the evidence used to inform findings. The evidence base to address other criteria and the disjointed issues identified in the TOR is generally very weak. The purpose of the review of community-based health care in other countries, and the criteria for selecting the countries included in the review, are not clear and it adds no value to the evaluation. There is little coherence between the results, findings, conclusions and recommendations of the evaluation.
ii/ To what extent do the six sections hold together in a logically consistent way that provides common threads throughout the report? The report should hold together not just as individually appropriately elements, but as a consistent and logical 'whole'.	No	The purpose of some sections of the report is unclear and they add no value to the evaluation. The relationship between evaluation objectives/criteria and methodology is unclear, while the results constitute a weak evidence base for findings. The relationship between findings, conclusions and results is not evident.	*(Not Confident to Act)*
iii/ Are there any reasons of note that might explain the overall performance or particular aspects of this evaluation report? This is a chance to note mitigating factors and/or crucial issues apparent in the review of the report.	ToRs	The evaluation is guided by extremely poor and incoherent TOR. There is no identified purpose or objectives, while the very object of the evaluation is unclear. There is no coherence between the various issues identified, and that constitute the work agreement in the TOR.	
	Other		
Executive Feedback on Overall Rating Issues for this section relevant for feedback to senior management (positives & negatives), & justify rating. *Up to two sentences*		**This report cannot be used with confidence. The TOR does not identify the evaluation's purpose and objectives and it is not clear where the identified purpose and criteria are derived from. The methodology only partially addresses some of the evaluation criteria and questions. This results in a weak evidence base for conclusions and recommendations. There is no clear relationship between results, findings, conclusions and recommendations.**	