**DRA SOUTH SUDAN JOINT RESPONSE 2022-2023**

**TERMS OF REFERENCE**

**REAL TIME REVIEW**

|  |  |
| --- | --- |
| **Project Name** | South Sudan Joint Response 2022-2023 |
| **Lead Organization** | Save the Children |
| **Joint Response Partners** | Help a Child, Dorcas, Tearfund, Plan International, CARE, War Child Holland and Save the Children |
| **National Partners** | CEDS, CEF, WOCO, UNIDOR, ACROSS, WDG, MHA and SAADO |
| **Total Budget** | **€ 13,112,795** |
| **Project Location (State and Counties)** | * **Exit locations for 2022** Western Bahr el Ghazal (Jur River), Upper Nile (Malakal) and Northern Bahr el Ghazal (Aweil East). * **Continuing locations for 2022** Western Bahr el Ghazal (Wau County), Unity (Koch) and Jonglei (Pibor). * **New Locations for SSJR 2022** Upper Nile (Melut), Central Equatoria (Lainya) and Warrap (Tonj North and Tonj East) |
| **Sectors Implemented** | Food Security and Livelihoods, Water Sanitation and Hygiene, Protection, Multi-Purpose Cash, Health and Nutrition |
| **Project Duration** | 01st January 2022 to 31st December 2023 |

1. **Background**

**South Sudan Joint Response 2022-2023**

In South Sudan, some 8.9 million people, more than two-thirds of the population, are estimated to need significant humanitarian assistance and protection in 2022. For over a decade, the people of South Sudan faced multiple crises. People’s lives have been shattered by years of conflict, social and political instability, unprecedented climate shocks, ongoing violence, frequent displacements, the impact of COVID-19 pandemic, food insecurity and multiple disease outbreaks. South Sudan is currently facing a multifaceted complex protracted humanitarian crisis; the people continue to suffer from limited access to basic needs because of the different dynamics in the country. These has led to loss of lives, displacements internally and externally, morbidity, loss of assets, increased vulnerability and poverty across the country. The limited humanitarian assistance and access to some of the locations in the country means humanitarian needs are dire and lives of people are at stake.

The South Sudan Joint Response (SSJR) 2022-2023 provides life-saving assistance to people most affected by the multiple crises and aims to enhance the transition from humanitarian assistance to resilience programming by addressing root causes of vulnerability and enabling communities at risk to build resilience to acute shocks and chronic stresses and recover. The SSJR continues to address critical problems relating to physical and mental wellbeing, strongly reinforcing protection throughout the program, both integrated within other sectors, and as a separate sector. The SSJR also contributes to all 2022 HRP strategic objectives:

* Vulnerable people who experience multi-sectoral severity levels of 4 and 5 have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services to meet their needs.
* Vulnerable people are exposed to fewer protection threats and incidents, and those who are exposed have safe, tailored, timely and dignified access to appropriate services through integrated and inclusive humanitarian action that promotes centrality of protection priorities.
* Vulnerable people withstand and recover from shocks, have their resilience to shocks and stresses built, and seek solutions that respect their rights.

Save the Children, CARE, Dorcas Aid International, Plan International Nederland, Stichting Red een Kind, Tearfund and War Child Holland, as Dutch Relief Alliance (DRA) members, are implementing partners of the SSJR along with the following 8 South Sudanese organizations: ACROSS, CEF, CEDS, WDG, MHA, UNIDOR, WOCO and SAADO. This makes **a total of 15 partners implementing the SSJR program in 2022-2023.**

Based on needs and gaps in the respective locations, and in line with their technical expertise, geographical presence and complementarity with other interventions, **SSJR members selected the following counties for implementation: Pibor (Jonglei State), Koch (Unity State), Tonj North (Warrap State), Wau (Western Bahr El Ghazal), Melut (Upper Nile State), Lainya (Eastern Equatoria State) and Tonj East (Warrap State)**. Recognizing the importance of the added value and partnerships built in SSJR locations in previous years, three locations, **Aweil East (Northern Bahr el Ghazal State), Malakal (Upper Nile State) and Jur River (Western Bahr el Ghazal State)**, have also been prioritized by SSJR partners to include for programming in 2022, while planning to responsibly exit the JR funding.

Overall, DRA partners join forces to provide over 347.341 people with FSL (Food Security and Livelihoods), WASH, Multi-Purpose Cash, Nutrition and Protection Support as detailed below:

**Food Security and Livelihoods (FSL)**

* Training and distribution of vegetable seeds and farming/hand tools to households who are vulnerable
* Training and distribution of fishing kits
* Support households who own few livestock in getting treatment services and ensuring milk availability for children during dry seasons
* Provision of small business startup grants; training on backyard gardening skills and making of homemade soaps.
* Provision of restricted cash assistance: food vouchers
* Creating market linkage
* Adopt minimum standard, training to be included on all FSL activities where applicable (at the minimum for community animal health workers when implementing livestock (and restocking) programs, crop production, fisheries and small-scale business this has been included based on best practice across multiple locations and to promote sustainability of the activities.

**Protection**

* Establish Women and Girls Friendly Spaces (WGFS) and Children Friendly Spaces (CFS)
* Provide psychosocial support and case management services, life skills activities for women and girls at the WGFS & CFS.
* Establish referral pathway to ensure SGBV survivors access referral pathways, setting up GBV survivor groups for peer support.
* Build capacity of staff and service providers to strengthen and utilize the existing referral pathways available in targeted communities.
* Provide referral support to individuals needing specialized services.
* Awareness raising on referrals, GBV prevention, mitigation and response
* Train community and church leaders on psychosocial support, GBV, mental health in order to counter stigma, rumors & misinformation.
* Train community volunteers and protection committees/groups on prevention and response strategies and protection monitoring.
* Train health workers on GBV handbook, PSS/PFA, referrals, PSEA, Train GBV staff on case management, PSS and PSEA

**Water, sanitation and hygiene (WASH)**

* Rehabilitation and construction of hand pumps for access to clean and safe water
* Training of water user committees including Water Management committees’ 50% gender consideration is for Water Management Committees (WMCs), hand pump technicians etc. to ensure water users are able to take care of the boreholes and manage it.
* Hygiene and sanitation training and awareness in the different locations including through the CLTS methodology at household and community level.
* Institutional support with sanitation facilities like latrines at CFS, primary schools strengthen hygiene and sanitation practices.
* Training of WASH staff on safeguarding, PSEA and PFA, CP and GBV risk mitigation and confidentiality.

**Nutrition**

* Provide integrated nutrition treatment of Severe and Moderate acute malnutrition in the OTPs and TSFP.
* Conduct community-based and facility-based Screening and referral for U5 and PLWs.
* Treatment of children aged 6-59 months with SAM who are admitted in OTP sites.
* Treatment of children aged 6-59 months with MAM who are admitted in TSFP sites.
* Capacity building of the community on Maternal, Infant and Young Child Feeding.
* Provide integrated nutrition treatment of severe and Moderate acute malnutrition.
* Provide community outreach and mobilizations (early screening, referral, preventive services including improved Maternal Infant and Young Child Nutrition Practices-MIYCN practices.
* Strengthen the 3 nutrition centers and capacitate SSJR Staff.

A number of drivers of needs continue to affect the implementation of the SSJR 2022-2023 including conflicts, floods, covid-19 impact, disease outbreaks and disasters.

**Sectors, budget and targets**

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| --- | --- | --- | --- |
| **S/No** | **Sector** | **Budget Allocation (€)** | **Target Individuals** |
| 1 | Food Security and Livelihoods | 3.042.216 | 130.000 |
| 2 | Water Sanitation and Hygiene | 1.079.694 | 123.119 |
| 3 | Protection | 3.495.668 | 225.204 |
| 4 | Multi-Purpose Cash | 327.995 | 6.300 |
| 5 | Nutrition | 515.972 | 42.670 |
| **Grand Total** | | **8.461.545** | **347.341** |

**About the Dutch Relief Alliance**

The DRA is a coalition of 14 Dutch aid organizations in partnership with the Netherlands Ministry of Foreign Affairs (MFA). The Dutch Relief Alliance was established to provide rapid and effective emergency aid to victims of international humanitarian crises. The DRA responds to protracted crises as well as acute crises through collaboration to ensure delivery of effective, efficient, relevant and timely humanitarian aid to victims of international crisis.

**Purpose of the RTR**

A Real-Time Review (RTR) is defined by the DRA as*: ‘A rapid and interactive review carried out during the implementation of a Joint Response, comprising interactive learning sessions with teams involved in the response, based on information collected from key stakeholders, including affected people, local authorities and implementing organisations*.’  It is a requirement of the DRA to conduct a RTR and share learnings and findings before 31 October 2022. Consequently, the RTR will take place in early October 2022. The DRA funded SSJR, led by Save the Children, is looking for an experienced national consultant who can lead this process.

**Scope of the RTR**

The RTR is intended for DRA partners to mutually learn and to provide direct real-time input into ongoing SSJR planning and future Joint Responses. It should be a practical and useful support, which indicates what needs to be done, where does it need to be done, who is to do it, and by when. Recommendations are to be directly incorporated in the delivery of relevant, effective and efficient aid for affected populations in the second year of the project.

1. **Objective of the RTR**

The specific objectives of this RTR are:

1. To recommend actions that may be taken to improve the operational response in real time, (i.e. what is happening now and how can it be improved)
2. To identify broader lessons learned in South Sudan Joint Response for future humanitarian action (i.e. what has happened in the SSJR2022 and how can it inform SSJR 2023 implementation).
3. Facilitate opportunity for JR partners to share solutions and recommendations for common challenges experienced during implementation.
4. To contribute to learning and promote cross-partner learning.

In achieving the objectives, the evaluation will look at 9 commitments, namely the timeliness, coherence, coverage, appropriateness, relevance, efficiency and effectiveness of humanitarian assistance and protection provided to the vulnerable population in South Sudan through the SSJR. While evaluating against the Core Humanitarian Standards, all 9 commitments will be taken into account as guidance. The RTR will focus specifically on the following CHS and research questions:

**Effectiveness and Timeliness**

**CHS 2: Joint Response is effective and timely**

* To what extent are planned activities of SSJR partners being carried out according to plan? Are delays in implementing plans and activities monitored and addressed?
* What internal and external factors are affecting the implementation of the response?
* How are challenges and opportunities to the delivery of activities being managed?
* To what extent are planned activities of SSJR partners achieving their purpose? Are there any unintended / negative effects?
* How have COVID-19 related adaptations influenced effectiveness and timeliness?
* Are constraints and risks regularly identified and analyzed, and plans adapted accordingly?
* Does planning consider optimal times for activities, accounting for factors such as weather, season or conflict?

**Accountability**

**CHS 5: Complaints and feedback are welcomed and addressed**

* How did the SSJR partners ensure accountability to affected populations? What feedback or complaints handling mechanisms and/or procedures did partners have in place to gauge satisfaction and enhance accountability to affected populations? Is there evidence of beneficiary satisfaction within the interventions? Have recommendations that have been suggested been taken up (the ones you agreed upon internally).
* What were the main issues identified in the feedback and complaints received, and how were they addressed?
* How does COVID-19 affect the ways in which complaints are collected, received and / or addressed?
* Are communities and people affected by crisis consulted about the design of complaints mechanisms?
* Are the preferences of all demographic groups taken into account, particularly those related to safety and confidentiality, in the design of complaints processes?
* Did the feedback and complaint mechanisms available ensure access for marginalized groups (elderly, handicapped, illiterate, etc.)?

How are we communicating with affected communities? Is information shared with beneficiaries systematically?

Has programme development included child participation? How do they feel about this?

How are target groups included in different stages of the project? How do they feel about this?

**Coordination and Cooperation**

**CHS 6: Response is coordinated and complementary**

* How does coordination and cooperation with different stakeholders take place including other SSJR partners, implementing partners, local actors, etc.? What works well? What can be improved?
* Are there any concrete examples of successful collaboration between JR partners (within the JR) on geographic level, not just in terms of avoiding duplication but increasing complementarity and integrated programs affecting the reach and impact on beneficiaries? Were there any barriers/enablers?
* Is information about the competences, resources, areas and sectors of work of other organisations, including local and national authorities, accessed and used?

1. **Methodology**

**Data Collection and Methods**

The identified consultant will physically and /or virtually visit SSJR Partners (both INGO an NNGO) project locations and crisis affected people to collect data. The approach will be light, rapid, gender-sensitive, culturally-appropriate and participatory. This includes disaggregation of the views of women, men, young women, young men, elderly and/or people with a disability both in consultation and in data analysis; for example, the use of female team members to speak with female community members. The RTR team will also be expected to follow DRA’s RTR guideline, including obtaining informed consent from all participants.

The RTR methodology is expected to employ participatory techniques for data collection and to triangulate qualitative data from key stakeholders: women, men, young women and men and boys and girls participating in the program (ensuring balance of gender, age and diversity), as well as staff from partner agencies and government staff. Participatory techniques will include:

* **Desk review of key project documents** including Narrative Proposal and relevant reports; meeting minutes from JR Meetings in the location (partner meetings, Inception Meetings; Situation Reports; up-to-date logframe; narrative reports; Needs Assessments reports, etc.)
* **Focus group discussions** with affected women, men, young women, young men benefiting from the different project activities.
* **Observations** and corresponding analysis from consultant.
* **Key Informant interviews** with JR partner staff, UNOCHA, Cluster members and relevant government officials.
* Facilitation of a **half-day reflection/learning workshop** for each State with field staff to enable a deeper analysis and validation of, and ownership over, the main conclusions and recommendations. The cross learning and reflection workshop is to ensure immediate essential recommendations are adopted and implemented.

**Location Targeting**

The real time review will be conducted in minimum four of the locations where the SSJR is currently implemented.

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| --- | --- | --- |
| **S/No** | **State** | **County** |
| 1 | Western Bahr El Ghazal State | Wau and Jur River |
| 2 | Upper Nile State | Malakal and Melut (depending on security situation) |
| 3 | Central Equatoria State | Lainya |

Given the number of locations to be covered by the RTR, it is expected that the Consultant will organize at least 2 teams to travel to the locations to conduct the KII, FGDs, observation and half-day learning workshop, with all locations covered over a one-week period.

**Roles and responsibilities of SSJR Members**

**SSJR Lead**

* Leads on procurement process and holds the contract for consultancy services.
* Acts as SSJR focal point with the consultant as it relates to the RTR.
* Makes necessary logistical and security arrangements for the consultant.
* Provide briefing on security, code of conduct, and child safeguarding and pre-departure information to the consultant.
* Makes key documentation, RTR tools and background information available to the consultant.
* Arrange the overall visit, coordinate with JR Partners organizations to schedule consultant’s data gathering visits in Field.
* Informs SSJR partner key staff, crisis-affected people and other relevant stakeholders of the status of the RTR.
* Makes sure that key staff, crisis-affected people and other relevant stakeholders are available for participating in interviews and discussions.
* Coordinates and consolidates feedback from JR partners (Both INGOs and NNGOs) on the draft RTR report and ensures finalization of the RTR report with the consultant.
* Submits final report to donor.

**Consultant**

* Leads on the overall RTR process.
* Reviews available RTR tools provided by the SSJR Lead and adapts them to reflect SSJR context.
* Reviews SSJR documentations and background information provided by the SSJR Lead.
* Develop the RTR planning schedule in consultation with partners.
* Leads on data collection in Field, including on the one-day learning workshop in Field locations.
* Analyzes data and ensures that analysis of data is constructive, does proper investigation of negative findings, and checks and accounts for bias in reporting.
* Presents preliminary findings in a half day session upon return to Juba, to Juba-based partners.
* Compiles findings, learnings and recommendations into a RTR report.

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**SSJR Partner Organizations (Both INGOs and NNGOs as listed above)**

* Establish availability and identify tentative dates for the visit, coordinating with Save the Children.
* Designate staff responsible for visit:
  + Receiving staff will have overall knowledge of programs,
  + 1-3 key staff per host partner will be present to facilitate the entire visit, and as many others brought in at necessary times to answer questions in their area(s) of overview/expertise.
* Make necessary logistical and security arrangements to receive the visits.
* Provide relevant documents to the consultant.
* Identify Best Practices and Learning from the organizations that will be useful to share/discuss with the consultant.
* Ensure consultant understand security and code of conduct for the location visited.
* Ensure all interviewees give consent for the discussion.

1. **Key Deliverables**

The consultant is expected to deliver:

New or adapted data collection tools

Peer to peer field visits

Learning/sense-making workshop

Draft RTR report (Max of 20 pages)

Final RTR report (Max of 20 pages)

Final presentation/debriefing

1. **Budget**

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| --- | --- |
| Consultant fees (excluding travel & accommodation costs) | 8.000 EUR |
| Consultant travel costs to field locations & accommodation | 2.000 EUR |
| **Total** | **10.000 EUR** |

1. **Timeframe**

The schedule for in-country activities will be negotiated based on partner availability and logistics requirements and may be adjusted. The total period of this assignment is 20 consultancy days, including the development of the final report and tools, travel days and data collection. The consultancy is expected to start latest by the 3rd October 2022.

* Following the recruitment, the consultants’ assignment shall start the latest by 3rd October 2022. A first meeting shall be held before the assignment starts in order to review the ToR together and agree on a tentative work plan.
* An inception report shall be submitted detailing the work plan, sampling frame and data collection tools, no later than 5th October 2022. The consultant will finalize the inception report, incorporating feedback and suggestions coming from the JR Coordinator and the counterpart based in the Netherlands.
* Data collection and fieldwork by the consultant in Field would take place from 7th October 2022
* A short debrief session will be held in Field with JR implementing staff to reflect and discuss the visit.
* A reflection workshop to present and discuss the consultants’ initial findings will be held upon return in Juba with JR-based partners, prior to drafting the RTR report.
* A draft RTR report should be delivered by 20th October.
* Following a round of feedback by JR partners, the final RTR report should be delivered by the 28th October 2022.
* A power point presentation of max 20 slides with methodology and main findings and recommendations should be delivered along with the final report.

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| S/No | Activity / Deliverable | Management responsibility | Timing | # Consultant days |
|  | Consultant recruitment process finalized | Save the Children |  | 0 |
|  | Provision of relevant program documents for RTR to consultant | Save the Children |  | 0 |
|  | Briefing of consultant and preparatory meeting | Save the Children |  | 0.5 |
|  | Review RTR documentation, develop inception report and data collection tools | Consultant |  | 3 |
|  | Travel to field from Juba | Consultant |  | 1 |
|  | Data collection in the field | Consultant |  | 5 |
|  | Reflection/Learning Workshop with JR partners in the field | Consultant |  | 1.5 |
|  | Return to Juba from field | Consultant |  | 1 |
|  | Reflection/Learning Workshop with JR partners in Juba | Consultant |  | 1 |
|  | Draft report written and submitted | Consultant |  | 5 |
|  | Review of draft report | All JR partners |  | 0 |
|  | Final report and powerpoint presentation submitted | Consultant |  | 2 |

1. **Selection Process**

**Required skills and experience**

The consultant leading the RTR should:

* Demonstrate experience in qualitative evaluation of humanitarian programs, preferably with RTEs/RTR.
* Be based in South Sudan.
* Have a sound understanding of the context of South Sudan.
* Have expertise in one or more of the relevant technical areas (FSL, WASH, MPC, Health, Nutrition, Protection) of the SSJR.
* Have a sound knowledge of Humanitarian Principles; the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief; the Core Humanitarian Standards; and Sphere Minimum Standards in Humanitarian Response, as well as an appreciation of key challenges and constraints to their application in the relevant context.
* Possess strong facilitation skills and a creative approach to participatory workshops that focus on collaborative learning.
* Demonstrate analytical, communication and report-writing skills.
* Have fluent written and spoken English.

**Submission of Applications**

To be considered for this consultancy, interested candidates who meet the qualifications should submit an expression of interest to [Jobs.southsudan@savethechildren.org](mailto:Jobs.southsudan@savethechildren.org) **by 30th September 2022** with the following:

* Brief CV along with a succinct rationale of how the consultant meet the requirements (max 2 pages)
* Work plan, including conceptual framework and methodology for how the work will be undertaken and a proposed schedule (maximum 10 pages, see requirements below)
* Indicative budget including daily rates in EUR.
* Contact details for two referees for similar type of work.
* Confirmation of availability to undertake this work and to deliver the report on time.
* A sample of a similar piece of work previously conducted.

**Work plan**

The consultant will prepare a draft work plan of the RTR, to be submitted as part of the application. The work plan will describe how the RTR will be carried out, elaborating on the Terms of Reference. The following elements are part of the work plan:

* Introduction
* Methodology
* Methodological approach for the evaluation
* Data collection tools
* Question matrix, summarizing the scope of the evaluation by identifying:
* Questions suggested by this ToR
* Description of the basis on which judgements are made
* Plan how observations, conclusions and recommendation will be fed back to:
* Stakeholders involved in JR (in situ and in the Netherlands)
* Affected people and their representatives
* Schedule of activities and travel
* Budget
* Total budget with a breakdown of expected cost in days or hours spent and the related fees for the tasks (making the distinction for each evaluator)

Due to the urgency of the position, applications will be reviewed on rolling basis and a candidate may be selected before the deadline. Shortlisted applicants will be invited to an interview. For questions related to this position please contact: xxxxxxxxxxxxxxx.

Annex 1 CHS commitments performance indicators

**CHS 1: *Humanitarian Response is appropriate and relevant***

1. Communities and people affected by crisis consider that the response takes account of their specific needs and culture.

2. The assistance and protection provided correspond with assessed risks, vulnerabilities and needs.

3. The response takes account of the capacities (e.g., the skills and knowledge) of people requiring assistance and/or protection.

**CHS 2: *Humanitarian Response is effective and timely***

1. Communities and people affected by crisis, including the most vulnerable groups, consider that the timing of the assistance and protection they receive is adequate.

2. Communities and people affected by crisis consider that their needs are met by the response.

3. Monitoring and evaluation reports show that the humanitarian response meets its objectives in terms of timing, quality and quantity.

**CHS 3: *Humanitarian Response strengthens local capacities and avoids negative effects***

1. Communities and people affected by crisis consider themselves better able to withstand future shocks and stresses as a result of humanitarian action.

2. Local authorities, leaders and organisations with responsibilities for responding to crises consider that their capacities have been increased.

3. Communities and people affected by crisis (including the most vulnerable) do not identify any negative effects resulting from humanitarian action.

**CHS 4: *Humanitarian Response is based on communication, participation and feedback***

1. Communities and people affected by crisis (including the most vulnerable) are aware of their rights and entitlements.

2. Communities and people affected by crisis consider that they have timely access to relevant and clear information.

3. Communities and people affected by crisis are satisfied with the opportunities they have to influence the response.

**CHS 5: *Complaints are welcomed and addressed***

1. Communities and people affected by crisis, including vulnerable and marginalised groups, are aware of complaints

mechanisms established for their use.

2. Communities and people affected by crisis, consider the complaints mechanisms accessible, effective, confidential and safe.

3. Complaints are investigated, resolved and results fed back to the complainant within the stated timeframe.

**CHS 6: *Humanitarian Response is coordinated and complementary***

1. Communities and people affected by crisis do not identify gaps and overlaps in the response.

2. Responding organisations share relevant information through formal and informal coordination mechanisms.

3. Organisations coordinate needs assessments, delivery of humanitarian aid and monitoring of its implementation.

**CHS 7: *Humanitarian actors continuously learn and improve***

1. Communities and people affected by crisis identify improvements to the assistance and protection they receive over time.

2. Improvements are made to assistance and protection interventions as a result of the learning generated in the current response.

3. The assistance and protection provided reflects learning from other responses.

**CHS 8: *Staff are supported to do their job effectively, and are treated fairly and equitably***

1. Male and female staff feel supported by their organisation to do their work.

2. Staff satisfactorily meet their performance objectives.

3. Communities and people affected by crisis assess staff to be effective (i.e., in terms of their knowledge, skills, behaviours

and attitudes).

**CHS 9: *Resources are managed and used responsibly for their intended purpose***

1. Communities and people affected by crisis are aware about community-level budgets, expenditure and results achieved.

2. Communities and people affected by crisis consider that the available resources are being used:

a. for what they were intended; and

b. without diversion or wastage.

3. The resources obtained for the response are used and monitored according to agreed plans, targets, budgets and timeframes.

4. Humanitarian response is delivered in a way that is cost effective.1

Annex 2 RTR Report outline

1. Cover page
2. Table of contents
3. List of abbreviations.
4. Executive summary that can be used as a stand-alone document (max 2 pages)
5. Introduction, stating objectives of the evaluation and evaluation questions
6. The intervention and context
7. Methodology, including an indication of any perceived limitations of the evaluation
8. Presentation of the findings
9. Analysis of the findings including actions for adaptation, learnings and good practices
10. Conclusions
11. Learning and Recommendations
12. Appendices