



### Statement of Work

For the Mid-term External Evaluation of ACF project

## Multisector emergency response and crisis resilience to the conflict-affected populations in Cabo Delgado

Programme Funded by  
USAID - BHA



Contract Reference  
720BHA22GR00203

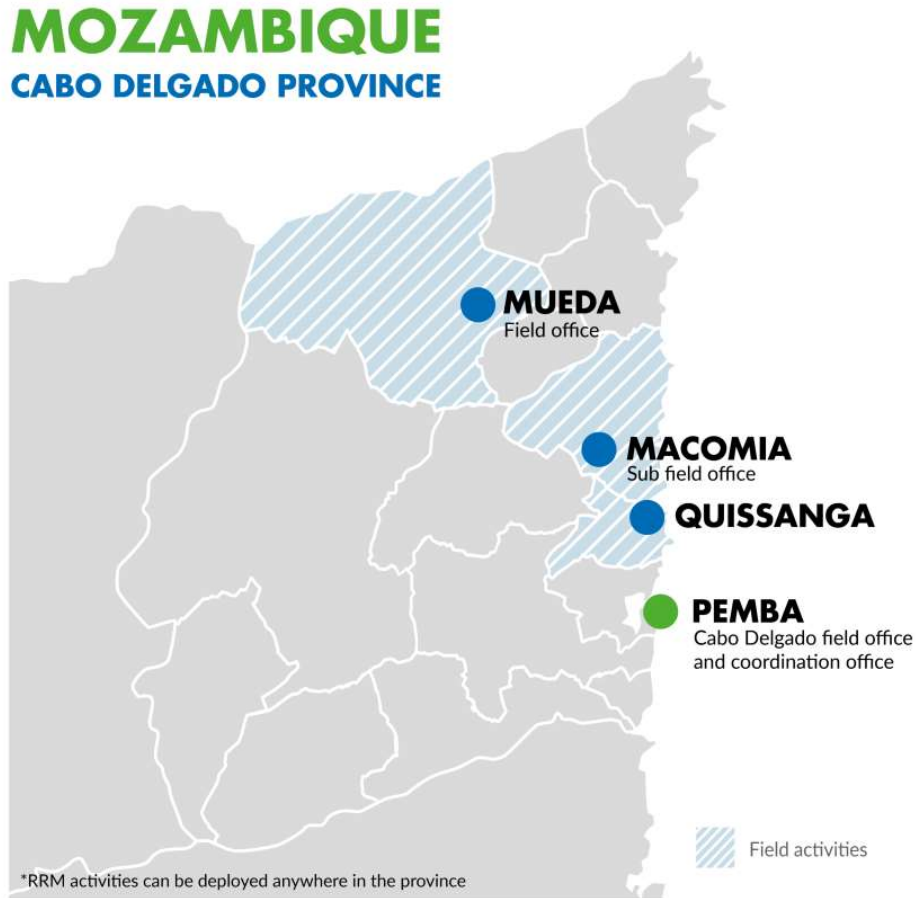
18/06/2024

**Summary Table**

<b>Project Name</b>	<b>Multisector emergency response and crisis resilience to the conflict-affected populations in Cabo Delgado</b>
<b>Contract Number</b>	<b>720BHA22GR00203</b>
<b>Partners (if applicable)</b>	<b>None</b>
<b>Sectors</b>	<b>Health, Nutrition, Agriculture, Economic Recovery and Market Systems, Water, Sanitation and Hygiene (WaSH), Rapid Response Mechanism</b>
<b>Location (country/ies, region/s)</b>	<b>Mueda, Macomia and Quissanga districts, Cabo Delgado Province, Mozambique</b>
<b>Duration</b>	<b>27 months (potential extension of 24 months)</b>
<b>Starting Date</b>	<b>1<sup>st</sup> June 2022</b>
<b>Ending Date</b>	<b>31<sup>st</sup> August 2024 (potential extension to 31<sup>st</sup> August 2026)</b>
<b>Project Language</b>	<b>English</b>
<b>Donor &amp; Contribution/s</b>	<b>USAID-BHA: 11,640,00 USD (potential cost extension of additional 7,125,000 USD)</b>
<b>Country Office administering the Project</b>	<b>ACF Mozambique</b>
<b>Responsible ACF HQ</b>	<b>ACF France</b>
<b>Evaluation Type</b>	<b>External Evaluation</b>
<b>Evaluation Dates</b>	<b>1<sup>st</sup> August – 15<sup>th</sup> September 2024</b>

## 1. PROJECT BACKGROUND

### 1.1. Map of Project Area



### 1.2. Rationale of the project

The proposed intervention aims at responding to the conflict-affected population's humanitarian needs in Cabo Delgado (CD) province through emergency response and early recovery interventions aiming at building the resilience of IDPs, returnees and Host Communities (HC) toward nutrition security. Static approaches will be implemented in Mueda, Macomia and Quissanga districts of CD province, while Rapid Response Mechanism (RRM) will cover all districts of CD.

Within static programming, the objective is to enhance targeted population access to food, health, nutrition, water, hygiene and sanitation (WASH) services and to support the development of livelihood, while strengthening communities' resilience. Within mobile RRM programming, the objective is to answer to most urgent basic needs through the provision of immediate support.

The Activity aims at (i) improving access to safe, free and qualitative health care & nutrition services through the implementation of an outreach strategy (ii) improving access to water, sanitation and hygiene infrastructures/assets at community and health facility-levels (iii) supporting economic and

agricultural recovery through provision of agriculture inputs, crop farming trainings, market system strengthening, and livelihoods restoration (iv) ensuring access to food and essential items to the population who went through a shock through the distribution of cash or in-kind survival kit under RRM. Knowledge building and/or behaviour change on key practices and attitudes will be a key component of each sectorial technical design of the Activity.

The overall objective of the project is to respond to the conflict-affected populations needs in the Cabo Delgado province through life-saving and sustaining interventions to build communities resilience of IDP, returnees and HC. The purpose is to contribute to reduce the morbidity and mortality of conflict-affected populations in Cabo Delgado through targeted multi-sectorial support across Health & Nutrition, WASH, Food Security and Livelihoods (FSL) and integrated emergency response.

## **2. PURPOSE AND OBJECTIVES OF THE EVALUATION**

### **2.1. Rational for the Evaluation**

This evaluation is conducted as an exercise of accountability towards the donor and the beneficiaries. It is also expected to contribute to better understand the strengths and weaknesses of the intervention, drawing lessons learnt and making operational and strategic recommendations that can be used to improve the implementation of a potential next phase or similar interventions in the future.

### **2.2. Objectives of the Evaluation**

The overall purpose of the evaluation is to assess the overall performance of the project and to determine if the intervention has reached its intended outputs and objectives. In particular, it will assess to what extent (and the reasons why) the project's outputs have ensured the achievement of the outcomes and objective.

### **2.3. Users of the Evaluation**

**Direct users:** ACF France HQ (ACF France Pool Desk Staff), ACF Mozambique Country Office, and USAID-BHA.

**Indirect users:** ACF International Network, Ministry of Agriculture and Rural Development (MADER), National Institute of Disaster Risk Management and Reduction (INGD), Provincial Directorate of Agriculture and Fishery (DPAP), Provincial and District Service of Economic Activities (SPAE, SDAE), Ministry of Health and Nutrition (SPS, SDSMAS), Ministry of WaSH, and others (national and sub-national Clusters, UN agencies, NGOs as well as humanitarian learning platforms).

### **2.4. Use of the Evaluation**

Learn from experience to develop new strategies, collect lessons learnt and good practices for ongoing and future projects in country.

## **3. EVALUATION SCOPE**

### **3.1. Evaluation Focus**

The evaluation will focus on the entire project funded by USAID-BHA. It will cover all programmatic geographical areas, looking at different levels of intervention (community level, district level, and provincial level) and at the links between them. It will also cover all selected target groups of beneficiaries and will examine the implementation of all activities (Nutrition and Health, WASH, Food Security and Livelihood and RRM) and the degree of achievement of all outputs and objectives.

Finally, the evaluation should provide key recommendations towards sustainability. Moreover, it will identify and recommend potential improvements, changes and exit strategies considering short, middle and long term. The recommendations should be solid and concrete to inform the project team on the best practices to adapt and to enhance the continuation of the intervention.

### 3.2. Cross-cutting issues

Throughout the evaluation process, gender and protection concerns and considerations should be addressed in line with the Action Against Hunger Gender Policy. All data should be disaggregated based on BHA request from the indicator guideline and different needs of women, men, boys and girls as well as marginalized groups targeted by the project (such as PWD) should be considered throughout the whole evaluation process. Moreover, the community participation would be emphasized and how Action Against Hunger ensures that communities are involved throughout the entire programme cycle.

The evaluation is expected to also assess the strategies implemented to address gender inequalities. A Gender and Protection Analysis has been recently conducted by ACF and provides an insight on these topics to this assignment.

### 3.3. Elements not covered by the evaluation

There are no specific elements not covered by the evaluation.

## 4. EVALUATION CRITERIA AND QUESTIONS

As per ACF Evaluation Policy and Guidelines, ACF adheres to the Development Assistance Committee (DAC) criteria for evaluating its programmes and projects. Specifically, ACF uses the following criteria: Relevance/Appropriateness, Coherence, Coverage, Efficiency, Effectiveness, Sustainability and Likelihood of Impact. To the latter list ACF adds an additional criterion, Design. ACF also promotes a systematic analysis of the monitoring system in place within the aforementioned criteria.

Evaluation questions have been developed to help the evaluator assess the project against these criteria (Refer to Annex II). The evaluator may adapt criteria and questions, but any fundamental changes should be first formally agreed between ACF and the evaluator and reflected in the inception report.

All independent external evaluations are expected to use DAC criteria in data analysis and reporting. In particular, the evaluator must complete the DAC criteria rating table (Table 1) and include it as part of the final evaluation report.

Table 1: DAC criteria rating table

Criteria	Rating (1 low, 5 high)					Rationale
	1	2	3	4	5	
Design						
Relevance/Appropriateness						
Coherence						
Coverage						
Efficiency						
Effectiveness						
Sustainability						
Likelihood of Impact						

## 5. EVALUATION METHODOLOGY

This section outlines the suggested methodological approach for the evaluator to collect quantitative and qualitative data. The evaluator will to the extent possible develop data gathering instruments and methods which allow collecting data disaggregated by sex, and by target group (IDP, Host Communities' members, Returnees). The instruments need to make provision for the triangulation of data where possible.

### 5.1. Evaluation Briefing

Prior to the evaluation taking place, the evaluator is expected to attend an evaluation technical briefing with ACF.

### 5.2. Desk review

The evaluator will undertake a desk review of project materials, including the project documents and proposals, progress reports, outputs of the project (such as assessments, internal reports, monitoring reports, etc.), results of any internal planning process and relevant materials from secondary sources.

### 5.3. ACF HQ Interviews

As part of the evaluation, the evaluator will interview ACF Country Office Staff to get preliminary information about the project being evaluated.

#### Sampling

The evaluator would be expected to clearly state the sampling approach in terms of sites and beneficiaries in their technical proposal.

### 5.4. Inception Report

At the end of the desk review period and before the field mission, the evaluator will prepare a brief inception report. The report will be written in English and will include the following sections:

- **Key elements of the TORs** to demonstrate that the evaluator will adhere to the TORs;
- **The methodological approach to the evaluation.** This shall include a detailed sampling methodology and sample size determination for the quantitative survey and the different approaches and tools that will be used for the qualitative research.
- **Provide, an evaluation matrix** which should be added to the inception report as an annex that will specify the sub-questions related to answer the main evaluation question, the indicator of progress for each sub-question, the source of information, data collection and analysis methods and the limitations to the methodology if any;
- **Provide data collection tools as an annex**
- **Provide the list of Key Informant as an annex**
- **Provide a detailed evaluation workplan, including the sites per field visit and timeline** with set objectives;

State adherence to ACF Evaluation Policy and outline the evaluation report format.

The inception report will be discussed and approved by Technical Head of Department in ACF.

#### Field Mission

Primary data collection techniques

As part of the evaluation, the evaluator will interview key project stakeholders (expatriate/national project staff, local/national representatives, local authorities, humanitarian agencies, or donor representatives) as per the list in Annex III. The evaluator will use the most suitable format for these interviews as detailed in the inception report. The evaluator is also expected to collect information directly from beneficiaries. Towards enriching triangulation, the evaluator can also conduct Focus Group Discussions (beneficiaries, key informants – health workers, wash activists, and leaders) and household surveys.

#### Field visits

The evaluator will visit the project sites and the facilities provided to the beneficiaries.

#### Secondary data collection techniques: Desk review

The evaluator will further review complementary documents and collect project monitoring data or of any other relevant statistical data.

#### Debriefing and stakeholders' workshop

The evaluator shall facilitate a learning workshop in country to present preliminary findings of the evaluation to the project and key stakeholders; to gather feedback on the findings and build consensus on recommendations; to develop action-oriented workshop statements on lessons learnt and proposed improvements for the future.

### **5.5. Evaluation Report**

The evaluation report shall follow the following format and be written in English:

- **Cover Page**
- **Summary Table:** to follow template provided
- **Table of Contents**
- **Executive Summary:** must be a standalone summary, describing the project, main findings of the evaluation, and conclusions and recommendations. This will be no more than 2 pages in length.
- **Background Information**
- **Methodology:** describe the methodology used, provide evidence of triangulation of data and presents limitations to the methodology
- **Findings:** includes overall assessment of the project against the evaluation criteria, responds to the evaluation questions, all findings are backed up by evidence, cross-cutting issues are mainstreamed and; unintended and unexpected outcomes are also discussed
- **Conclusions:** formulated by synthesizing the main findings into statements of merit and worth, judgements are fair, impartial, and consistent with the findings
- **Lessons Learnt and Good Practices:** presents lessons that can be applied elsewhere to improve project performance, outcome, or impact and; identify good practices: successful practices from those lessons which are worthy of replication; further develop on one specific good practice to be showcased in the template provided in Annex IV
- **Recommendations:** should be as realistic, operational and pragmatic as possible; that is, they should take careful account of the circumstances currently prevailing in the context of the action, and of the resources available to implement it both locally. They should follow logically from conclusions, lessons learnt and good practices. The report must specify who needs to take what action and when. Recommendations need to be presented by order of priority
- **Annexes:** should be listed and numbered and must include the following: good practice template, Evaluation Criteria Rating Table, list of documents for the desk review, list of persons interviewed, data collection instruments and evaluation TORs.

The whole report shall not be longer than 40 pages, 60 pages including annexes. The draft report should be submitted no later than 10 calendar days after departure from the field. The final report will be submitted no later than the end date of the consultancy contract. Annexes to the report will be accepted in the working language of the country and project subject to the evaluation.

### **5.6. Debriefing with ACF Mozambique**

The evaluator will provide a debriefing with the relevant stakeholders in Action Against Hunger Mozambique on her/his draft evaluation report, and on the main findings, conclusions and recommendations of the evaluation. Relevant comments shall be incorporated in the final report.

## 6. KEY DELIVERABLES

The following are the evaluation deliverables the evaluator will submit to ACF:

Outputs	Deadlines
Inception Report,	04/08/2024
Stakeholders workshop	29/08/2024
Draft Evaluation Report	04/09/2024
Final Evaluation Report	15/09/2024

All deliverables must be submitted in English.

The quality of the inception report and the evaluation report will be assessed by ACF. The evaluator is expected to follow the format, structure and length as defined under section 5.4 and 5.6 above.

## 7. MANAGEMENT ARRANGEMENTS AND WORKPLAN

The evaluator will directly report to the MEAL Head of Department (HOD) at ACF Mozambique, in his/her absence, the evaluator will directly report to the Deputy Country Director of Programmes (DCD-P) at ACF Mozambique. The evaluator will submit all the evaluation deliverables directly and only to the MEAL HOD, DCD-P and Food Security and Livelihoods HOD at ACF Mozambique. The emails are [mealhod@mz-actioncontrelafaim.org](mailto:mealhod@mz-actioncontrelafaim.org); [dcd-prog@mz-actioncontrelafaim.org](mailto:dcd-prog@mz-actioncontrelafaim.org); [fslhod@mz-actioncontrelafaim.org](mailto:fslhod@mz-actioncontrelafaim.org).

ACF will do a quality check (ensure required elements are there) and decide whether the report is ready for sharing. ACF will forward a copy to key stakeholders for comments on factual issues and for clarifications. ACF will consolidate the comments and send these to the evaluator by date agreed between ACF and the evaluator or as soon as the comments are received from stakeholders. The evaluator will consider all comments to finalize report and will submit it to ACF which will then officially forward to relevant stakeholders.

Once the evaluation is completed ACF will prepare the management response follow-up form to track implementation of the recommendations outlined in the evaluation report. A review of the follow-up process will be undertaken six months after the publication of the evaluation report.

In addition to the briefings, if needed and requested, ACF will facilitate the evaluator contact with the target communities. If needed, the evaluator will also be provided with a workspace (e.g. desk, chair) in ACF offices during working hours.

The evaluator will be responsible of the travel, transportation, accommodation of him/herself and his/her team.

For safety and security purposes, s/he will be responsible for his/her safety of the team during travels and in the choice of accommodation. While house at ACF premises or utilizing ACF vehicles s/he and his/her team will be required to follow ACF security procedures. ACF will also provide safety briefings and a constant companion document.



### 7.1. Tentative Workplan

The workplan required under this section is designed to serve as a general guideline, the evaluator is expected to develop his/her own detailed workplan and submit it within the application proposal.

*NOTE: Consultants are expected to work 6 days a week (either Sundays/Fridays or whatever day the field office has off will not be paid) during their consultancy contract. Travel days are not paid as they are not working days as such.*

Activities	Evaluator Working Days	Dates	Day
Evaluation briefing with ACF-Moz	0.5	23/07/2024	Tue
Interviews with ACF	0.5	30/07/2024	Tue
Desk review, preparation of field work and prepare <b>Inception Report</b>	5	31/07/2024 - 04/08/2024	We - Sun
ACF review of the Inception Report		05/08/2024 - 06/08/2024	Mo - Tue
Finalization of Inception Report	1	07/08/2024	Wed
Travel to Pemba		08/08/2024	Thu
In country interviews with project staff	1	09/08/2024	Fri
Travel to the field (Mueda, Macomia, Quissanga)		11/08/2024 - 19/08/2024	Sun - Mo
Field work, collection and analysis of secondary data & meeting with stakeholders	14	12/08/2024 - 27/08/2024	Mo - Tue
Travel back from the field to Pemba		28/08/2024	Wed
Stakeholders Workshop in Pemba	1	29/08/2024	Thu
Evaluation debriefing with ACF	0.5	30/08/2024	Fri
Travel back from Pemba		31/08/2024	Sat
<b>Draft Report</b>	5	1/09/2024 - 04/09/2024	Sun - Wed
Quality check and initial review by ACF, circulate draft report to key stakeholders, consolidate comments of stakeholders and send to evaluator		05/09/2024 - 12/09/2024	Thu - Thu
<b>Final report</b> on the basis of ACF Country Office, ACF HQ, and stakeholders' comments	3	13/09/2024 - 15/09/2024	Fri - Sun
<b>Total:</b>	<b>31.5</b>		

### 7.2. Profile of the evaluator

The evaluation will be carried out by an international evaluation consultant with the following profile:

- Knowledge in Health, Nutrition, Food Security and Livelihoods, WaSH and emergency response;
- Significant field experience in the evaluation of humanitarian projects;
- Relevant degree / equivalent experience related to the evaluation to be undertaken;
- Significant experience in coordination, design, implementation, monitoring and evaluation of programmes;
- Good communications skills and experience of workshop facilitation;
- Ability to write clear and useful reports (required to produce examples of previous similar work);
- Fluent in English; fluent in Portuguese is an advantage
- Understanding of donor (BHA) requirements;
- Ability to manage the available time and resources and to work to tight deadlines;
- Prior experience in Mozambique is preferred;
- Independence from the parties involved.

## 8. LEGAL AND ETHICAL MATTERS

The ownership of the draft and final documentation belongs to the agency and the funding donor exclusively. The document, or publication related to it, will not be shared with anybody except ACF before the delivery by ACF of the final document to the donor.

ACF is to be the main addressee of the evaluation and its results might impact on both operational and technical strategies. ACF is likely to share the results of the evaluation with the following groups:

- Donor(s)
- Governmental partners
- Various co-ordination bodies

For independent evaluations, it is important that the consultant does not have any links to project management, or any other conflict of interest that would interfere with the independence of the evaluation.

## 9. Intellectual Property Rights

All documentation related to the Assignment (whether in the course of your duties) shall remain the sole and exclusive property of the Charity.

## 10. Application Submission

Applications should be sent the proposal to Action Contre la Faim, by email to [tender@mz-actioncontrelafaim.org](mailto:tender@mz-actioncontrelafaim.org)

Please add the reference **PD-MAP-000xx-B2A-Mid-Term-Eval** on the subject.

Qualified candidates are expected to send their applications to ACF in English including:

- Technical proposal (including revised workplan)
- Financial proposal should be signed and stamped
- CV of the consultant(s)
- Cover letter
- Sample of previous high-quality evaluation report
- Name and contact details (email address and phone number) for three reference that you worked with them already and delivered the same type of service
- If you are applying as an individual copy of your ID or passport
- If you are applying as a company, copy of the company registration documents

The dead line to submit your proposal is **3<sup>rd</sup> of July 2024 at 05:00 PM** Mozambique time.

## 11. ANNEXES TO THE TORs

- I. List of Project documents for the desk review
- II. Evaluation Criteria and Detailed Evaluation Questions
- III. List of people to be interviewed
- IV. Good practices Template

### **Annex I: List of Project documents for the desk review**

The following documents will be reviewed by the evaluator during the desk review phase:

<b>Document</b>
ACF Evaluation Policy
Project Proposal and Annexes
Project interim reports
Project monitoring reports
Project Baseline survey report
Project Rapid Need Assessments' (RNAs) reports
Project Gender and Protection analysis report
SMART survey report 2023 and 2024
HeRAMS (Health Resources and Services Availability Monitoring System) June 2023
Humanitarian Response Plan (HRP) 2022, 2023, 2024
IOM Mozambique Mobility Tracking Assessment Report 20 - January 2024
IOM Mozambique Districts profile MTA R20 – January 2024
IPC 2023/24 report
BHA guidelines (including indicators handbook)
Any other relevant documents

## **Annex II: Evaluation Criteria and Detailed Questions**

To assess the project against each evaluation criteria, the evaluator will respond to the following evaluation questions:

### **Design<sup>1</sup>:**

- Are beneficiaries needs (by status - IDP, HC, Returnees; by sex and age and disability) well identified and in which way? What was the level of beneficiary participation in project design?
- Are the project sectors (Health, Nutrition, WaSH, Agriculture, ERMS, RRM) designed in a way to respond to the different and priority needs (HRP, Governments plans for Cabo Delgado), and to consider complementarities and synergies?

### **Relevance/Appropriateness<sup>2</sup>: Is the intervention doing the right things?**

- Were the actions undertaken relevant and appropriate given the local context and needs of the target population and target groups (e.g. IDPs, Returnees, Host Communities' members)? Are there needs/gaps that might be covered with further interventions?
- How effective was the targeting approach in achieving the activity goal?

### **Coherence<sup>3</sup>: How well does the intervention fit?**

- How activities of this project have been integrated with other programs (of ACF, and of other actors) in the operational areas?
- How has management adapted the activity design or implementation based on monitoring information and feedback from the target population?

### **Coverage<sup>4</sup>:**

- Were the most affected groups (e.g. IDPs, Returnees, women, etc) covered with the limitation of the resources available?
- Was the geographical coverage (including village selection) of the project appropriate?

### **Efficiency<sup>5</sup>: How well are resources being used?**

- Were the resources properly allocated to reach the objectives?
- How efficient is the overall management set up of the project, or in other words, how is the suitability of management arrangements in place?
- Considering the context, needs and budget, was the intervention strategy and approach cost-effective, or other strategies/approaches could have been more cost-effective? What was the level of efficiency and timely delivery of the goods or services?
- Was the Mobile Clinic implementation strategy efficient? Was the link between Mobile Clinic Health workers and APEs efficient? Was the Health Facilities support strategy efficient in terms of organisation and quality of the consultations? Was the medical supplies/equipment

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<sup>1</sup> Refers to four areas: 1. The participatory systematic identification of needs, perceptions, priorities, capacities, and opportunities for men, women, boys and girls; 2. The identification of a hierarchy of project goals and objectives linked by causal relationships; 3. The planning of solutions in terms of inputs, activities, outputs, outcomes and overall objective, and; 4. The assessment of project outcomes.

<sup>2</sup> A measure of whether interventions are in line with local needs and priorities (as well as donor policies, thus increasing ownership, accountability, and cost-effectiveness).

<sup>3</sup> A measure of whether interventions are consistent with existing interventions, global and national policies and strategies to ensure consistency, maximize synergies and minimize duplication.

<sup>4</sup> The need to reach major population groups facing life threatening suffering wherever there are.

<sup>5</sup> A measure of how resources/inputs (funds, expertise, time, infrastructure, staff, leadership, coordination, financial control, procedures, partnerships, culture or planning etc.) are converted to results, not limited to a financial analysis (Value For Money - VFM).

efficiently supported? Are there better alternative options to be considered to improve the efficiency of community health and nutrition system?

**Effectiveness<sup>6</sup>: Is the intervention achieving its objectives?**

- To what extent do the activity's interventions appear to have achieved their intended outputs and outcomes?
- What are the major internal and external factors influencing the achievement or non-achievement of the intended outputs and objectives?
- Were the ERMS activities achieving the desired effects on the beneficiaries? Should these activities (Temporary Employment, and Livelihood restoration) have been implemented with a different approach or methodology to achieve greater impact on the beneficiaries?
- Was the Mobile Clinic implementation strategy effective? Was the link between Mobile Clinic Health workers and APEs effective? Was the Health Facilities support strategy effective in terms of organisation and quality of the consultations? Was the medical supplies/equipment effectively supported? Are there better alternative options to be considered to improve the effectiveness of community health and nutrition system?

**Impact and Sustainability<sup>7</sup>: What difference does the intervention make? / Will the benefits last?**

- What changes (expected and unexpected, positive and negative) were experienced by the targeted beneficiaries and other stakeholders? What factors appear to facilitate or inhibit these changes?
- Which interventions appeared to be more or less important to achieving activity outcomes?
- Was the project assistance provided in a way that took account of the long-term impact too?
- To what extent did the activity take advantage of other USG and non-USG investments in the same target areas to facilitate linkages with complementary services, layering with earlier investments, and implementing an exit strategy?
- To what extent is the project enhanced targeted population access to food, health, nutrition, water, hygiene and sanitation (WASH) services and to support the development of livelihood, while strengthening communities' resilience; and answered to most urgent basic needs through the provision of immediate support (RRM)?

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<sup>6</sup> The extent to which the intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance and illustrating the effectiveness of ACF approach.

<sup>7</sup> A measure of whether the benefits of the intervention are likely to continue after donor funding has been withdrawn and mission/programmes/projects operations officially cease, and the likelihood of these interventions producing positive and negative, primary and secondary long-term effects in a direct, indirect, intended or unintended way.

### Annex III: List of people to be interviewed

The evaluator will interview the following stakeholders:

Internal		
Name	Position and Organisation	Contact
Grégory Le Blanc	Country Director – ACF Moz	cd@mz-actioncontrelafaim.org
Claudia K. Giglio	Deputy Country Director Program – ACF Moz	dcd-prog@mz-actioncontrelafaim.org
Benjamim Manjate	Health/Nutrition HoD – ACF Moz	hnhod@mz-actioncontrelafaim.org
Alessandro Dalle Carbonare	FSL HoD – ACF Moz	fslhod@mz-actioncontrelafaim.org
Jose' Alide	WaSH Senior PM – ACF Moz	washrpm@mz-actioncontrelafaim.org
Felicie Maire	Field Coordinator Pemba – ACF Moz	fieldco-cd@mz-actioncontrelafaim.org
Anouk Renard	Field Coordinator Mueda – ACF Moz	fieldco-mu@mz-actioncontrelafaim.org
Americo Tresebio Tomas	FSL PM Pemba - ACF Moz	fslpm-cd@mz-actioncontrelafaim.org
Edson Moises Antonio Nhancale	FSL PM Mueda - ACF Moz	fslpm-mu@mz-actioncontrelafaim.org
Telmo Calege	RRM PM Pemba – ACF Moz	rrmpm@mz-actioncontrelafaim.org
Amorim Manuel ISSUFO	WaSH PM Mueda – ACF Moz	washpm-mu@mz-actioncontrelafaim.org
Kodak Marroda	Health/Nut PM Mueda – ACF Moz	nhpm-mu@mz-actioncontrelafaim.org
External		
Name	Position and Organisation	Contact
Dalilo Ambasse	SPAE Director	dambasse@gmail.com
Manuel Dos Santos Mateto	SDAE Mueda Director	TBC
Milton das Neves Cornelo	SDAE Quissanga Director	860555777
Alamo Faquihi	SDAE Macomia Director	861776853
Cano Amure Silamo	SDPI Mueda Director	86 128 8707 85 522 1219
Canaiba	SDPI Quissanga Director	+258863126816
Hélio Fonda	SDPI Macomia Director	+2582774958
Jamal Momade	SDSMAS Mueda Director	jamosa38@gmail.com
<a href="#">Davide Biotto</a>	WASH Cluster Coordinator Cabo Delgado	<a href="mailto:dbiotto@unicef.org">dbiotto@unicef.org</a>
Manahil Quereshi	Sub-National Shelter Cluster Coordinator	MQURESHI@iom.int
Mattia Baglioni	Sub-National Food Security Cluster Coordinator Northern Moz	Mattia.Baglioni@fao.org
Melanie Luick-Martins	USAID-BHA Mozambique	m luick-martins@usaid.gov

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**Annex IV: Good Practice template**

The evaluation is expected to provide one (1) key example of Good Practice from the project/programme. This example should relate to the technical area of intervention, either in terms of processes or systems, and should be potentially applicable to other contexts where ACF operates. This example of Good Practice should be presented in the Executive Summary and/or the Main Body of the report.

<b>Title of Good Practice</b>
(Max 30 words)
<b>Innovative Features &amp; Key Characteristics</b>
<b>(What makes the selected practice different?)</b>
<b>Background of Good Practice</b>
(What was the rationale behind the good practice? What factors/ideas/developments/events lead to this particular practice being adopted? Why and how was it preferable to other alternatives?)
<b>Further explanation of chosen Good Practice</b>
(Elaborate on the features of the good practice chosen. How did the practice work in reality? What did it entail? How was it received by the local communities? What were some of its more important/relevant features? What made it unique?)
<b>Practical/Specific Recommendations for Roll Out</b>
(How can the selected practice be replicated more widely? Can this practice be replicated (in part or in full) by other ACF programmes? What would it take at practical level? What would it take at policy level?)
<b>How could the Good Practice be developed further?</b>
(Outline what steps should be taken for the practice to be improved and for the mission to further capitalise on this good practice)