

Evidence and Evaluation Guidance Series
Population and Public Health Division

Commissioning Evaluation Services: A Guide



Health

CENTRE FOR EPIDEMIOLOGY AND EVIDENCE

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1. Introduction

NSW Health is committed to the development of evidence-based policies and programs and the ongoing review and evaluation of existing programs*. This guide has been developed to support NSW Health staff in the commissioning of population health program evaluations.

Evaluation can be defined as a rigorous, systematic and objective process to assess a program's effectiveness, efficiency, appropriateness, and sustainability.¹ Evaluations are commonly undertaken to measure the impacts and outcomes of a program, and to reflect on its processes. Evaluation is distinct from more operational assessments of programs, such as a program review (typically a quicker appraisal of 'how we are going', often to inform continuous improvement) or program monitoring (a process to periodically report against planned targets).¹ Evaluation is also considered to be distinct from 'pure' research: although both processes involve the rigorous gathering of evidence, research can ask different types of questions that may not be related to judging the merit or worth of a program.

The NSW Government Program Evaluation Guidelines,¹ and the NSW Government Circular *C2016-01 Program Evaluation*, outline the requirements for suitable evaluation of NSW public programs to assess their effectiveness, efficiency, value and continued relevance, and to improve transparency. The online **NSW Government Evaluation Toolkit** supports the implementation of the Evaluation Guidelines and provides a 'roadmap' through several steps of managing an evaluation project.²

This guide to commissioning evaluation services complements the NSW Government Program Evaluation Guidelines and Toolkit. It promotes a proactive, planned and structured approach to commissioning evaluations, including information on when and how to commission an evaluation and how to make the most of the results. The guide draws on the principles and processes described in the Guidelines and Toolkit, but it is framed specifically in relation to the health context, and it focuses on commissioning an external evaluator. The guide may be used to assist NSW Health staff in developing a complete evaluation plan, or in drafting an evaluation plan to which a contracted evaluator can add value.

It should be noted that, in the field of evaluation, several terms are defined and used in different ways in different disciplines or contexts (for example: goal/aim and impact/outcome). This guide uses health-relevant language.

* The principles and steps involved in the commissioning of an evaluation of a policy are the same as those for evaluating a program. In this guide, the term 'program' will be used to refer to both policies and programs. The NSW Government Program Evaluation Guidelines define a program as "a set of activities managed together over a sustained period of time that aim to achieve an outcome for a client or client group" (p.4).¹ The Guidelines use 'program' to refer to policy, strategy, initiative, service or project. This guide also uses the term 'intervention' as an alternative to 'program'.

2. When to evaluate and when to commission an external evaluator

Whether or not a program should be formally evaluated will depend on factors such as the size of the program (including its scope and level of funding), its strategic significance, and the degree of risk.¹

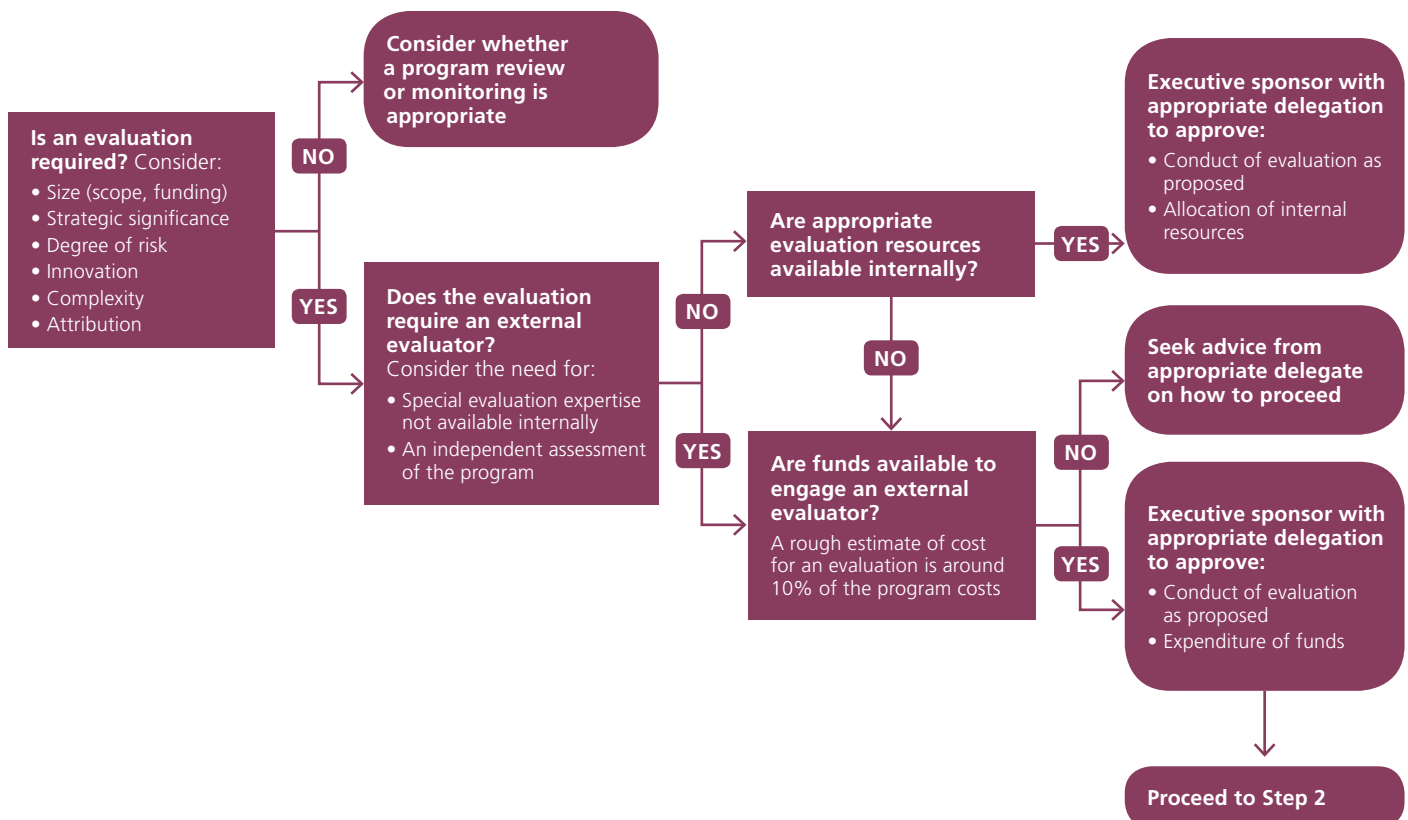
Other important considerations include the program's level of innovation and degree of complexity, and the extent to which any observed impacts will be able to be attributed to the program being evaluated, rather than to other external factors.

In some cases only certain components of a program will need to be evaluated, such as when a new implementation arm has been added to a program.

While some small-scale evaluations may be completed in-house, others will require the commissioning of an external evaluator. Engaging an external evaluator is important where there is a need for special evaluation expertise and/or an independent assessment of the program.³ An independent evaluator is likely to be particularly important for programs that have involved a reasonable investment, and those being assessed for continuation, modification, or scaling up[†].

Figure 1 depicts Step 1, a process for conducting a pre-evaluation assessment to determine whether a program should be evaluated, and whether an external evaluator should be used.

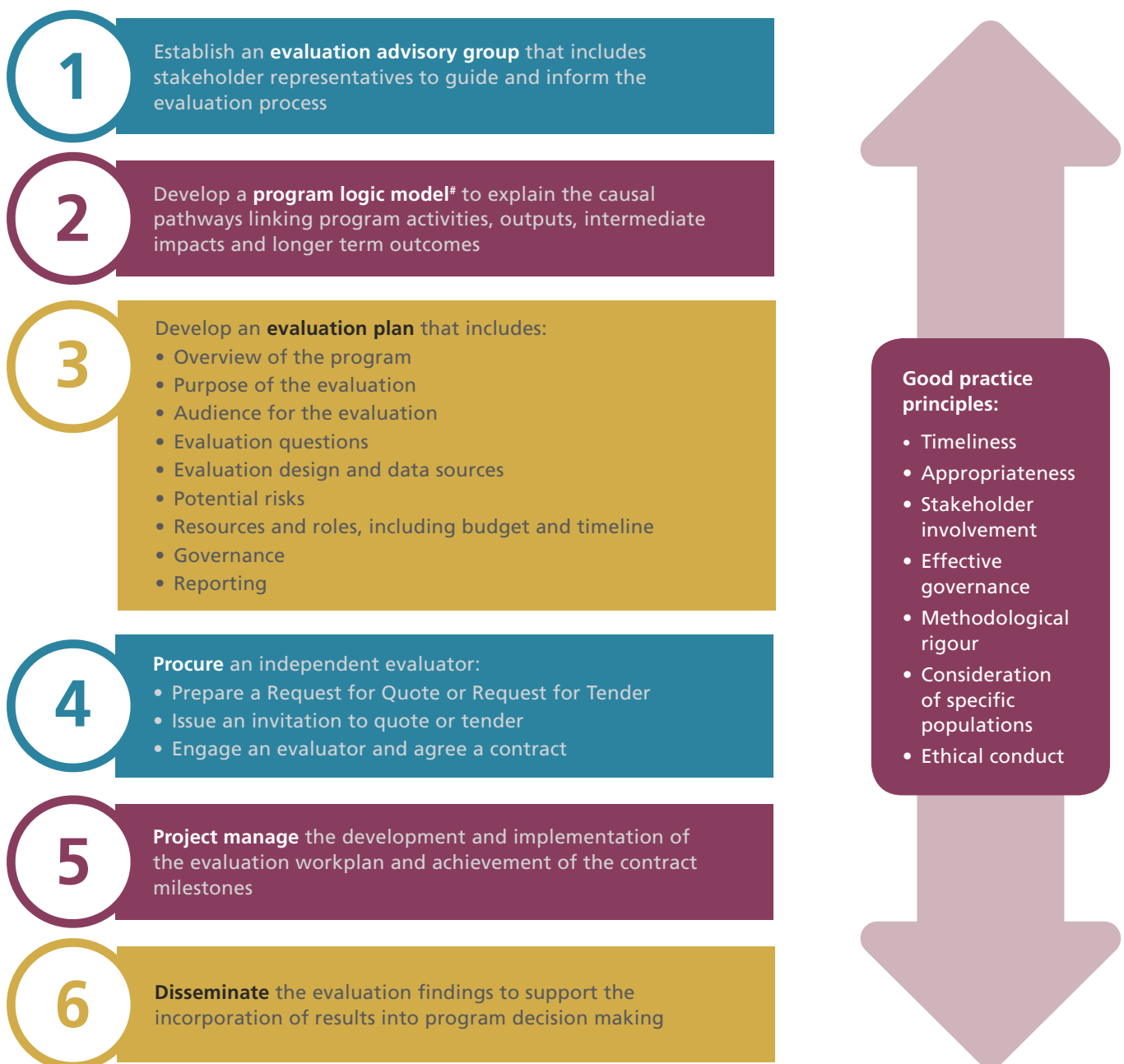
FIGURE 1. Step 1: Pre-evaluation assessment



[†] Scaling up refers to deliberate efforts to increase the impact of successfully tested health interventions so as to benefit more people and to foster policy and program development on a lasting basis. For more information and a step-by-step process for scaling up interventions, refer to *Increasing the scale of population health interventions: A Guide*.⁴

Figure 2 summarises Step 2, a process for commissioning a program evaluation where an executive sponsor with appropriate delegation has approved the engagement of an external evaluator. The elements included in Figure 2 are explained in Sections 3 to 8 of this guide.

FIGURE 2. Step 2: Commissioning a population health program evaluation



[#] Ideally a program logic model should be developed in the program planning phase. For more information about the development of program logic models and their use in planning program evaluations, refer to *Developing and Using Program Logic: A Guide*.⁵

3. Evaluation principles

'Best practice principles' that underpin the conduct of effective evaluations should be incorporated where appropriate when planning and conducting an evaluation.^{1,6} Considerations relevant to population health program evaluations include **timeliness, appropriateness, stakeholder involvement, effective governance, methodological rigour, consideration of specific populations, and ethical conduct.**

3.1 Timeliness

Evaluation planning is inextricably linked with the development of a program and should be conducted during the program planning phase (see Figure 2).⁷ Incorporating evaluation planning into the broader process of program planning will help to ensure that the program has clear aims[‡] and objectives, a strong rationale, and can be properly evaluated. Planning an evaluation early also ensures that a robust evaluation can be built into the design of the program. This includes, for example, trialling and implementing data collection tools, modifying existing data collection instruments, providing appropriate training for staff responsible for collecting data, and collecting baseline data before program implementation, if relevant. In some cases, evaluation requirements may influence the way a program is rolled out across implementation sites. Although not ideal, an evaluation can still be developed after the program has commenced.

Evaluations should conclude before decisions about the program need to be made. To that end, consideration should be given to the realistic amount of time needed to conduct an evaluation to ensure findings will be available when needed to support decision making.¹ This is particularly relevant to impact/outcome evaluations where the generation of measurable results may take some time.

3.2 Appropriateness

The scope of an evaluation should be realistic and appropriate with respect to the size, stage and characteristics of the program being evaluated, the available evaluation budget, and practical issues such as availability of data.³ Scope refers to the boundaries around what an evaluation will and will not cover.⁸ The scope may define, for example, the specific programs (or aspects of these) to be evaluated, the time period or implementation phase to be covered, the geographical coverage, and the target groups to be included.

A good rule of thumb when designing an evaluation is to 'keep it simple'. For example, it is not necessary to use a complex experimental design when a simple one will suffice, and methods for collecting data should be feasible within the time and resources available.⁹ Focusing on the most relevant evaluation questions will help to ensure that evaluations are manageable, cost efficient and useful (see Section 5.4).⁸

‡ Program 'aims' may also be referred to as 'goals'. In this guide, the term 'aims' will be used.

3.3 Stakeholder involvement

Stakeholders are people or organisations that have an investment in the conduct of the evaluation and its findings. Stakeholders can include the primary intended users of the evaluation, such as program decision makers or program and policy staff, as well as people affected by the program being evaluated, such as community members or organisations.

Evaluations should foster input and participation among stakeholders throughout the process to enable their contribution to planning and conducting the evaluation as well as interpreting and disseminating the findings. A review of NSW Health-funded population health intervention research projects demonstrated that involving end users of research from the inception of projects increased the likelihood of findings influencing policy.¹⁰

3.4 Effective governance

An evaluation advisory group should be established to guide and inform the evaluation process. Depending on the scope of the evaluation, this group may include representatives from the Ministry of Health, non-government organisations, local health districts (LHDs), or industry bodies, along with consumers of the program, academics or individuals with evaluation skills and expertise. If a steering committee already exists for the overall program, this committee or a sub-group of its members may also take the role of the evaluation advisory group.

Where the program being evaluated affects the health or wellbeing of Aboriginal people or communities, the group should include Aboriginal representation (for example, from the Aboriginal Health & Medical Research Council, an Aboriginal Community Controlled Health Service, or the community).

The evaluation advisory group should agree to terms of reference that set out its purpose and working arrangements, including members' roles and responsibilities (see also Section 5.8). As the group may be provided with access to confidential information during the evaluation process, its members should also be requested to agree to a confidentiality undertaking, on appointment, to ensure that any information provided to them is kept confidential.

3.5 Methodological rigour

Evaluations should use appropriate methods and draw on relevant data that are valid and reliable.⁶ The methods for data collection and analysis should be appropriate to the purpose and scope of the evaluation (see Section 5.5). A quantitative, qualitative, or mixed approach may be most suitable. For evaluations that aim to assess the impacts or outcomes of a program, approaches to attributing any changes to the program being evaluated (as opposed to other programs or activities and other environmental factors) are particularly important. The **NSW Government Evaluation Toolkit** outlines approaches to investigating a program's contribution to observed impacts or outcomes, sometimes referred to as 'plausible contributions'.²

3.6 Consideration of specific populations

The needs of specific populations, including Aboriginal people, should be considered in every stage of evaluation planning and implementation. Considerations for specific populations should include:

- The health context and health needs of specific populations who may be impacted by the evaluation
- Engagement with specific populations throughout the design, development, implementation and dissemination of findings from the evaluation
- Potential impacts of the evaluation on specific populations, including positive and negative impacts, and intended and unintended consequences.

3.7 Ethical conduct

The evaluation must be conducted in an ethical manner. This includes consideration of relevant legislative requirements, particularly regarding the privacy of participants and the costs and benefits to individuals, the community or population involved.

The National Health and Medical Research Council (NHMRC) document *Ethical Considerations in Quality Assurance and Evaluation Activities* provides guidance on relevant ethical issues and assists in identifying triggers for the consideration of ethical review.¹¹ In addition, the NSW Health Guideline **GL2007_020 Human Research Ethics Committees: Quality Improvement & Ethical Review: A Practice Guide for NSW** provides a checklist to assist in identifying potential ethical risks. If the evaluation is determined to involve more than a low level of risk, full review by a human research ethics committee (HREC) is required.¹² A list of **NSW Health HRECs** is available online. NSW Health HRECs provide an expedited review process for certain research projects that are considered to involve low or negligible risk to participants.¹³ Research or evaluation projects that have specific review requirements are outlined in Table 1.

Where an evaluation is deemed to not require ethical review by an HREC, it is recommended that program staff prepare a statement affirming that an alternative approach to ethical review was considered to be appropriate, outlining the reasons for this decision.

Table 1. Special ethical review requirements

Focus of research/evaluation	Resources ^A	HREC
Population health research or evaluation projects utilising and/or linking routinely collected health (and other) data , including data collections owned or managed by the NSW Ministry of Health or the Cancer Institute NSW	Guidelines for submission to the NSW Population and Health Services Research Ethics Committee ¹⁴	NSW Population and Health Services Research Ethics Committee
Research or evaluations affecting the health and wellbeing of Aboriginal people and communities in NSW	Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research ¹⁵ Keeping Research on Track: A guide for Aboriginal and Torres Strait Islander peoples about health research ethics ¹⁶ AH&MRC Guidelines for Research into Aboriginal Health Key Principles ¹⁷	Aboriginal Health & Medical Research Council of NSW (AH&MRC) Ethics Committee
Research or evaluations involving persons in custody and/or staff of the Justice Health & Forensic Mental Health Network		NSW Justice Health & Forensic Mental Health Network Human Research Ethics Committee AH&MRC Ethics Committee*

^Δ See also PD2010_055 *Research–Ethical & Scientific Review of Human Research in NSW Public Health Organisations*.

* For all studies conducted in the Justice Health & Forensic Mental Health Network, an ethics application must also be submitted to the AH&MRC Ethics Committee. Researchers/evaluators must provide evidence of AH&MRC Ethics Committee approval as part of the Site-Specific Assessment application.

4. Program logic

The development of a program logic model is an important early step in designing a program and planning a program evaluation.

A program logic model is a schematic representation that describes how a program is intended to work by linking activities with outputs, intermediate impacts and longer term outcomes. Program logic aims to show the intended causal links for a program.

A program logic model can assist in planning an evaluation by helping to:^{18,19}

- Determine what to evaluate
- Identify key evaluation questions
- Identify information needed to answer evaluation questions
- Decide when to collect data
- Provide a mechanism for ensuring acceptability among stakeholders.

A variety of methods are used to develop program logic models. One approach, known as 'backcasting', involves identifying the possible outcomes of the program, arranging them in a chain from short-term impacts to long-term outcomes, and subsequently working backwards to identify the program outputs and activities required to achieve these outcomes. The outcomes and impacts defined through this process should correspond to the program aims and objectives respectively, as depicted in Table 2.

The process of developing a program logic model should be consultative and include consideration of available information about the program, the advice of program and evaluation stakeholders, as well as the insights of the team implementing the program and people affected by the program.² The final model should be coherent, logical and clear so it can illustrate the program for both technical and non-technical audiences.¹⁸

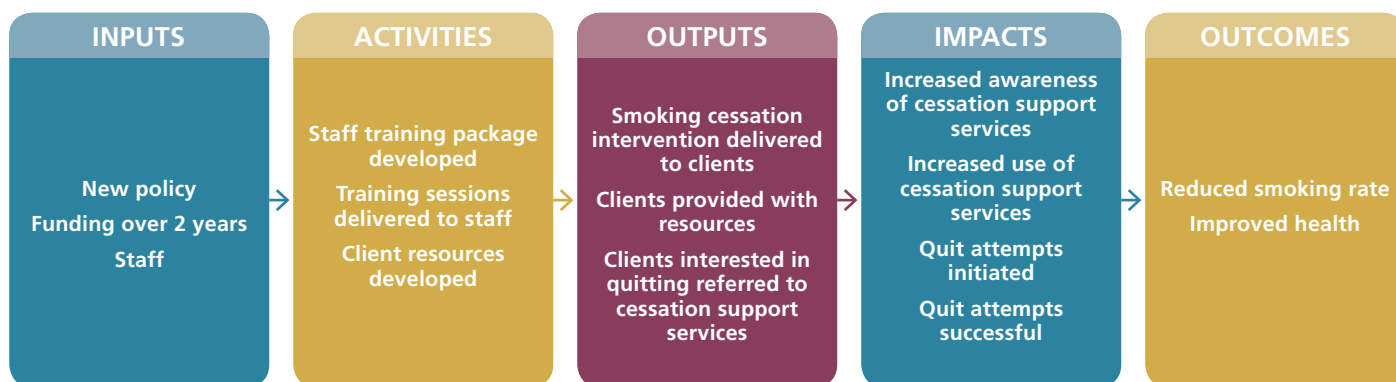
Table 2. Relationship between program components, program logic model, and evaluation plan²⁰

Program component		Program logic model		Evaluation plan
Program aims	<i>correspond to</i>	Outcomes of program	<i>measured by</i>	Outcome evaluation
Program objectives	<i>correspond to</i>	Impacts of program	<i>measured by</i>	Impact evaluation
Program strategies/activities	<i>correspond to</i>	Inputs, activities, outputs	<i>measured by</i>	Process evaluation

An example of a program logic model is presented in Figure 3. For more information and a step-by-step process for constructing a program logic model, refer to *Developing and Using Program Logic: A Guide*.⁵

Figure 3. Example of a program logic model

Program aim: To reduce the prevalence of smoking among local health district (LHD) clients



5. Developing an evaluation plan

The evaluation plan is a document that sets out what is being evaluated, why the evaluation is being undertaken, how the evaluation should be conducted, and how the findings will be used.

An evaluation plan that is agreed in consultation with stakeholders can help ensure a clear, shared understanding of the purpose of an evaluation and its process. For external evaluations, elements of the evaluation plan will form the basis for a request for quote (RFQ) or request for tender (RFT) document (see Section 6.1) and a contract with the successful evaluator.

Note that all of the information required for a comprehensive evaluation plan may not be known when preparing the RFQ or RFT, and the successful tenderer may value-add to the plan.

The evaluation plan should be developed with reference to the components of the program and the program logic model; these inform the evaluation plan by identifying aspects of the program that could be assessed using process, impact and outcome measures, as outlined in Table 2.

The specific content and format of an evaluation plan will vary according to the program to be evaluated. It is suggested that, for population health programs, the following elements at least are included:

- Overview of the program
- Purpose of the evaluation
- Audience for the evaluation
- Evaluation questions
- Evaluation design and data sources
- Potential risks
- Resources and roles
- Governance
- Reporting.

Proposed inclusions in each section of the evaluation plan are summarised in Sections 5.1 to 5.9.

5.1 Overview of the program

This section should include a brief overview of the broad aims and specific objectives of the program. The program objectives should be SMART:²¹

- **Specific:** clear and precise, including the population group and setting of the program
- **Measurable:** can be assessed using existing or potential data collection methods
- **Achievable:** reasonable and likely to be achieved within the timeframe
- **Relevant:** likely to be achieved given the activities employed, and appropriate for realising the aims
- **Time specific:** having a time frame for meeting the objective.

This section should also outline the program's development history, its strategies and/or activities, key stakeholders, and the context in which it is being developed and implemented. The program logic model should be included.

5.2 Purpose of the evaluation

The fundamental reason for conducting the evaluation should be clearly stated. In articulating the purpose of the evaluation, it is important to consider the decisions that will be made as a result of the findings (such as program adjustments to enhance efficiency, justification of investment to program funders, scaling up of a program) and when these decisions will be made. For example, the purpose of an evaluation may be to inform decisions about developing, improving, continuing, stopping, reducing or expanding a program.

5.3 Audience for the evaluation

A related consideration is the primary audience for the evaluation: the people or groups that will use the information produced by the evaluation. These may include decision makers, program implementation staff, organisations running similar programs in other jurisdictions or countries, and consumers. The primary users should be specified in this section of the evaluation plan.

5.4 Evaluation questions

Evaluation questions serve to focus an evaluation and provide direction for the collection and analysis of data.³ Evaluation questions should be based on the most important aspects of the program to be examined. The program logic model can help in identifying these. For example, the program logic can help to convert general questions about the effectiveness of a program into specific questions that relate to particular outcomes in the causal pathway, and questions about the factors most likely to affect those outcomes.¹⁸

The number of evaluation questions agreed should be manageable in relation to the time and resources available. It is important to think strategically when determining what information is needed most so that the evaluation questions can be prioritised and the most critical questions identified.⁸

Different types of evaluation require different sorts of evaluation questions, as outlined in Table 3.

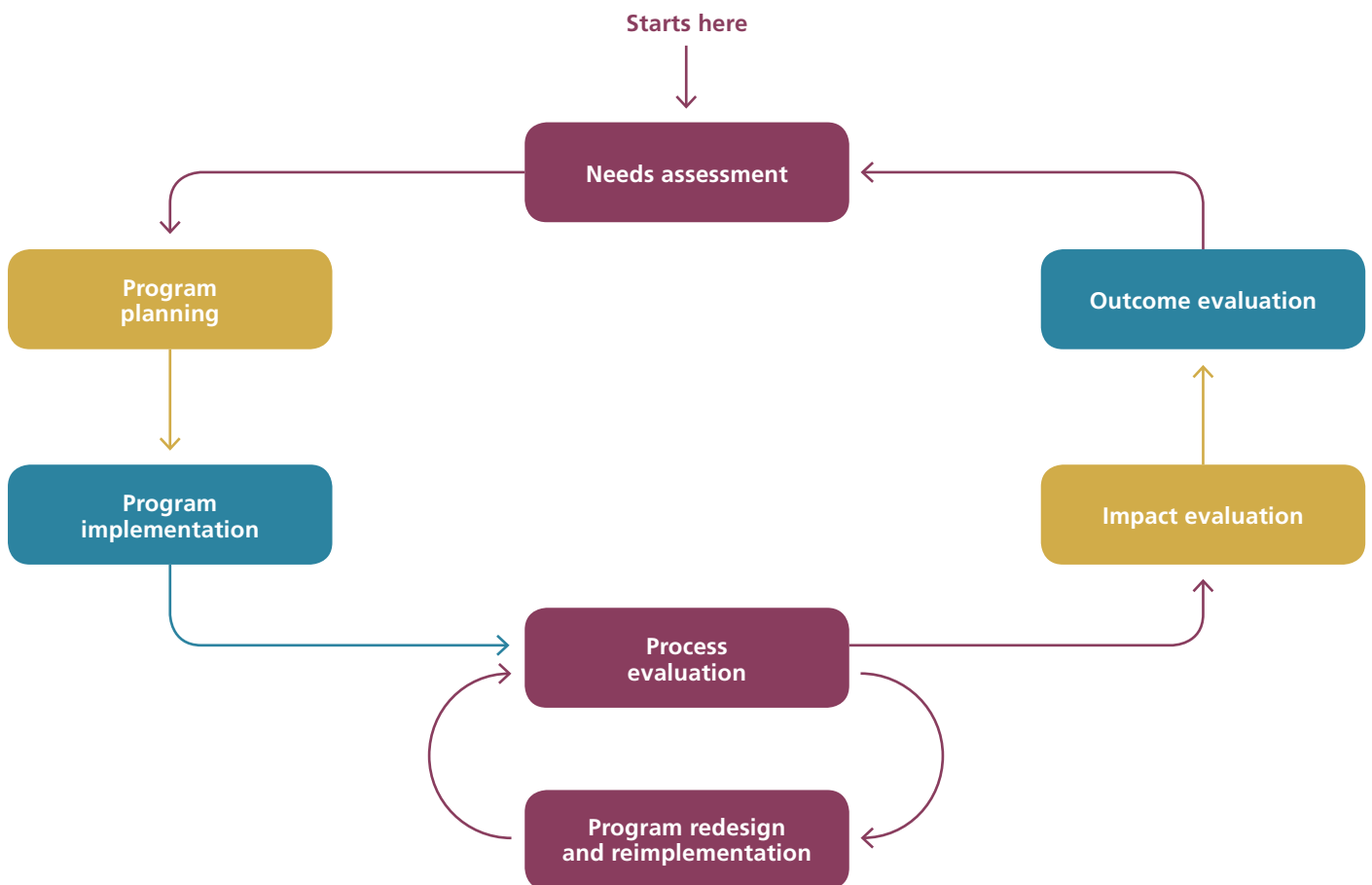
Table 3. Types of evaluation and typical evaluation questions²⁰

Type of evaluation	Focus	Typical questions
Process	<ul style="list-style-type: none"> Investigates how the program is delivered: activities of the program, program quality, and who it is reaching Can identify failures of implementation, as distinct from program ineffectiveness 	<ul style="list-style-type: none"> How is the program being implemented? Is the program being implemented as planned? Is the program reaching the target group? Are participants satisfied with the program?
Impact/Outcome	<ul style="list-style-type: none"> Measures the immediate effects of the program (does it meet its objectives?) and the longer-term effects of the program (does it meet its aims?) Can identify unintended effects 	<ul style="list-style-type: none"> Did the program produce the intended effects in the short, medium or long term? For whom, in what ways and in what circumstances? What unintended effects (positive and negative) were produced? To what extent can changes be attributed to the program? What were the particular features of the program and context that made a difference? What was the influence of other factors?
Economic	<ul style="list-style-type: none"> Considers efficiency by standardising outcomes, often in terms of dollar value Answers questions of value for money, cost-effectiveness or cost-benefit 	<ul style="list-style-type: none"> Was the intervention cost-effective (compared to alternatives)? What was the ratio of costs to benefits?

Depending on its purpose and scope, the evaluation may include process, impact, outcome or economic measures[≈] or a combination of these. For example, while an innovative program (such as the pilot of an intervention) may require an impact evaluation to determine whether the program was effective, rollout of an existing successful program may only require process evaluation to monitor its implementation.⁷ Figure 4 illustrates where different types of evaluation are likely to fit in the planning and evaluation cycle. Note that an assessment of the impact and/or outcome of a program should be made only after it has been determined that the program is being implemented as planned and appropriate approval (per delegations) for impact/outcome evaluation has been obtained. Consideration should be given to the likely time required for program redesign (where relevant) and the expected time lag until impacts and outcomes are realised.

For each evaluation question, one or more indicators should be identified that define how change or progress in relation to the question will be assessed (for example, 'number of clients enrolled', 'client satisfaction with program', 'change in vegetable intake', 'changes in waist circumference'). The indicators should meet the SMART criteria (specific, measurable, achievable, relevant, time specific).

Figure 4. Planning and evaluation cycle²⁰



[≈] For more information about when to commission an economic evaluation and an overview of economic evaluation techniques, refer to *Commissioning Economic Evaluations: A Guide*.²²

5.5 Evaluation design and data sources

The design of a program evaluation sets out the combination of research methods that will be used to provide evidence for key evaluation questions. The design defines the data needed for the evaluation, when and how the data will be collected, the data collection instruments to be used, and how the data will be analysed and interpreted. Data may be collected using quantitative, qualitative or mixed methods; the **NSW Government Evaluation Toolkit** describes each of these.

Data that will provide the information required for each indicator in order to answer the evaluation questions should be identified and documented. Data sources may include both existing data (for example, routinely collected administrative data, medical records) and data that will have to be generated for the evaluation (for example, survey of staff, interviews with program participants). For new data, consideration should be given to data collection methods, when data should be collected, who will be responsible for data collection, and who will be the data custodian (i.e. who has administrative control over the data).

Details about data required for an evaluation are often presented alongside relevant evaluation questions and indicators in a table (or matrix). An example is included in Table 4.

It may be useful to seek advice from data, research or evaluation specialists when considering possible evaluation designs and data sources. Alternatively, potential external evaluators may be asked to propose a design or enhance an initial idea for a design as part of their response to a request for quote or request for tender.

Table 4. Example of an evaluation data matrix

Evaluation question	Indicator	Data source	Timeframe	Responsibility
Did the program result in increased quit attempts among smokers?	Number of quit attempts initiated in previous 3 months among LHD clients who were smokers Number of successful quit attempts in previous 3 months among LHD clients who were smokers	Client survey	Baseline, then 3, 6 and 12-months post-intervention	LHD staff

5.6 Potential risks

Potential risks to the evaluation and possible mitigation strategies should be identified early in the evaluation planning process.

Potential risks to the evaluation may include, for example, inability to recruit participants or low response rates; evaluation findings that are inconclusive; or difficulty in determining the extent to which the changes observed are attributable to the program. Potential external evaluators may be asked to determine possible risks and strategies for managing them as part of their response to a request for quote or request for tender.

A matrix to analyse the likelihood and consequences of any risks, and strategies for their management, is presented in Table 5. The NSW Health policy directive **PD2015_043 Risk Management - Enterprise-Wide Risk Management Policy and Framework** includes further information and tools. While the risk management matrix and policy directive relate primarily to program management and corporate governance, the principles are also relevant to program evaluation.

Table 5. Risk management matrix

Risk source	Likelihood	X	Consequence	=	Risk rating	Action to manage risk
List risks here	Rare		Minimal		Low	List action to manage risks here
	Unlikely		Minor		Medium	
	Possible		Moderate		High	
	Likely		Major		Extreme	
	Almost certain		Catastrophic			

5.7 Resources and roles

The human, financial and other resources available for the evaluation should be documented. This includes both internal resources for planning, procurement and project management, and a budget for engaging an external evaluator. Financial resourcing for an evaluation will need to be considered at an early stage to ensure funding is approved and allocated in the program budget. A rough estimate of cost for an evaluation is around 10% of the program costs;³ however, the actual cost will be informed by the type and breadth of evaluative work to be undertaken.

The roles of Ministry staff, stakeholders and the commissioned evaluator should also be clearly documented. The timeframe for the evaluation should be linked to the stated roles and resources; this should take into account any key milestones (for example, decision points).

5.8 Governance

As noted in Section 3.4, an evaluation advisory group should be established to guide the planning and conduct of the evaluation. The roles and responsibilities of this group should be clearly stated in its terms of reference and outlined in this section of the evaluation plan.

5.9 Reporting

A plan for how the results of the evaluation will be reported and disseminated should be agreed at an early stage. The dissemination plan should consider the range of target audiences for the evaluation findings (for example, program decision makers, community members), their specific information needs, and appropriate reporting formats for each audience (for example, written or oral, printed or electronic).

Note that the public release of evaluation findings is recommended to foster accountability and transparency, contribute to the evidence base, and reduce duplication and overlap.¹

Timeliness of reporting should also be considered; for example, staged reporting during the course of an evaluation can help to ensure that information is available at crucial decision making points.³

Preparation of a detailed evaluation report that describes the program and the evaluation design, activities and results in full is important to enable replication or wider implementation of the program.²³ In addition, more targeted reporting strategies should be considered as part of dissemination planning. These may include, for example, stakeholder newsletters, brief plain language reports, or presentations to decision makers or at conferences, workshops and other forums.

If appropriate, evaluation results may also be published in a peer reviewed journal. If it is proposed to publish a journal paper, the evaluation advisory group should pre-plan the procedures for writing and authorship; review of the evaluation by an HREC should also be considered at an early stage, as some journals require ethics approval. Consideration should be given to publication in an open access journal to enhance the potential reach of the results.

6. Procurement

While small-scale evaluations may be completed in-house, evaluations of programs involving a reasonable investment, and those being reviewed for continuation or expansion, may require procurement of an independent, external consultant.

NSW Health requirements for the procurement of goods and services, including engagement of consultants, are outlined in the policy directive **PD2014_005 Goods and Services Procurement Policy**.

Pre-qualified consultants may be accessed through the NSW Government **Prequalification Scheme: Performance and Management Services**. While NSW Health is not obliged to use the Scheme, its use is recommended. The benefits of using the Scheme to engage an evaluator include:

- Streamlined competitive tendering processes by accessing prequalified suppliers with a demonstrated track record
- Flexibility to source prequalified consultants by direct engagement
- Possibility and ease of allowing 'flow-on' work
- Enhanced probity standards through third-party assessment and selection of suppliers.

The approvals required for the procurement process should be determined, noting that the level of approval will depend on the estimated cost of the consultancy as per the Delegations Manual.²⁴

When procuring a consultant through NSW Government prequalification schemes, the **eQuote** system should be used. Guidelines for agencies, scheme conditions, and templates for agreements with suppliers procured through prequalification schemes are available through the NSW Government procurement portal **ProcurePoint**.

Where it is decided not to use the prequalified panel for consultancy work, the standard process for engagement of consultants applies. The NSW Health **Procurement Portal** provides guidance on the processes for commissioning consultants. The **eTendering** website should be used to seek and receive quotes from potential consultants. For the NSW Ministry of Health, the eTendering website is administered by the Procurement Advisory Service, which can advise on the process of inviting tenders. All of the necessary approvals (for example, funding approval by an appropriately delegated officer, approval to issue a tender) should be obtained prior. Use of PROcure (the NSW Health Procurement and Contract management system) is mandatory for engagements valued at over \$150,000 (including GST).

The specifications of the project should be developed and documented in a request for quote (RFQ) or request for tender (RFT) (see Section 6.1) concurrently with a plan for assessing responses. This plan should include assessment criteria and weightings and should identify who will be part of the assessment panel. A template for the plan is available from the Ministry of Health Procurement Portal.

6.1 Preparing the request for quote or tender

The process for commissioning an external evaluator will require preparation of a request for quote (RFQ) or request for tender (RFT). The RFQ or RFT document outlines the specifications of the evaluation project and should be developed with reference to the parts of the evaluation plan that have been agreed with program stakeholders. An RFQ template is available from the Ministry of Health Procurement Portal.

The RFQ or RFT should be clear and comprehensive. The more information that can be provided to applicants, the greater the likelihood that potential evaluators will understand what is required of them and prepare a considered and appropriate response. The following advice is provided to assist in the preparation of RFQ or RFT documents:

When describing the program to be evaluated:

- Include a comprehensive overview of the key features of the program, including:
 - The aims and objectives of the program
 - Its development and implementation history, including any previous or concurrent evaluations, and current stage of development or implementation of the program
 - Components and/or activities of the program, its scale (for example, LHD-specific, statewide), and who is delivering the program
 - Governance and key stakeholders
 - The context in which the program is being developed and/or implemented
- Include the program logic model, if one exists
- Ensure any technical terms are defined
- Ensure key terms are used accurately and consistently (for example, cost benefit versus cost effectiveness).²²

When describing the evaluation and specifying the work to be undertaken by the evaluator:

- Ensure that the purpose of the evaluation is expressed in a way that will not compromise the objectivity of the evaluator. The purpose should be couched in neutral terms (for example, “to inform decisions about scaling up the program” rather than “to justify plans to scale up the program”)
- Specify any evaluation questions, indicators and data sources that have already been agreed. If appropriate, include a draft evaluation plan
- Clearly delineate which tasks are within scope for the evaluator and those that are out of scope
- Describe in detail the data that will be available for use by the evaluator, how the evaluator will be given access to the data, and any conditions on its use. Include as much information about these data sources as possible (for example, data collection methods, size of dataset, relevant variables, any limitations of the data, custodianship, confidentiality)
- Ensure that timeframes for deliverables are realistic and achievable. In determining timeframes, consider the size and complexity of tasks to be undertaken by the evaluator, any key decision points for which results will be required, and any mitigating factors that could impact on the completion of tasks (for example, end of year)
- It is recommended that an indicative budget is specified. The budget should be estimated based on the tasks expected of the consultant and the funds available
- Clearly outline the format in which evaluation findings should be reported by the evaluator. In particular, it is important to consider whether reports should include only results from the evaluation or also an interpretation and/or recommendations. Whether or not recommendations should be included will depend on the program, the purpose of the evaluation and the stakeholders involved.

When listing criteria for assessing applications:

It is suggested that the criteria listed in Table 6 be considered.

Depending on whether the evaluator was asked to identify potential risks, and consider appropriate mitigation strategies, it may be desirable to include a relevant assessment criterion (for example, “Demonstrated experience and expertise in risk identification and mitigation related to evaluations and appropriateness of the risk mitigation strategy for this evaluation project”).

6.2 Engaging an evaluator

Responses to the RFQ or RFT should be assessed in accordance with the agreed plan. A report and recommendation should be prepared and approval for the recommendation obtained as per delegations. Note also the requirement under **PD 2014_005** that a procurement checklist is completed and retained on file; the checklist is available from the Ministry of Health Procurement Portal.

Once an evaluator has been selected a contract will need to be signed. For evaluators engaged through the Prequalification Scheme the Standard Form of Agreement for prequalified suppliers available through ProcurePoint should be used. Advice on contracting evaluators engaged outside of the Scheme is available from the Legal and Regulatory Services Branch.

For projects with a value of \$150,000 (GST inclusive) or more, contract information must be disclosed on the NSW Government e-tenders website; see **PD2011_011 Disclosure of Contract Information**. The Contract Disclosure form is available from the Ministry of Health Procurement Portal.

Table 6. Potential criteria for assessing applications

Criterion	Example
Demonstrated experience on evaluation projects of comparable scale and complexity, and/or with specific techniques or approaches	“Significant relevant evaluation experience and capability to deliver the full scope of the project requirements including the experience of the designated staff in undertaking similar evaluations” “Demonstrated experience with both quantitative and qualitative evaluation methods and in producing high-quality evaluation reports”
Demonstrated experience on projects in relevant sectors or settings	“Demonstrated experience in working in the general practice setting” “Demonstrated understanding of family violence and the associated issues”
Quality, feasibility and appropriateness of the proposal for conducting the evaluation	“Quality and relevance of the proposal for achieving the required evaluation services and deliverables as identified in this RFQ [or RFT]” “Feasibility, appropriateness and scientific rigour of the proposed work plan and methodology for achieving the required Services and Deliverables”
Feasibility and value for money of proposed fee structure	“Proposed fee structure is feasible and represents value for money”

7. Managing the development and implementation of the evaluation workplan

Planning an evaluation requires project management skills including the development of a workplan with clear timeframes and deliverables. The evaluator will usually develop a draft workplan as part of their response to the RFQ or RFT which can be refined with the evaluation advisory group after they are contracted.

Regular scheduled updates and meetings with the evaluator throughout the implementation of the evaluation will help communication and facilitate a shared understanding of the evaluation needs and the management of any problems that may arise.

A successful RFQ or RFT process will identify an evaluator who has the skills and experiences to rigorously collect, analyse and report the data. The contract with the evaluator will include requirements for the provision of a draft report or reports for comment, as well as the writing of a final report incorporating feedback. The Ministry's role in reviewing the draft report is not to veto the results but to comment on structure, accuracy and whether it has answered the evaluation questions.

8. Disseminating and using evaluation findings

The fundamental reason for commissioning an evaluation is to inform health policy and program decisions for the benefit of the NSW public.

Factors that support the incorporation of results into program decision making include:

- The engagement of end-users of the evaluation findings through the program planning and evaluation cycle
- Active dissemination strategies (as opposed to publications in academic journals or presentations at academic conferences)
- The tailored communication of results and recommendations to decision makers
- An organisational culture supportive of the understanding and use of evidence.^{10, 25-26}

Before dissemination, the final evaluation report will need to be approved for release by the appropriate Ministry delegate. Once approved for release, communicating the completed evaluation results is important to inform the development of the program as well as future population health programs. It is good practice to make results available to any stakeholders who have had input into the evaluation.

It is best to plan early for how the results of the evaluation will be reported and communicated (see Section 5.9). Dissemination of evaluation findings may take a number of approaches:

- Evaluators provide a feedback session to stakeholders
- Electronic newsletters tailored to stakeholders
- Results reported to relevant Ministry committees and management structures
- Placing the final report online
- Conference papers
- Peer review publication of results
- If suitable, communication to the media, with the involvement of the Ministry's Public Affairs Unit.

Crucially, the results and/or recommendations from the evaluation report will need to be reviewed and responded to by the policy branch responsible for the program, and an implementation plan or policy brief developed.

9. Useful resources

Evaluation

- NSW Government Circular C2016-01 *Program Evaluation*
<http://arp.nsw.gov.au/c2016-01-program-evaluation>
- NSW Government Program Evaluation Guidelines
www.dpc.nsw.gov.au/__data/assets/pdf_file/0009/155844/NSW_Government_Program_Evaluation_Guidelines.pdf
- NSW Government Evaluation Toolkit
www.dpc.nsw.gov.au/programs_and_initiatives/policy_makers_toolkit/evaluation_toolkit
- NSW Agency for Clinical Innovation *Understanding Program Evaluation: An ACI Framework*
www.aci.health.nsw.gov.au/__data/assets/pdf_file/0008/192437/Framework-Program-Evaluation.pdf
- US Centres for Disease Control and Prevention (CDC) evaluation resources
www.cdc.gov/eval/resources/index.htm
- NSW Population and Health Services Research Ethics Committee
www.cancerinstitute.org.au/research-grants-and-funding/ethics/nsw-population-health-services-research-ethics-committee
- Aboriginal Health & Medical Research Council (AH&MRC) Ethics Committee
www.ahmrc.org.au/ethics.html
- The Sax Institute
www.saxinstitute.org.au
- Australasian Evaluation Society *Evaluators' Professional Learning Competency Framework*
www.aes.asn.au/images/stories/files/Professional%20Learning/AES_Evaluators_Compentency_Framework.pdf

Procurement

- Prequalification Scheme: Performance and Management Services
<http://www.procurepoint.nsw.gov.au/scm0005>
- NSW Government ProcurePoint
www.procurepoint.nsw.gov.au
- NSW Ministry of Health Procurement Portal
www.procurementportal.moh.health.nsw.gov.au/Pages/default.aspx

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