

**Evaluation Form:
AMP Country Technical Assistance**

please note 1 = excellent, 2 = good, 3 = satisfactory, 4 = poor 5= very poor

| | | | | | |
|---|-----------------------|--------|----|----|----------------------|
| In what capacity are you filling this form? (tick box(es)) | CCM | NMCP x | PR | SR | Partner organization |
| Country: | SIERRA LEONE | | | | |
| Name: | DR SAMUEL JUANA SMITH | | | | |
| Email address: | samueljuana@yahoo.com | | | | |

I. Technical Support – In country missions with NMCP and partners

Was the support you received from AMP appropriate?

yes

Did the support meet your needs?

yes

Was the support provided in a timely fashion?

In future, the consultant should also actively participate in the cascade training at the district level

Do you have any suggestions to improve future support?

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Consultants

| | | | | | |
|---|---|---|---|---|---|
| Please assess the consultant(s) that provided support to your country in terms of technical competence, communication skills, team-work and partnership skills? | | | | | |
| 3.1.1 Technical competence | 1 | 2 | 3 | 4 | 5 |
| 3.1.2 Communication skills | 1 | 2 | 3 | 4 | 5 |
| 3.1.3 Team-work | 1 | 2 | 3 | 4 | 5 |
| 3.1.4 Partnership skills | 1 | 2 | 3 | 4 | 5 |

| | | |
|---|-----|----|
| | Yes | No |
| 3.2 Did the consultant fulfil the agreed terms of reference? | x | |
| 3.2.1 Overall, was the consultant(s) assigned to your country team appropriate? | x | |

| | | |
|--|-------|----|
| 3.3 Would you be willing to work with the same consultant again? | Yes x | No |
|--|-------|----|

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| 3.4 Any additional comments on the consultant or partner that provided support? |
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