### *v. 21.03.2017*

**Summary of recommendations of Reviews and Mid-term Reviews**

[The (mid-term) Review Aide Memoire (RAM) should include this table summarising the recommendations regarding the review of the (country) programme. All major recommendations requiring action from the responsible unit must be specified in the left column below, and the table must be signed by the review team leader (KFU representative) and be received by the responsible unit no later than 2 weeks after the end of the review mission. The right column is filled in by the Danish Mission **or Unit** following discussion with the partners on how to follow-up on the recommendations. The table must be forwarded to the Under-Secretary for Global Development and Cooperation and TQS no later than four weeks after receiving the (MT) RAM.

Reviews of larger programmes, including country programmes, will be presented to the Council for Development Policy. It is important that the text is easily understood by members of the Council (and the general public) without reading the full RAM and without having specialist knowledge of the technical issues dealt with. Further, each recommendation should include a short explanatory lead-in text. ]

|  |  |  |
| --- | --- | --- |
| **Title of (Country) Programme** |  | |
| **File number/F2 reference** |  | |
| **Appraisal report date** |  | |
| **Council for Development Policy meeting date** |  | |
| **Summary of possible recommendations not followed**  **(to be filled in by the responsible unit)** | | |
| **Overall conclusion of the review** | | | | |
| **Recommendations by the review team** | | | **Follow up by the responsible unit** | |
| **Country programme/Programme Level:**  *[Insert heading for each recommendation as relevant related to RAM report heading e.g. ]* | | | | |
| *[Title]* | | | | |
| *[No.]* | | |  | |
| *[No.]* | | |  | |
| *[Title]* | | | | |
| *[No.]* | | |  | |
| *[No.]* | | |  | |
| **Thematic Programme Level:**  *[Insert heading for each recommendation as relevant]* | | | | |
| *[Title]* | | | | |
| *[No.]* | | |  | |
| *[No.]* | | |  | |
| *[Title]* | | | | |
| *[No.]* | | |  | |
| *[No.]* | | |  | |
| *[Title]* | | | | |
| *[No.]* | | |  | |
| *[No.]* | | |  | |
| *[Title]* | | | | |
| *[No.]* | | |  | |
| *[No.]* | | |  | |
| **Engagement Level**  *[Insert heading for each recommendation as relevant]* | | | | |
| *[Title]* | | | | |
| *[No.]* | | |  | |
| *[No.]* | | |  | |
| *[Title]* | | | | |
| *[No.]* | | |  | |
| *[No.]* | | |  | |
| *[Title]* | | | | |
| *[No.]* | | |  | |
| *[No.]* | | |  | |
| *[Title]* | | | | |
| *[No.]* | | |  | |
| *[No.]* | | |  | |

I hereby confirm that the above-mentioned issues have been addressed properly as part of the appraisal and that the appraisal team has provided the recommendations stated above.

Signed in………………… on the ……..…………….…………………….…. Review Team leader/TQS representative

I hereby confirm that the responsible unit has undertaken the follow-up activities stated above. In cases where recommendations have not been accepted, reasons for this are given either in the table or in the notes enclosed.

Signed in……………….….on the…………….….………………………………..…

Head of Unit/Mission