

ANTI-CORRUPTION AGENCIES (ACAS) STRENGTHENING INITIATIVE

Assessment tool (2018)

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1. INTRODUCTION: THE ACA STRENGTHENING INITIATIVE

Transparency International's (TI) Anti-Corruption Agencies (ACAs) Strengthening Initiative aims to encourage and support ACAs, and their respective governments, to realise and achieve their mandate to tackle corruption, taking into consideration both the internal and external factors relating to their performance. The initiative builds on existing work to support and strengthen ACAs including the 2012 Jakarta Principles for ACAs¹ and UNDP's 2011 Capacity Assessment guide for ACAs.²

To support this aim, TI has developed this assessment tool by which an ACA's performance and other important factors can be measured. The assessment tool has been developed and refined over a period of five years in consultation with experts and practitioners from around the world. This iteration of the assessment tool is based on the experience of conducting an initial pilot in Bhutan in 2015 and a first round of assessments in a further seven countries in the Asia Pacific region between 2016-2017.³

GOAL:

Improved support for and effectiveness of ACAs leading to reduced levels of corruption in the Asia Pacific region

PURPOSE

To support ACAs in the Asia Pacific region to improve their effectiveness and performance through partnership building, dialogue, evidence-based advocacy to governments, and comparative evaluation of institutions, activities and outputs, including a range of relevant stakeholders

RESULTS

- ✓ TI's assessment of each ACA produces objective and concrete evidence for policy and procedural reform
- ✓ ACAs, government, civil society and other relevant stakeholders are engaged in dialogue around the findings of the assessment and are supportive of reforms to better support and enable a high-performing ACA
- ✓ Advocacy recommendations are implemented by the ACA through an action planning process, with monitoring and capacity building support from TI and others
- ✓ Advocacy recommendations are implemented by government, civil society and other relevant stakeholders

¹ See "Jakarta Statement on Principles for Anti-Corruption Agencies" (Jakarta, November 26-27, 2012), available at https://www.unodc.org/documents/corruption/WG-Prevention/Art_6_Preventive_anti-corruption_bodies/JAKARTA_STATEMENT_en.pdf

² United Nations Development Programme, Practitioners' Guide: Capacity Assessment of Anti-Corruption Agencies (New York: UNDP, 2011), p. 6.

³ Between 2015-17, national level assessments of the following ACAs were finalised utilising the methodology: Bangladesh, Bhutan, Indonesia, Maldives, Mongolia, Pakistan, Sri Lanka, Taiwan.

ABOUT THE ASSESSMENT

The core of the assessment is structured around a set of 50 indicators clustered under 6 dimensions:

1. ACA's Independence and Status (9 indicators)
2. ACA's Financial and Human Resources (9 indicators)
3. ACA's Accountability and Integrity (9 indicators)
4. Detection, Investigation and Prosecution (9 indicators)
5. Prevention, Education and Outreach (8 indicators)
6. Cooperation and External Relations (6 indicators)

The indicators are also categorised according to whether they address elements of the performance of the ACA itself, or whether they relate to a broader set of factors which enable the ACA to perform its tasks (enabling factors). Based on a thorough analysis, each indicator is scored along a three-point scale (low, medium, high) with the scores then aggregated to rate the relative strength of each of the six dimensions. To supplement the indicator-based analysis, the assessment is grounded in an analysis of the broader policy context in which the ACA operates and a thorough understanding of the ACA's profile and institutional background, thus supporting the development of targeted and achievable recommendations.

The remainder of this document presents a step-by-step guide to applying the assessment tool, including guidance on both project management and research methodology.

2. PROJECT PREPARATION: ENGAGEMENT WITH THE ANTI-CORRUPTION AGENCY

TYPES OF ANTI-CORRUPTION AGENCY

ACAs are specialised organisations formed by governments for the purpose of minimising corruption in their countries. For the purposes of this initiative, ACAs are defined as: “Legal entities, permanent institutions in their own right, with full-time staff, which undertake executive activities as opposed to advisory functions, including at least one of three anti-corruption functions – investigation, prevention and awareness.”⁴ An ACA is distinguished by six features:

1. It is separate from other government agencies and focuses on preventing and controlling corruption;
2. It is a permanent and not a temporary organisation;
3. It is funded by the government;
4. It is accountable either to parliament, the ministry of justice, or the executive;
5. It centralises information on domestic corruption which is disseminated to the media and other law enforcement agencies; and
6. It is recognised by, and accessible to, the general public.⁵

ACAs can be divided into two main types, based on their functions:

- **Type A:** those dedicated ACAs that perform *only* anti-corruption functions; and
- **Type B:** those diffused ACAs which perform *both* anti-corruption and non-corruption-related functions.

The anti-corruption functions performed by Type A ACAs are: (1) policy development, research, monitoring and coordination of implementation measures; (2) prevention of corruption in power structures; (3) education and awareness raising; and (4) investigation and prosecution of corruption cases.⁶

On the other hand, Type B ACAs perform both anti-corruption and non-corruption-related functions, which may include, for example, investigation of anomalies and inefficiency, handling of complaints against public administration in general, administrative adjudication involving disciplinary control of public officials, monitoring of political finance etc.

Apart from being defined by their functions, ACAs can also be distinguished by their jurisdiction—that is, whether they are responsible for focusing only on public sector corruption, or on corruption in both the public and private sectors.

When considering whether to apply this assessment tool, TI Chapters should refer to the six features and consider whether the ACA is Type A or Type B. For Type B ACAs, only the corruption-related functions and associated resources should be assessed.

COOPERATION WITH THE ACA

Wherever possible, the assessment should be conducted with the full cooperation of the ACA(s) under examination. Ideally, participation in the ACA Strengthening Initiative should include:

⁴ Alan Doig, “Assessing the Performance of Anti-Corruption Agencies in Asia-Pacific: Draft Assessment Framework and Research Methodology,” (Berlin: Report prepared for Transparency International, May 2013), p. 5.

⁵ Nicholas Charron, “Mapping and Measuring the Impact of Anti-Corruption Agencies: A New Dataset for 18 Countries,” Paper presented at the New Public Management and the Quality of Government Conference in Goteborg, Sweden, November 13-15, 2008, p. 6. Charron identified seven features in his paper but the fifth feature of “contain both preventative and repressive dimensions of corruption control” is excluded to avoid repetition of the first feature.

⁶ Gorana Klemencic, Janez Stusek and Inese Gaika, *Specialised Anti-Corruption Institutions* (Paris: Organisation for Economic Cooperation and Development, 2008), pp. 9-10.

1. Agreement on the part of the ACA to provide relevant information and data to complete the assessment.
2. Agreement on the part of senior officials at the ACA to be interviewed on matters related to the ACA's functions and performance.
3. Agreement on the full publication of results of the ACA's assessment by the TI Chapter.
4. Agreement that the final ownership of the assessment report lies with the TI Chapter.
5. Agreement on the part of the ACA to jointly develop and implement a mechanism for addressing the weaknesses identified through the assessment.

Where possible, these conditions should be included in a Memorandum of Understanding (MOU) to be signed by both the Chapter and the ACA Commissioner. The MOU should specify the agreed roles and responsibilities of the ACA and Chapter, the deliverables, and time-frame for the assessment. A standard MOU template which can be adapted as required can be provided by the TI-Secretariat (TI-S).

In cases where an ACA is not cooperative or refuses to provide data (for example when there is either a change in the government and/or a new ACA Commissioner is appointed), the Chapter and/or research team should request a meeting as soon as possible with the ACA Commissioner and relevant officials to resolve any issues or misunderstandings regarding the assessment. If cooperation is not possible, it should be made clear that the ACA can be assessed using publicly available information and that the ACA and government concerned will be invited to comment on draft findings prior to their finalisation or publication. In cases where the ACA withdraws financial support for the assessment, the TI Chapter and TI-S will need to resolve how to ensure continued funding.

ENGAGING THE ACA

Building political buy-in and establishing a meaningful and constructive partnership with the ACA is the first and most important step in the process. Invest time and effort in ensuring professional, respectful and appropriate communication between your Chapter and the ACA. Identify champions who support your cause and are open to a dialogue between civil society and public institutions. To this end, you may consider conducting a stakeholder analysis and/or a political will analysis before meeting the ACA officials to identify champions as well as those who may oppose the initiative.

Be positive and do not indicate any element of naming and shaming, stressing that this exercise is meant primarily to support ACAs to become stronger and more effective, by working together to address those areas needing attention. Throughout the project, the Chapter will nurture this relationship, providing technical assistance and facilitation where needed. The Chapter should meet with the ACA officials regularly to monitor progress and adjust plans as the project develops.

3. PROJECT MANAGEMENT

The assessment follows a fairly standard research process and is expected to take around 6 months from the appointment of the Lead Researcher to the launch of the report.

The assessment comprises desk research, including review of reports, laws and media pieces, followed by semi-structured interviews and, potentially, focus group discussions with key stakeholders, primarily within the government but also with non-state actors. More guidance is provided in Section 5: Data collection. A draft report outlining key findings and recommendations will be produced which is first reviewed by the ACA for accuracy and completeness, before being presented to relevant stakeholders for feedback through a consultation process. The report is then professionally reviewed and edited before being launched publicly.

Following the launch of the report, the Chapter, ideally in partnership with the ACA, should develop and implement a plan of action to address the most critical weaknesses identified through the assessment.

INDICATIVE TIMELINE

TASK	TIMEFRAME	DURATION
Appointment and training of Project Team	Inception	15-30 days
Desk review and primary research (interviews etc)	Month 1-2	25-35 days
Report writing and review (first draft)	Month 3-4	30 days
External consultations	Month 4	5 days
Report finalization	Month 4-6	35 days
Printing	Month 6	5 days
Public launch of report	Month 6	1 day
Action planning workshop for ACA	Month 6	1-2 days
Advocacy planning workshop for Chapter	Month 6	1-2 days
Advocacy, media and stakeholder dialogue ongoing	Month 6-18	

FUNDING

TI-S and TI Bangladesh (TI-B) will coordinate the programme, providing technical support to participating Chapters, and implement regional advocacy activities as appropriate. There are a number of funding sources which can be pursued in order to secure sufficient funds to implement the initiative, including from the ACAs themselves and other donors. However, in order to help ensure independence and impartiality the assessment should not be 100% funded by the ACA. If the ACA provides partial funding for the project, a contract should be signed between the Chapter and the ACA with clear clauses pointing to the independence of the research and impartiality of the Chapter, to avoid potential claims of conflict of interest. TI-S can provide templates for the purposes of fundraising.

HUMAN RESOURCES

The Chapter should recruit or appoint a part-time Project Coordinator to oversee the project. This person should be skilled in project management, monitoring and evaluation, reporting, financial management, events organisation and capacity-building. Additionally, a part-time Engagement and Advocacy Officer should be recruited or appointed to manage the relationship building, with particular focus on the relationship with the ACA. This person should have adequate experience in advocacy, open governance, social accountability, anti-corruption and capacity-building, as well as skills in communications and media work.

The Project Coordinator is responsible for ensuring the project activities are delivered as planned, guiding the strategy and maintaining a high quality of cooperation with all stakeholders. He/she oversees the project workplan, budget, reporting and coordination of any services and events. If an Advocacy Officer is recruited, he/she is responsible for organising the consultation process along with the Lead Researcher, launch event

and subsequent action planning and advocacy activities. If an Advocacy Officer is not appointed, the Project Coordinator should assume these duties.

The Chapter should appoint a research team - in consultation with TI-S and TI-B - which will be responsible for the data collection and analysis and conducting the interviews with selected individuals required for the assessment. The research team in each of the participating countries should be headed by a Lead Researcher, who should be a sociologist or political scientist familiar with survey research methods and conducting research on corruption and governance issues in the Asia Pacific countries. Where possible, he/she should be assisted by a research analyst with the requisite skills in data collection, interviewing, and survey research methods. For larger countries, the number of researchers can be increased if the budget for such additional staff is available.

The Lead Researcher should be responsible for managing the research team, conducting the interviews (with the assistance of the research analyst), liaising with the TI-S and Chapter in the participating countries, and for chairing focus group discussions (FGD), where relevant. A template TOR for the Researcher has been provided as an annex to this guide.

ADVISORY GROUP

Where appropriate the Chapter and research team should consider setting up a small advisory group to support the implementation of the project. The role of the advisory group would be: (a) to support the researcher team and the Chapter in gaining access to the ACA if necessary; (b) to provide an additional external perspective to the project and hence an enhanced sense of objectivity and legitimacy; and (c) to support the Chapter in taking forward recommendations reached through the assessment process. The advisory group should be fairly small (around 4-8 individuals) and comprise individuals from other integrity agencies (Including the AGO if possible) as well as members of academia and civil society, as appropriate. It is suggested that the group meet at least two times (if not more) during the project in order to discuss the objectives and approach at the beginning of the project and to review the report and discuss how to take forward the recommendations towards the end.

If the Chapter has a good working relationship with the ACA and is confident that perceived independence and impartiality of the project can be guaranteed without an advisory group, then it may not be necessary to form such a group.

4. CONDUCTING THE ASSESSMENT

The assessment of the ACA is divided into four parts, the results of which are presented in a final assessment report. Parts 1 and 2 provide the background and context to the assessment, Part 3 provides the key findings on the ACA's performance and enabling factors. Part 4 provides the conclusions and recommendations.

The report template which accompanies this guide demonstrates how the four parts of the report should be presented.

ASSESSMENT PART 1: POLICY CONTEXT AND CORRUPTION PERCEPTIONS

In order to contextualise the assessment and furnish the reader with relevant background information, the assessment report should first outline the key attributes of the political, economic and social context relevant to governance of the country which may have a particular effect on the functioning of the ACA. This section of the report should be no longer than 2-3 pages.

If the Chapter has conducted a National Integrity System (NIS) Assessment or similar research on the country's governance system in the past five years, the key findings of such research as it relates to the enforcement of anti-corruption policies and laws should be included here. In addition, three aspects of the policy context are considered particularly relevant and should be emphasized:

- (1) land area, population, and gross domestic product (GDP) per capita;
- (2) type of government and level of governance;
- (3) the country's perceived level of corruption.

Rather than presenting a comprehensive overview of the country context, the section should focus on those salient factors which promote or hinder the ACA's effectiveness and its implementation of the anti-corruption laws in the country. It should avoid simply listing the above-mentioned contextual factors, but instead attempt to explicitly link those factors which are particularly weak or challenging to the ACA's functioning.

For example, if the country is particularly large or there are areas which are less accessible, this could present a challenge to the ACA in terms of reaching certain groups of citizens. A large country or archipelago may encounter more problems in implementing anti-corruption laws in the provinces or outer islands than a small country or city-state. Moreover, other things being equal, the ACAs in those countries with large populations may have heavier workloads than their counterparts in countries with smaller populations. The level of economic development of a country may also be important because a poor country would likely encounter more difficulty than an affluent country in implementing the anti-corruption measures, unless it receives financial and technical assistance from donor agencies and countries.⁷

Similarly, a country which has undergone a peaceful transfer of power through free and fair elections is more likely to be effective in combating corruption than a regime which has assumed power through conflict or a military coup. Other governance factors, drawn from the World Bank's Worldwide Governance Indicators (WGIs) which may impact the effectiveness of an ACA and should be briefly analysed include:

1. *Voice and Accountability*: "The extent to which citizens can participate in the selection of their government; and the independence of the media, which monitors those in authority and holds them accountable for their actions."
2. *Political Stability and Absence of Violence*: "Perceptions of the likelihood that the government in power will be destabilized or overthrown by possibly unconstitutional and/or violent means, including domestic violence and terrorism."

⁷ Jon S.T. Quah, *Curbing Corruption in Asian Countries: An Impossible Dream?* (Bingley, UK: Emerald Group Publishing, 2011), pp. 30-31.

3. *Government Effectiveness*: “The quality of public service provision, the quality of the bureaucracy, the competence of civil servants, the independence of the civil service from political pressures, and the credibility of the government’s commitment to policies.”
4. *Regulatory Quality*: “The incidence of market-unfriendly policies such as price controls or inadequate bank supervision, as well as perceptions of the burdens imposed by excessive regulation in areas such as foreign trade and business development.”
5. *Rule of Law*: Those indicators which “measure the extent to which agents have confidence in and abide by the rules of society” namely: “perceptions of the incidence of crime, the effectiveness and predictability of the judiciary, and the enforceability of contracts.”⁸

In addition to the WGI, the report should draw on other relevant governance assessments such as the Tax Justice Network’s Financial Secrecy Index⁹, The World Justice Project’s Rule of Law Index¹⁰, Freedom House’s Freedom in the World¹¹ and Freedom of the Press¹² indices and Reporters Without Borders’ World Press Freedom Index¹³.

Finally, the level of corruption in a country is another important factor influencing the ACA’s workload and effectiveness because those ACAs operating in countries with widespread perceived corruption would likely have a heavier or different workload than their counterparts in countries where corruption is not overtly a serious problem. The report should therefore compile key data on corruption and governance in the country using national and international data sources. As the ACA’s performance in a country depends on the perceived extent of corruption, this section provides information on the country’s performance on these three international indicators, for which the most recent data should be used:

1. Transparency International’s Corruption Perceptions Index¹⁴ and Global Corruption Barometer¹⁵
2. the World Bank’s Control of Corruption Indicator¹⁶; and
3. The World Economic Forum Global Competitiveness Report’s Irregular Payments and Bribes¹⁷.

A consistently high level of perceived corruption on these three international indicators may be one indication of the ACA’s limited effectiveness and may also serve as an illustration of the scale of the challenge facing the ACA in its task of reducing corruption.

ASSESSMENT PART 2: ACA PROFILE AND INSTITUTIONAL BACKGROUND

The report should then provide an overview of the ACA’s history, organisational structure and operational functions, its mission, legal mandate and jurisdiction. As some of these elements are also covered under the indicators, the presentation here should be brief.

The profile should begin with a brief description of the origins of the ACA and the reasons for its formation. The important role of the political leadership in the ACA’s creation and their continued support for its effective performance should be highlighted. Information should also be provided on the anti-corruption laws regulating the ACA’s establishment and the ACA’s organizational structure, the size of its budget and the number of its personnel. Where possible, these should be compared to other comparable state agencies in order to help identify: (a) whether any operational/financial constraints it

⁸ <http://info.worldbank.org/governance/wgi/#home>

⁹ <https://www.financialsecrecyindex.com/>

¹⁰ <http://data.worldjusticeproject.org/>

¹¹ <https://freedomhouse.org/report/freedom-world/freedom-world-2018>

¹² <https://freedomhouse.org/report/freedom-press/freedom-press-2017>

¹³ <https://rsf.org/en/ranking>

¹⁴ <https://www.transparency.org/research/cpi/overview>

¹⁵ <https://www.transparency.org/research/gcb/overview>

¹⁶ <https://tcdata360.worldbank.org/indicators/hc153e067>

¹⁷ <https://govdata360.worldbank.org/indicators/h236b6700>

faces are symptomatic of challenges facing the broader public sector or are specific to the ACA; and (b) whether the ACA is regarded as a priority by the government.

The profile should then present an overview of the ACAs jurisdiction and functions using the following table. Where the ACA is not responsible for a particular function or does not cover a particular jurisdiction, the table should identify which actor is responsible for this. If nobody is responsible, this should also be noted in the table. The following example is illustrative:

TABLE: Scope of ACA Jurisdiction and Functions (Fictitious example)

Functions/ mandate/ powers	Jurisdiction							
	Public sector				Non-government			
	Legislature	Judiciary	Police, military etc.	Other public service	State-owned companies	Public contractors	Charities / NGOs	All business / some business
1. Research, intelligence, risk assessment & detection	ACA	ACA	ACA	ACA	None	None	None	None
2. Corruption investigation – in response to complaints	ACA	ACA	ACA	ACA	Police	Police	Police	Police
3. Corruption investigation – own motion powers	ACA	ACA	ACA	ACA	Police	Police	Police	Police
4. Prosecution	Attorney General’s Office	Attorney General’s Office	Attorney General’s Office	Attorney General’s Office	Attorney General’s Office	Attorney General’s Office	Attorney General’s Office	Attorney General’s Office
5. Asset recovery / confiscation / restitution	ACA	ACA	ACA	ACA	Financial Watchdog	Financial Watchdog	Financial Watchdog	Financial Watchdog
6. Prevention	ACA	ACA	ACA	ACA	None	None	None	None
7. Education and outreach	ACA	ACA	ACA	ACA	None	None	None	None

Finally, the ACA’s relations with other relevant state bodies should be briefly described, including the Attorney-General’s Office, in particular if the ACA is not responsible for prosecuting corruption cases. The ACA’s relations with the police and other integrity agencies should also be noted. The ACA’s interaction with civil society organizations and donor agencies, if applicable, should be briefly described.

The ACA’s profile should be compiled using the its annual report, website, publications, and other information provided from the interviews with its personnel and other persons familiar with the operations and performance of the ACA and other relevant bodies .

ASSESSMENT PART 3: KEY FINDINGS AND SCORING

Part 3 of the report should present the main findings of the assessment based on a set of 50 indicators. These indicators are designed to assess the capacity and effectiveness of the ACA, and to identify gaps and areas of opportunity.

The indicators are divided into six different dimensions:

DIMENSIONS OF ASSESSMENT	NUMBER OF INDICATORS
1. Independence and Status	9
2. Financial and Human Resources	9
3. Accountability and Integrity	9
4. Detection, Investigation and Prosecution	9
5. Prevention, Education and Outreach	8
6. Cooperation and External Relations	6
Total	50

Evidence must be gathered in order to provide a narrative assessment and score for each indicator.

Annex 1 presents a detailed description of the indicator framework, including the name of each indicator, the suggested data sources, the scoring criteria and detailed guidance for interviewers.

Each indicator is assigned one of three possible scores – **low (1), moderate (2) and high (3)**. This scale is preferred over using a (0), (1), (2) scale because researchers are inherently less likely to give a low score if it is a (0) than if it is a (1), thus creating bias. In order to score each indicator, the researcher identifies the specific source of information, conducts a desk review to compile and analyse this data, then further substantiates each score with in-depth interviews, where appropriate (See Section 5: Data Collection for more details). A clear justification for each score should be provided along with the sources of evidence in the table in **Annex 1**.

If it is not possible to score an indicator, because adequate, reliable and verifiable sources of data do not exist, it should be marked as “scoring not possible” and coloured grey in the summary table (see below). In exceptional cases, if an indicator is not applicable, it should be omitted. Researchers should however be careful not to remove indicators for reasons to do with mandate, capacity or scope. If for example, an ACA is not mandated to investigate corruption, it would be better to give low scores for indicators relating to investigation rather than removing the indicator. The removal of an indicator should first be discussed first with TI-S and TI-B and explanation of why an indicator is omitted should be given in the justification. Any indicator which is omitted will not be scored.

PRESENTATION OF FINDINGS

Once the indicators have been scored and a narrative justification for each score provided, the results should be presented in a number of ways, as follows:

1. Assessment summary - Indicators by dimension: The indicator ratings should be presented in a summary table, divided by dimension, whereby indicators rated high (3) are coloured green, indicators rated

medium (2) are coloured yellow, and indicators rated low (1) are coloured red. Unscored indicators should be coloured grey. The following example is indicative. This table should be accompanied by a brief narrative summary of the key strengths and weaknesses of the ACA as a whole, as identified in the assessment. It should be presented as **part** of the key findings of the assessment (see report template).

TABLE: Detailed Indicator Scores, with Sources and Comments (Fictitious example)

DIMENSION		INDICATORS							
Independence & Status	Institutional Independence	Appointment and removal of Commissioner(s)	Mandate	Jurisdiction	Investigation & prosecutorial powers	Powers to report and enforce recommendations	Legal autonomy	Operational autonomy	Political use of powers
	Financial & Human Resources	Proportion of budget	Sufficiency of budget	Security & stability of budget	Staff salary & benefits	Staff selection	Investigation & prosecution expertise	Prevention & education expertise	Staff training
Accountability & Integrity	Annual reporting	Responsiveness to information requests	External oversight mechanisms	Internal review mechanisms	Adherence to due process	Willingness of complainants to identify themselves	Complaints handling	Outcomes of complaints	Internal integrity mechanisms
Detection, Investigation & Prosecution	Accessibility to complainants /informants	Responsiveness to corruption complaints	Proactive investigation	Efficiency & professionalism	Prosecution rate	Conviction rate	Investigation of influential persons	Restitution & asset recovery	Perception of performance
Prevention, Education & Outreach	Allocated budget	Strategic planning	Anti-corruption learning & development	Organizational reviews	Prevention recommendations	Research on corruption risks	Dissemination & campaigns	Online communication	
Cooperation & External Relations	Confidence in Government support to the ACA	Cooperation with other integrity agencies	Cooperation with non-government organizations	International networks	Cooperation with other countries	Accessibility to marginalized groups			

Scoring Key:

LOW SCORE	1	Red
MODERATE SCORE	2	Yellow
HIGH SCORE	3	Green
Scoring Not Possible	No score	Grey

2. Detailed Indicator Scores, with Sources and Comments: The indicator ratings should also be presented in a more detailed table which includes the narrative justification for each of the indicator scores. The following is an indicative example for a small selection of indicators. This table should be preceded by a more detailed narrative summary of the key strengths and weaknesses of each of the dimensions of the ACA as identified in the assessment. It should also be presented as part of the key findings of the report (see report template).

TABLE: Detailed Indicator Scores, with Sources and Comments (Fictitious example)

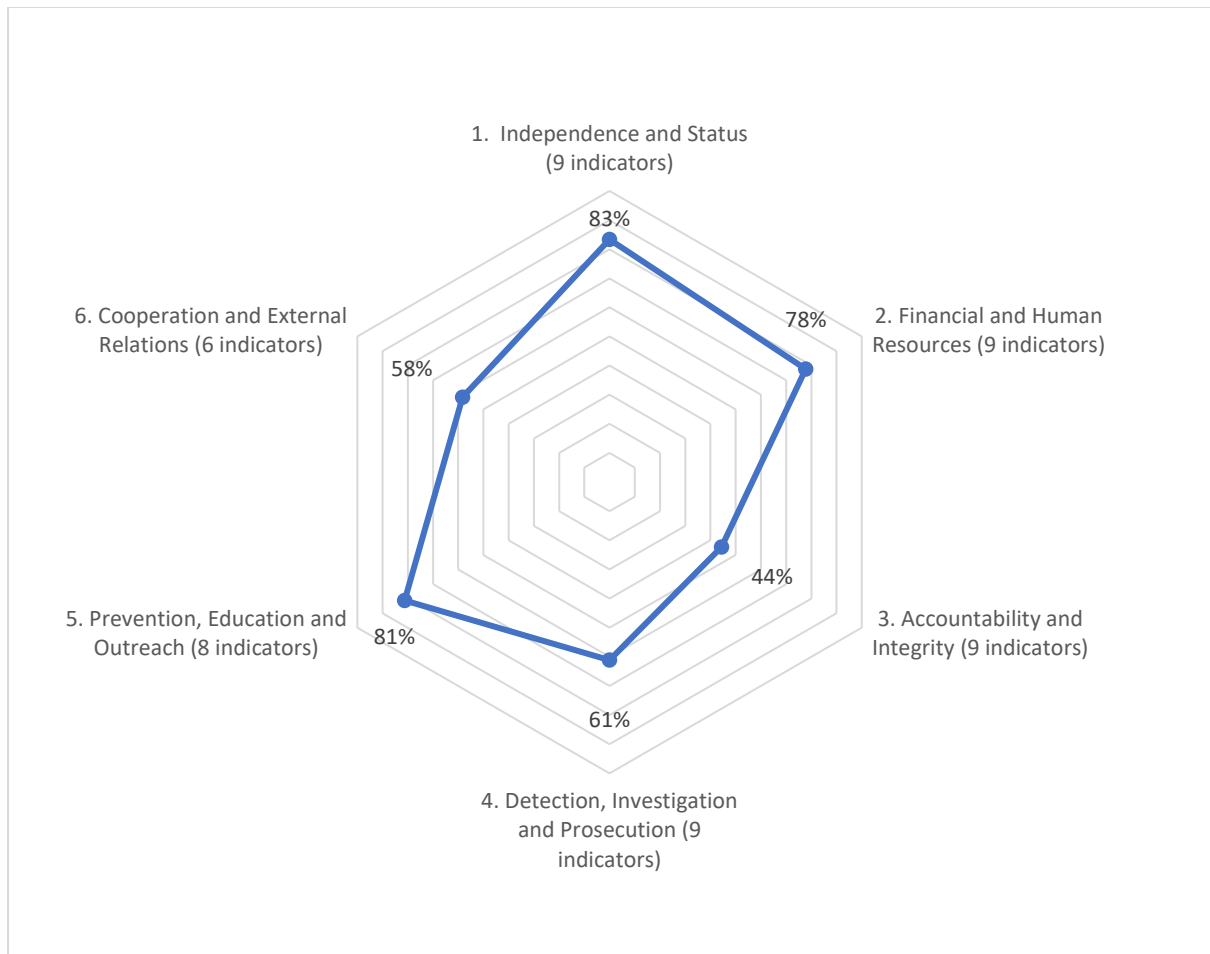
INDICATOR	INDICATOR VALUES			JUSTIFICATION OF SCORES AND DATA SOURCES
	LOW	MODERATE	HIGH	
5. Prevention, Education and Outreach (8 indicators)				
37. Allocated budget	Below 2.5% of ACA's operating expenditure	Between 2.5% and 5% of ACA's operating expenditure	Above 5% of ACA's operating expenditure	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Cras augue neque, tristique sit amet mauris id, porttitor euismod mi. Proin digniss pharetra mollis. Morbi facilisis sodales posuere. Ut quis orci non nisl fermentum vulputate et vitae eros. Suspendisse elementum sapien n mauris feugiat, vel consectetur mi hendrerit. Donec pharetra laoreet libero vel mattis. Vestibulum ante ipsum primis in faucibus orci luctus ultrices posuere cubilia Curae; Morbi ex eros, pulvinar ac diam nec, molestie elementum dolor.
38. Strategic planning	There is no or a weak plan for prevention, education and outreach activities	The plan for prevention, education and outreach is comprehensive but not implemented fully	The plan for prevention, education and outreach is comprehensive and fully implemented	Ut ultrices urna dolor, id feugiat quam tempor dignissim. Etiam cursus quam nulla, vel euismod enim dapibus quis. Phasellus vel nibh mollis aliquet lacus ac, viverra urna. Mauris ut ullamcorper neque, eu rutrum elit. Aenean consectetur diam et libero sagittis, vitae tempus urna gravida. Donec in nisl tempus neque dictum consequat. Donec tincidunt quam quis dignissim cursus. Duis in nisi eu eros tincidunt venenatis id sit amet risus.
39. Anti-corruption learning and development	ACA initiated few or no corruption prevention initiatives	Some corruption prevention initiatives (average of 1-4 per year)	Many corruption prevention initiatives (average of 5 or more per year)	Duis at ante massa. Suspendisse sem dolor, pharetra at facilisis ac, accumsan ullamcorper felis. Vivamus sagittis dolor sit amet libero condimentum cursus. Ut vestibulum purus non massa feugiat porttito Ut tincidunt ligula non nibh vulputate suscipit id at sem. Donec non aliquam eros, eget consectetur ipsum. Morbi dui augue, luctus et tristique vel, rutrum a purus. Nam viverra, magna vehicula pretium tincidunt, nibh massa rutrum odio, eget lacinia arcu nulla eget urna. Aenean eu ultrices mauris, quis hendrerit nibh.

3. Aggregate dimension scores spider chart: The aggregate scores (quantitative) for each of the seven dimensions should be presented as a spider chart. In order to arrive at the aggregate score for each dimension, the scores have to first be converted from the 1-3 scale to a 0-2 scale. Note that this is done using the scoring tool, and thus is only visible to the researcher. Thus, all (1) scores become (0), all (2) scores become (1) and all (3) scores become (2). This needs to be done because when aggregating the scores and converting them to percentages the bottom of the scale must always be 0. If we were to use the 1-3 scale then the lowest possible score for any dimension would be 33% (i.e. 1/3).

Once the scores have been converted from the 1-3 scale to the 0-2 scale, they are then aggregated to arrive at a percentage score for each dimension. In order to do this, add up the final indicator scores for that dimension, divide by the maximum total possible score for all indicators under that dimension and multiply by 100. In the **fictitious example** below, the sum of the indicators under the first dimension (Independence and Status) was 15 (6 indicators received the maximum score of 2 and 3 indicators received a score of 1). The maximum total possible score for that dimension is 18 (i.e. 9 indicators X the maximum possible score of 2 for each). Thus, the final aggregate score (percentage) for that dimension was: $15/18 \times 100 = 83\%$. (rounded to the nearest whole number). This spider chart should be presented as part of the executive summary of the report (see report template).

Note that any indicators which are removed or which are marked as "scoring not possible" (grey) are not included in the total number of indicators and hence do not form part of the aggregated results.

TABLE: Indicators by Dimension (Fictitious example)

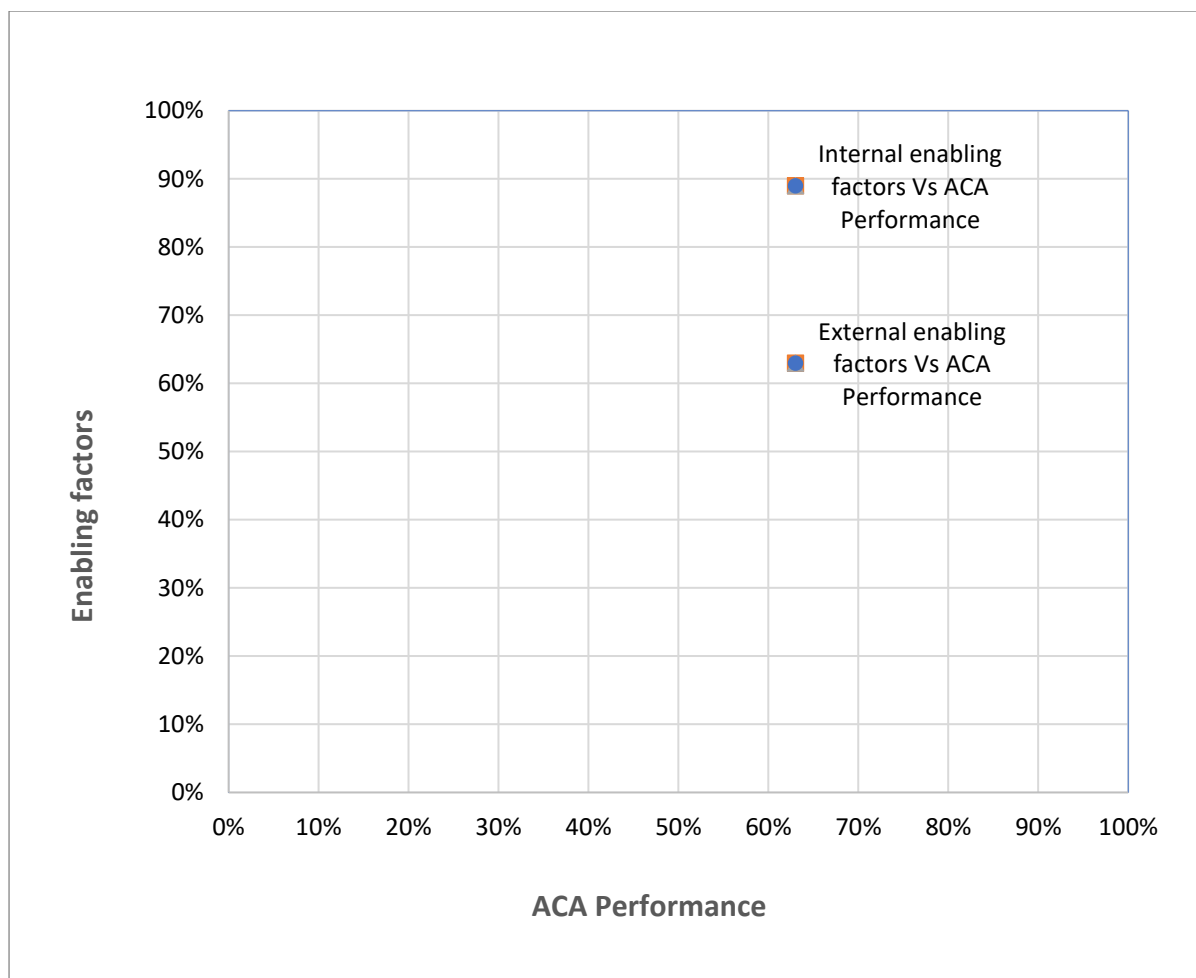


4. ACA Performance vs Enabling Factors Chart: In order to facilitate the targeting of recommendations, in addition to the categorisation of indicators by dimension, each indicator is also categorised according to whether it relates to:

- a set of **external enabling** factors *beyond* the control of the ACA which may affect the ACA's performance,
- a set of **internal enabling** factors *within* control of the ACA which may affect the ACA's performance,
- a set of factors which describe the **actual performance** of the ACA itself

There are a total of 50 indicators, 30 of which relate to the enabling factors (16 external and 14 internal) and 20 of which relate to the performance of the ACA (see Annex 3). In order to arrive at the aggregate score (percentage) for each of these three categories, the same approach is taken as for the dimensions above. In other words, add up the final scores for all the indicators under each category, divide by the maximum total possible score for all indicators under that category, and multiply by 100. Repeat this for each of the 3 categories. The results can then be mapped on a chart with the score for External and Internal Factors mapped along the y axis and the score for Performance mapped along the x axis. These scores can then easily be compared with other ACAs or the same ACA over time, as shown in the **fictitious example** below. This chart should be presented in the Conclusions and Recommendations section of the report (see report template).

TABLE: Enabling Factors Vs ACA Performance (Fictitious example)



ASSESSMENT PART 4: CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

In the final section of the report, the research team will draw conclusions about the assessment highlighting the main strengths, weaknesses, challenges and opportunities identified. Here the researchers should include the chart comparing the ACA's performance with the internal and external enabling factors. As far as possible, researchers should also attempt to draw causal linkages between the policy context and indicators as well as between the indicators themselves. For example, if the researcher team identifies a problem with backlog of cases (indicator No 29 on the ACA's responsiveness to corruption complaints), this might be linked to issues related to the sufficiency of ACA budget (indicator 11) or expertise of ACA personnel in investigation or unfilled vacancies (indicator 15). For countries which participated in the first round assessments, this is also an opportunity to identify any areas which have improved or deteriorated since the initial assessment and to highlight any trends which may be emerging. The research team should also consider including a prioritisation and/or sequencing of the weaknesses to be addressed with a focus on those which are likely to have a knock-on effect on other areas. The research team should meet with the Chapter Coordinator regularly throughout the assessment process, and engage in early discussions on their contextual analysis, initial findings and proposed prioritisation / sequencing of ACA weaknesses.

GOOD PRACTICE

The research team should also use the conclusions to record any examples of good practice which emerge from the analysis and as far as possible to identify the factors which contribute to such practices. They should

include, where possible, links to specific resources which detail the good practice in question. Useful starting points for considering good practice include the Jakarta Statement on Principles for Anti-Corruption Agencies¹⁸ and TI's 2013 Helpdesk Report on Best Practices for Anti-Corruption Commissions¹⁹.

RECOMMENDATIONS

The research team, in consultation with the ACA, the TI Chapter and relevant stakeholders (including the Advisory Group, where possible), should also formulate clear and concrete recommendations for action. These recommendations may be targeted at different groups depending on who is responsible, i.e. the ACA or another actor. Where possible, recommendations should be as specific as possible outlining: *who should do what by when*, indicating whether the action is achievable in the short, medium or long term. This will facilitate the action planning process and dialogue on the way forward. Recommendations could be clustered by dimension or according to the target audience.

Three examples of recommendations are:

- Parliamentary oversight committees should create mechanisms for effective monitoring and follow-up.
- The ACC should work to develop a broader and more nuanced communication strategy that facilitates access to and familiarity with ACC materials, campaigns and procedures from the perspective of citizens.
- The ACC should develop a user satisfaction survey to collect detailed information from claimants and citizens filing complaints.

5. COLLECTING DATA

DESK RESEARCH

Most of the required information for the assessment and writing of the report, in particular Parts 1-2 will come from a thorough desk analysis. The research team should gather all relevant documentation required to make the assessment which should be available either online or upon request. A list of reports and other information needed from the ACA's files should be sent to the ACA in advance of the research so they can share it with the team (we suggest to open a drop box/shared drive for this purpose). However, it is first important to check whether these are available on their website both to save time but also to get a sense of the ACA's transparency and accessibility. A list of ACA websites in the Asia Pacific region is provided in **Annex 4**.

The following resources are a useful starting point for desk research. They should be supplemented by additional national sources:

- Central Intelligence Agency (CIA). *The World Factbook* <https://www.cia.gov/library/publications/the-world-factbook/>.
- Economist. *The World in Figures* <https://worldinfigures.com/#close>
- Freedom House. *Freedom of the Press* <https://freedomhouse.org/report-types/freedom-press>
- World Bank. *Worldwide Governance Indicators* <http://info.worldbank.org/governance/wgi/#home>
- World Economic Forum *The Global Competitiveness Report* <http://reports.weforum.org/global-competitiveness-index-2017-2018/>

¹⁸ https://www.unodc.org/documents/corruption/WG-Prevention/Art_6_Preventive_anti-corruption_bodies/JAKARTA_STATEMENT_en.pdf

¹⁹ https://www.transparency.org/files/content/corruptionqas/Best_practices_for_anti-corruption_commissions_2.pdf

- Transparency International. *Global Corruption Barometer* <https://www.transparency.org/research/gcb/overview>
- Transparency International. *Corruption Perceptions Index* <https://www.transparency.org/research/cpi/overview>
- United Nations Office on Drugs and Crime (UNODC). *Country Profiles* <http://www.unodc.org/unodc/en/treaties/CAC/country-profile/index.html>
- United Nations Office of the High Commission for Human Rights (UNOHCHR). "Universal Periodic Review: Documentation by Country." New York, available at <http://www.ohchr.org/EN/HRBodies/UPR/Pages/Documentation.aspx>
- World Bank. *Doing Business* <http://www.doingbusiness.org/en/doingbusiness>
- World Bank. *World Development Indicators* <https://data.worldbank.org/products/wdi>
- World Bank. *Data on GDP per capita and population* <http://data.worldbank.org>
- Norton Rose Fulbright *Guide to Business Ethics and Anti-Corruption: Asia Pacific Laws*. <http://www.nortonrosefulbright.com/knowledge/publications/120954/guide-to-business-ethics-and-anti-corruptionbrasia-pacific-laws>
- Clifford Chance, *A Guide to Anti-Corruption Legislation in Asia Pacific (2018 Edition)* https://www.cliffordchance.com/briefings/2018/02/a_guide_to_anti-corruptionlegislationinasi.html
- Herbert Smith, *Guide to Anti-Corruption Regulation in Asia (2015 edition)* <http://hsfnotes.com/asiadisputes/2015/06/09/new-guide-to-anti-corruption-regulation-in-asia-pacific-launched/#more-2707>
- Media reports on the ACAs and corruption in the participating countries. Transparency International's *Daily Corruption News* is a valuable source.
- Anti-Corruption Authorities website at <http://www.acauthorities.org> provides profiles of the ACAs in 13 Asian countries. These profiles are based on a survey conducted by the World Bank in 2010 with recent updates in some cases.
- National budgets of Asia Pacific countries from the websites of their Ministries of Finance.

INTERVIEWS

To supplement the data collected from the literature and desk reviews, and the data to be provided by the ACAs on their performance indicators, the research team should conduct interviews with people from a variety of sectors and backgrounds. It is important to ensure that persons engaged through this process have been in the position for enough time to provide full answers and represent the views of the institution accurately. Where feasible, the research team should consider conducting two rounds of interviews (at least with a selection of those interviewees who prove to be the most informative). Conducting a second set of interviews towards the end of the research process can be useful for clarifying issues, resolving apparent contradictions which may emerge from other data, and for probing for specific details which may have been missed in the first round. The value of additional interviews needs to be balanced against the time commitment that further conversations demand. A cooperative ACA is more likely to be supportive of such an approach if the potential for additional interviews is explained at the outset of the research process.

The following is a potential list of people to engage through this process, to be tailored to the national context:

1. ACA Commissioners and Heads of the ACA Departments;
2. Chairperson and Members of the ACA oversight committees or citizen advisory bodies if these exist;
3. Chairperson, Public Service Commission or Civil Service Commission;
4. Auditor-General or Commissioner of Audit;
5. Attorney-General and prosecutors dealing with corruption cases;
6. Heads and senior officials of other integrity agencies
7. Executive Director and selected officials of TI Chapters in the participating countries;
7. Representatives of relevant donor agencies such as the Asian Development Bank, Asia Foundation, United Nations Development Programme, World Bank and others in the participating countries;

8. Representatives of other CSOs concerned with anti-corruption activities;
9. Selected Members of Parliament, including members of opposition political parties;
10. Scholars who have done research on corruption in the participating countries;
11. Selected journalists covering corruption cases in the participating countries;
12. Individuals who have been investigated and interrogated by the ACA if they can be identified and are willing to be interviewed by the researchers; and
13. Other individuals recommended for interview by the above persons.

CONDUCTING INTERVIEWS

In order to come up with interview questions, the lead researcher should go through the indicators and the information collected via desk research and identify those questions which need to be/can be probed via interview. These are likely to be questions for which: (a) data is missing and for which interviews are a relevant data source; (b) the desk research provided scant or questionable evidence; (c) additional data (“a second opinion”) might be required since existing data is controversial.

When conducting interviews, the research should consider the following points:

- Assure the respondent of confidentiality.
- Avoid judgmental tones so as not to influence responses.
- Show empathy with the respondent and interest in understanding his/her views.
- Let the respondent do most of the talking.
- Be an active, attentive listener.
- Pace yourself according to the time you have allotted for the interview.

It may be useful to record interviews but remember to ask the respondent for permission before doing so and assure them that the recording will be kept in a secure location. If it is not possible to record the interview, then the interviewer should ensure that they take good notes which accurately reflect the respondent’s perspective. All interviewees should be asked for their consent to include their names as sources in the published report. As far as possible, the name and position of each interviewee as well as the date and location of each interview should be recorded in an annex to the report and referenced under each indicator for which it is used as evidence. If necessary, sources can be anonymous and instead their seniority/position and sector can be stated, again upon their approval.

INTERPRETING INTERVIEW DATA

A common difficulty with interviews is judging the validity of the information received from one person and dealing with conflicting information and perceptions. The researcher should critically evaluate the data based on their knowledge of the field and other available information. It is important not to simply report what was said by respondents but to interpret in the light of information collected from other interviewees and in the light of the secondary information available.

Before using the information provided by respondents to answer indicator questions, it is essential to interpret the level of reliability of the data provided by the informant. The interviewee’s reliability can be checked along a number of criteria:

- **Level of Knowledge:** A good respondent has first-hand knowledge of the issues and is therefore in a position to give accurate information.
- **Credibility:** The respondent answers questions thoughtfully and candidly. He or she is perceptive about the issues and does not exaggerate or play up his or her own importance.
- **Impartiality:** In some cases, a respondent may have an ulterior motive for providing inaccurate information. A respondent whose comments are overly positive or negative should be viewed with scepticism.
- **Willingness to respond:** If, for some reason, a respondent was not totally cooperative during the interview, his or her hesitancy should be considered during the data analysis stage.

Because some respondents are better than others in terms of the criteria given above, the researcher should ensure that greater weight is given to the information provided by the "good" informants.

COLLECTING PUBLIC PERCEPTIONS

A number of indicators rely on perceptions data as the main source. In some countries it will be possible to identify an existing public perceptions survey, likely to be commissioned by the ACA themselves, which will provide this data. For those countries which have not conducted any public perceptions survey, the research team should consider conducting their own survey by designing a common questionnaire to facilitate comparative analysis of the survey findings.

If funding is not available to conduct a national public survey, the research team should consider conducting focus group discussions (FGDs) with a selected group of individuals who have had contact with the ACA and are familiar with its activities. Ideally, the FGD participants should include these six groups: university students, businesspersons, anti-corruption experts, CSO leaders, representatives of donor agencies, and journalists to ascertain their views on perception-related indicators. If possible, the FGDs should also include those persons who had made complaints to the ACA. Given the limited time and other practical considerations, the research team should enlist the assistance of the TI Chapter to invite at least two participants each from the six groups mentioned above, making a minimum of 12 FGD participants.

However, there are a number of important caveats to consider with regards to FGDs. The decision to conduct FGDs will depend on the complementarity of the group, and the judgement of the research team as to whether participants will speak openly. Furthermore, the perceptions of the ACA's performance by these participants in the FGDs should be interpreted cautiously as their views only and not those of the population at large.

QUESTIONNAIRES

An additional (optional) data collection method that the research team may consider using is the questionnaire. Questionnaires can be useful for collecting a large quantity of data quickly and cost effectively. They can also be useful for getting a general sense of people's view on a certain issue, which can then be further tested through interviews with individuals. Questionnaires can be administered online by sending respondents a link to the questions using tools such as Survey Monkey (www.surveymonkey.com/).

However, there are a number of important caveats when using questionnaires which need to be taken into account. These include: potential bias (respondents may not be completely honest in their responses especially and, unlike with interviews, there is no way for the researcher to tell whether this is the case); the potential for the respondent to misunderstand or misinterpret the question (again there is no researcher present to explain the intention behind the question); and the lack of opportunity for follow-up/probing questions.

6. ACTION PLANNING AND ADVOCACY

The purpose of the ACA assessment is to benchmark the performance of ACAs and their operating environment to stimulate an internal drive for improvement so that all ACAs can compare and learn from the best practices of other ACAs. However, the results of the benchmarking exercise must be interpreted carefully in the proper perspective because the ACA constitutes only one of the pillars of the country's governance system. The assessment forms part of a wider initiative whereby TI's Chapters work constructively with the ACA and other relevant stakeholders to create short- and long-term change. For this it is important to identify and articulate what the stakeholders – the participating ACAs, TI-S and Chapters – should do in terms of follow-up activities after the publication of the assessment report.

First, the participating ACAs, which are the primary beneficiaries, should analyse carefully their performance by identifying both their strengths and those areas which require improvement. The TI Chapter should facilitate this process. One option is to organise an **Action Planning Workshop**, or similar forum for discussion with the relevant ACA staff, including senior leadership. This will broadly comprise the following steps:

- Discuss the findings of the report in depth, reflecting on the proposed solutions and recommendations
- Select the recommendations to take forward in light of the ACA's priorities and capacities
- Define SMART (Specific, Measurable, Achievable, Relevant, Time-bound) objectives in relation to each recommendation.
- Identify suitable activities and actions needed to achieve these objectives

- Define indicators of success and develop a plan to monitor progress at set intervals
- Identify technical, facilitative and other assistance needed to achieve objectives
- Assign roles, budget and deadlines

With a clear action plan in place and roles and responsibilities defined, the Chapter may play a role in providing technical assistance (or facilitating technical assistance from others) and monitoring the implementation of the plan. The ACA and Chapter should agree on suitable milestones or intervals for consulting with each other to review the implementation of the plan, discuss challenges and solutions and identify next steps. The implementation of this plan will also form an important part of the next assessment.

As more and more assessments are conducted, the ACAs will be able to compare their performance with the performance of other ACAs, facilitating further exploration of the reasons for poor performance or other weaknesses and adopt the relevant best practices of other ACAs, after taking into account contextual differences and the country's circumstances. Where feasible, the ACA Commissioner and his senior colleagues could visit other ACAs to exchange their views on the adoption of best practices.²⁰ TI-S, with the assistance of the relevant Chapters, should encourage the ACAs to share their experiences and provide technical assistance, if requested, for example through regional workshops and/or networks.

In addition to supporting and pushing the ACA to reform its policies and process, the Chapter should push for reform in the wider context drawing on the findings and recommendations relating to the policy context and enabling factors to develop an appropriate advocacy strategy. Where relevant, this could be done with the support of the Advisory Group. In doing so the Chapter should map out stakeholders, opportunities and threats in order to identify the most appropriate strategy for change.

In parallel to this the Chapter should also consider building public support through media and outreach work, and target policy makers through relevant lobbying and campaigning activities.

In sum, specific advocacy-related activities may include:

- Facilitate reflection on assessment results and formulation of recommendations by ACA
- Facilitate discussions between ACA and relevant government bodies on solutions to challenges
- Assist development of a measurable action plan to implement recommendations by ACA
- Provide additional research or technical support to ACA as needed
- Monitor implementation of the action plan by ACA and provide guidance on process
- Participate in regional advocacy planning workshop
- Develop strong advocacy messages and narratives
- Release assessment results through a high profile launch event
- Promote ACA successes and highlight areas for improvement via social, online and print media
- Promote advocacy messages through blogs, articles, interviews and talk shows
- Facilitate public debate and dialogue to raise awareness and increase demand for reform
- Lobby decision-makers to implement recommendations through meetings and letters
- Promote regional analysis of ACAs to provide comparison and encourage healthy competition
- Promote advocacy messages by participating in regional events and fora such as ADB OECD annual meeting
- Promote a set of standards for ACAs to adhere using a regional voice
- Support champions and allies to promote advocacy messages through their networks and contacts

The Chapter should record data on the outcomes and impact of its advocacy activities for monitoring and evaluation purposes.

²⁰ For example, the UNDP Asia-Pacific Regional Centre in Bangkok supported the study tour by the delegations of the Anti-Corruption Commission (ACC) in the Maldives and the Commission Against Corruption (CAC) in Timor-Leste to Thimphu from July 11-14, 2011 to learn how the ACC in Bhutan has curbed corruption since its establishment in January 2006. The purpose of this "South-South Exchange on Effective Anti-Corruption Agencies" was to enable the participants from the three ACAs to share their experiences and identify best practices in the investigation of corruption cases, corruption prevention, and public education on corruption, which could be replicated in their respective countries. At the end of the four-day study tour, the Commissioners of the three ACAs unanimously concluded that the "South-South Exchange" was very useful and successful as its objectives were achieved [Samuel De Jaegere, *South-South Exchange on Effective Anti-Corruption Agencies: Bhutan, Maldives, and Timor-Leste* (Bangkok: UNDP Asia-Pacific Regional Centre, 2012), pp. 5 and 58-59].

ANNEX 1: INDICATOR FRAMEWORK

General Guidance: For most indicators the review period is the last 3 to 5 years. **The researcher should establish what the time period they are using** and use this consistently throughout the indicators. This should be stated clearly in the methodology section of the report.

1. Independence and Status (9 indicators)

No.	Indicator	Data Sources	Range of Scores			Score
			Low (1)	Medium (2)	High (3)	
1.	Institutional independence	Anti-corruption law; ACA's annual report and website; and interviews with ACA senior personnel and legal experts	Within police or ministry	Separate agency accountable to a ministry	Statutory or constitutional agency accountable to the legislature	
			<i>Guidance:</i> The scores reflect the extent of the ACA's independence from the government, ranging from being an statutory or constitutional body to being a unit within the police or a ministry.			
2.	Appointment and removal of Commissioner(s)	Anti-corruption law; ACA's annual report and website; and interviews with ACA Commissioners	Prime Minister/ President/ Head of State makes the appointment decision with no safeguards for ensuring impartiality (including a transparent procedure) AND Commissioners do not have a fixed term and can easily be replaced	A ministerial committee makes the appointment decision with some safeguards in place to ensure impartiality (such as a transparent procedure) AND/OR Commissioners have a fixed term (without tenure) but it is not difficult to remove them	An independent committee makes the appointment decision with strong safeguards in place to ensure impartiality (including a transparent procedure) AND Commissioners have a fixed term (with tenure) and cannot be removed without proven cause (e.g. incompetence or misconduct)	
			<i>Guidance:</i> This indicator describes the process for appointing and removing the ACA Commissioners, including the composition of the committee or those persons responsible for the appointment and the conditions for removing or replacing them. Safeguards for ensuring impartiality include objective selection criteria and transparency of the appointment and removal procedures. The researcher should use his/her judgment as to whether the combination of all appointment and removal features which are present in the ACA constitute a low, medium or high score based on the criteria above.			
3.	Mandate	Anti-corruption law; ACA's annual report and website; and interviews	Education and prevention without investigation	Primary focus on investigation	Focus on investigation and as well as education and prevention	

		with ACA senior personnel	<i>Guidance:</i> This indicator focuses on the ACA's mandate and functions, with a high score given when the ACA performs the functions of investigation, education and prevention. A medium score is given when the ACA focuses primarily on investigation. The ACA gets a low score if it does not investigate corruption cases and focuses only on education and prevention.		
4.	Jurisdiction	Anti-corruption law; ACA's annual report and website; and interviews with ACA senior personnel	Only public sector at the national level	Both public and private sector but only at the national level OR only public sector but at both national and sub-national levels	Both public and private AND at both national and sub-national level
			<i>Guidance:</i> This indicator focusses on the sectoral and geographical scope of the ACA. A high score is given if the ACA covers both public and private sector corruption (including state-owned enterprises) across all administrative levels. A medium score is given if only some of these conditions are met, whereas a low score is given if the ACA only covers public sector corruption at the national/central government level.		
5.	Investigative & prosecutorial powers	Anti-corruption law; ACA's annual report and website; and interviews with ACA senior personnel	Few or no powers	Some powers	Extensive powers including the power to initiate investigations and/or prosecutions
			<i>Guidance:</i> This indicator focusses on the ACA's practical powers to carry out its mandate (as described under indicator 3). A high score is given if the ACA has the power to proactively initiate proceedings and has a broad range of other powers (e.g. to compel other government agencies to co-operate; arrest and search of arrested persons; examining suspect's bank accounts, safe-deposit boxes, income tax records and property; search and entry of premises, etc.). The ACA should be given a medium score if it has only some of the above powers and a low score if it is purely reactive and/or has only one or two of the above powers.		
6.	Powers to report & enforce recommendations	Anti-corruption law; ACA's annual report and website; and interviews with ACA senior personnel	Few or no powers	Some powers	Extensive powers
			<i>Guidance:</i> The ACA receives a high score if it has the power to develop and enforce binding recommendations on other agencies or on government anti-corruption policy more generally. This includes the power to publicly report on referrals, to expose issues and to hold public hearings and inquiries. The ACA receives a medium score if it only has some of the above powers and a low score if it does not have any powers to enforce its recommendations and/or is subject to a gag rule.		
7.	Legal autonomy	Anti-corruption law; ACA's annual report and website; and interviews with ACA Commissioners	No legal autonomy	Some legal autonomy	Full legal autonomy
			<i>Guidance:</i> A high score is given where the ACA has full discretion with regards to decision-making on investigations and/or prosecutions and if commissioners and senior staff are immune from criminal / civil prosecution for acts committed within the performance of their mandate. A medium score is given if the ACA is subject to some level of ministerial direction or if ACA commissioners and staff are liable for prosecution. A low score is given if the ACA and its staff are both subject to ministerial direction and liable for prosecution		
8.	Operational autonomy	Interviews with ACA Commissioners, senior	Low degree of operational autonomy	Limited degree of operational autonomy	High degree of operational autonomy

		personnel, media and CSOs	<i>Guidance:</i> A high score is given if the ACA has operational control over selection, removal and transfer of senior staff (including mechanisms to ensure continuity in the absence of the ACA head) and where there is no evidence of political interference in the day to day operations of the ACA from the government. A medium score is given where there is some evidence of either external influence on selection, removal and transfer of staff OR political interference in other aspects of the ACA's operations. A low score is given where these types of interference are pervasive. If the ACA encounters political interference in its daily operations from the government, the number and details of these cases should be provided, including media reports if available.			
9.	Political use of powers	Media coverage on opposition leaders investigated by ACA, and interviews with ACA senior personnel, opposition leaders, CSO leaders and anti-corruption experts	Evidence of widespread use of ACA by government as a tool against political opponents	Some evidence of limited manipulation of ACA by government for political motives	Government has not used ACA as a tool against political opponents or for political motives	
			<i>Guidance:</i> This indicator assesses the government's reliance on ACA to use corruption as a tool against political opponents or for other political motives. If the government uses corruption as a tool against political opponents, details of the opposition political leaders investigated by the ACA and the results of the investigation should be provided. The researcher should rely on media coverage of these corruption cases and interviews with these political leaders (if possible) and the ACA Commissioners, other opposition leaders, CSO leaders, and anti-corruption experts. If the media reports and interviews result in different assessments, the researcher should identify the reasons for these assessments from the interviewees.			
Sub-total for ACA's Independence and Status Score						

Additional guidance for researchers: For indicators 8 and 9: It is important for the researcher to provide concrete evidence, i.e. the relevant cases, examples and data to substantiate if the government has interfered in the ACA's daily operations and its use of the ACA against political opponents, since these are serious claims.

2. Financial and Human Resources (9 indicators)

No.	Indicator	Data Sources	Range of Scores			Score
			Low (1)	Medium (2)	High (3)	
10.	Proportion of budget	Ministry of Finance's website; ACA's annual report and website; and interviews with ACA's senior personnel	Below 0.10% of government's total budget	Between 0.10% to 0.20% of government's total budget	Above 0.20% of government's total budget	
			<i>Guidance:</i> This indicator assesses the average proportion of ACA's budget to total government budget for past 3-5 years. If the ACA performs both corruption and non-corruption related functions, only the budget for corruption functions (if this information is available) is calculated as a proportion of the total government budget for the past 3-5 years. If there is more than one ACA, the proportion of their budgets for corruption functions to the total government budget is calculated for each ACA.			
11.	Sufficiency of budget	Interviews with ACA's Commissioners and senior personnel, CSO leaders,	Inadequate (less than 66% of budget request is approved) and relies on funding by CSOs and donor agencies	Adequate (66% to 79% of budget request is approved)	More than adequate (80% to 100% of budget request is approved)	

		and representatives of donor agencies	<i>Guidance:</i> This indicator assesses the sufficiency of ACA's budget for performing its functions. In addition to the quantitative data, consider whether the ACA has the autonomy to define and seek approval for its own budgetary requirements and whether it is holding back on cases because of limited resources, as an additional indicator of the adequacy of the budget. If the ACA also relies on donor agencies for funding to supplement its budget, interviews should be conducted with the representatives of the relevant donor agencies and CSOs to obtain details of the funding provided for the past three years.			
12.	Security & stability of budget	Ministry of Finance's website; ACA's annual report and website; and interviews with ACA's senior personnel, CSO leaders, and representatives of donor agencies	ACA budget has been reduced during past 3-5 years and/or the budget is not dispersed in a timely manner	ACA budget has not been reduced during past 3-5 years	ACA budget is guaranteed based on previous year's allocation and has not been reduced	
			<i>Guidance:</i> This indicator ascertains from interviews with the ACA's Commissioners and senior personnel whether the ACA has encountered problems in getting approval for its annual budget request. It also assesses whether the allocated budget is dispersed in a timely manner. If there are significant changes in the ACA's budget during the past three years, the reasons for these changes should be ascertained by the researcher. The researcher should also note if there are any terms attached to budgetary allocations (eg that they need to be spent evenly over the whole year; if they are received as an annual lump-sum payment etc). This indicator does not look at whether the budget is high or low in the first place but specifically the change over time.			
13.	Staff salary & benefits	ACA's annual report and website for the ACA's salary scales and benefits; and interviews with ACA's senior personnel and CSO leaders, and media reports if relevant	Low salary and limited benefits (compared to similar public sector agencies)	Adequate salary and benefits (comparable with similar public sector agencies)	Competitive salary and benefits (comparable with private sector entities)	
			<i>Guidance:</i> Details of the salary scales and benefits of the ACA's personnel should be provided in the ACA's profile in Part 2. Any significant changes in salaries and benefits during the past 3-5 years should be highlighted and explained. The usual comparison to assess whether salaries are competitive is with the private sector (e.g. banks, audit firms etc), which usually pay better than the public sector. However, it is also worth looking at how the salaries of the ACA staff compares to salaries of other civil servants. Sometimes ACA staff are paid better salaries than other public sector bodies in order to attract qualified candidates to join and remain within the ACA. Details of allowances should also be provided as these constitute a significant proportion of the monthly pay package of the ACA personnel in some countries. When comparing with private sector bodies, the researcher should focus particularly on mid-level staff as senior level staff salaries and benefits are less comparable. The researcher should specifically state in the narrative assessment which entities they are using for the purpose of comparison.			
14.	Staff selection	ACA's annual report and website, interviews with ACA's senior personnel, and relevant personnel or service rules	Patronage and non-transparent procedures and practices	Limited meritocratic and/or transparent procedures and practices	Meritocratic and transparent procedures and practices	
			<i>Guidance:</i> This indicator focuses on the ACA's internal procedures for recruiting personnel (irrespective of existing civil service rules). A high score is given if, in practice, the selection procedure is both meritocratic (based on merit and educational qualifications) and transparent. A medium score is given if the procedure is meritocratic but not transparent, or vice versa. A low score is given if the			

			procedure is opaque and based on patronage. The researcher should request from the ACA senior personnel a copy of the relevant personnel rules governing the selection of its personnel.			
15.	Investigation & prosecution expertise	ACA's annual report and website, interviews with ACA's senior personnel, CSO leaders, anti-corruption experts, and representatives of donor agencies	Lacking expertise in many areas	Lacking expertise in some areas	High level of expertise	
			<i>Guidance:</i> This indicator assesses the expertise of ACA's personnel in corruption investigation and prosecution (if applicable) The evaluation is largely qualitative and based on the information provided on the educational qualifications and training of its personnel (specifically on investigation techniques), as well as the average length of service of ACA personnel, if this information can be provided. It is also based on interviews with the ACA's senior personnel, CSO leaders, representatives of donor agencies, and anti-corruption experts. The number of staff positions left unfilled for investigation and/or prosecution functions can also serve as an indicator of the level of expertise.			
16.	Prevention & education expertise	ACA's annual report and website, interviews with ACA's senior personnel, CSO leaders, anti-corruption experts, and representatives of donor agencies	Lacking expertise in many areas	Lacking expertise in some areas	High level of expertise	
			<i>Guidance:</i> The evaluation of the level of expertise of the ACA's personnel in corruption prevention and education is largely qualitative and based on the information provided on the educational qualifications and training of its personnel, as well as the average length of service of ACA personnel, if this information can be provided. It is also based on interviews with the ACA's senior personnel, CSO leaders, representatives of donor agencies, and anti-corruption experts. The number of staff positions left unfilled for prevention and education functions can also serve as an indicator of the level of expertise.			
17.	Staff training	ACA's annual report and website, interviews with ACA's senior personnel, CSO leaders and representatives of donor agencies	Training is unimportant and neglected	Some trained personnel with limited training opportunities and/or the training offered is not relevant	Well-trained personnel with many relevant training opportunities	
			<i>Guidance:</i> Details of the number and type of training courses attended by the ACA's personnel as well as the training courses available to them during the past 3-5 years should be provided. Details of the budget allocated by the ACA to training during the past three years should be provided if available. As a general rule, of 1%-3% of the human resource budget would be considered adequate. Less than a 1% allocation would suggest that training is not a priority.			
18.	Stability of staff	ACA's annual report and website, interviews with ACA's senior personnel, CSO leaders and human resource management experts. If possible, ACA personnel who had resigned recently should be interviewed	High turnover and resignation rate (more than 10% per year)	Moderate turnover and resignation rate (more than 5% to 10% per year)	Low turnover and resignation rate (0% to 5% per year)	
			<i>Guidance:</i> If the turnover of the ACA's personnel is high, the reasons for the ACA's inability to retain its staff should be ascertained in interviews with the ACA's senior personnel and those personnel who had resigned recently if possible. Turnover refers to the movement of personnel resulting from the recruitment and resignation of staff. If personnel are seconded or transferred to the ACA from other government agencies or vice versa, details of such secondment or transfers should be recorded too. If the ACA conducts exit interviews of those personnel who have resigned in recent years, the researcher should request this information from the ACA.			
Sub-total for ACA's Financial and Human Resources Score						

Additional Guidance for researchers: For the purposes of these indicators, “staff” and “personnel” includes senior members of staff, but not Commissioners

3. Accountability and Integrity (9 indicators)

No.	Indicator	Data Sources	Range of Scores			Score
			Low (1)	Medium (2)	High (3)	
19.	Annual reporting	ACA’s annual report, and interviews with the ACA’s senior personnel, CSO leaders, journalists and anti-corruption experts	ACA submits its annual report to parliament but it is not available to the public and/or it is made publicly available but it is very short on substantive detail	The ACA submits its annual report to parliament and it is made publicly available but the report is somewhat limited in the level of information it provides	Comprehensive information on ACA is provided in annual report which is submitted to parliament and easily accessible to the public	
			Guidance: This indicator assesses the information provided in, and accessibility of, the ACA’s annual report. Analyse the information provided in the ACA’s annual report to assess its comprehensiveness and accessibility to the public. “Somewhat limited” information refers to, for example, high level data on ACA activities, budget, and corruption cases which is not sufficiently disaggregated and therefore of limited use.			
20.	Responsiveness to information requests	ACA’s annual report, ACA website, and interviews with the ACA’s senior personnel, CSO leaders, journalists and anti-corruption experts	The ACA does not have any access to information policies or mechanisms in place to respond to public requests for information and does not respond to such requests in practice	The ACA has some mechanisms in place to respond to public requests for information (including on ACA decisions and how these decisions were made), but it is usually a difficult, cumbersome and/or lengthy process.	The ACA has a comprehensive access to information policies and processes in place and responds to public requests for information in a timely manner	
			Guidance: This indicator assesses the ACAs transparency in terms of responsiveness to specific requests from the public (as opposed to proactive transparency, which is the previous indicator).			
21.	External oversight mechanisms	ACA’s annual report and website, and interviews with the ACA’s senior personnel, personnel of other integrity agencies, CSO leaders and media reports	The ACA is accountable to Executive without any oversight committee	The ACA is accountable to (an) oversight committee(s) with Members of Parliament and/or senior civil servants as members but the committee is not very effective and/or there are few additional oversight mechanisms in place	The ACA has a comprehensive set of oversight mechanisms in place including (an) effective oversight committee(s) with active participation by Members of Parliament, senior civil servants and prominent citizens	
			Guidance: This indicator assesses the strength of the ACA’s external oversight mechanisms as a whole, with a particular focus on the ACA’s oversight committee(s). Describe the number and composition of the ACA’s oversight committees to assess the extent of public representation and participation in these committees. An effective committee requires a review process and mechanisms for following up on committee recommendations. If the ACA does not have an oversight committee, the ACA’s Commissioners and senior personnel should be asked to explain why this is the case. Also describe			

			what additional oversight mechanisms are in place (e.g. regular reporting to parliament, external audit, judicial review). If the ACA is subject to review by the Supreme Audit Institution, the number and details of adverse audit memoranda or observations during the past 3-5 years should also be provided.			
22.	Internal review mechanisms	ACA's annual report and website, and interviews with ACA's senior personnel	The ACA has weak or non-existent internal monitoring and review mechanisms in place	The ACA has some internal monitoring and review mechanisms in place, but with important gaps	The ACA has a comprehensive set of internal monitoring and review mechanisms in place	
			Guidance: Describe the ACA's internal review processes including whether the ACA has a corporate plan, M&E framework and performance evaluation measures and whether it collects public perception data on the ACA's performance. To the extent possible, ascertain whether these are used to inform ACA learning and improvement.			
23.	Adherence to due process	ACA's public perceptions survey (if available), media reports, and interviews with the ACA's senior personnel, CSO leaders, anti-corruption experts, journalists and, if possible, persons with direct contact with ACA	Low level of confidence as reflected in survey finding (below 50%) and views of ACA senior personnel, CSO leaders, journalists and, if possible, persons with direct contact with ACA	Moderate level of confidence as reflected in survey finding (50%-75%) and views of ACA senior personnel, CSO leaders, journalists and, if possible, persons with direct contact with ACA	High level of confidence as reflected in survey finding (above 75%) and views of ACA senior personnel, CSO leaders, journalists and, if possible, persons with direct contact with ACA	
			Guidance: This indicator assesses the public's confidence in ACA's adherence to due process, impartiality, and fairness in use of its powers and treatment of persons under investigation. As far as possible, the scoring should be based primarily on survey findings and supplemented by interviews with the ACA's senior personnel, CSO leaders, representatives of donor agencies, anti-corruption experts, and journalists if appropriate. The profile of the survey respondents in terms of their age, gender, occupation and educational qualifications should be provided. If the ACA has conducted or commissioned public perceptions surveys, the researcher should request for the reports of these surveys from the ACA's Commissioners and senior personnel.			
24.	Willingness of complainants to identify themselves	ACA's annual report and website, data on complaints received by the ACA, and interviews with ACA's senior personnel, CSO leaders, donor agencies, and media reports	Low proportion of complainants are confident to identify themselves (less than 25%)	Moderate proportion of complainants are confident to identify themselves (25-50%)	High proportion of complainants are confident to identify themselves (more than 50%)	
			Guidance: This indicator assesses the willingness of complainants and whistleblowers to identify themselves to the ACA. The number of signed complaints and anonymous complaints during the past 3-5 years should be compared to the overall number of complaints received as an indicator of the willingness of complainants to identify themselves, and hence their confidence in the ACA's processes. If the ACA provides protection for whistle-blowers, details of such protection should be described, with specific examples where possible.			

25.	Complaints handling	ACA's annual report and website, and interviews with the ACA's senior personnel, CSO leaders, anti-corruption experts and media reports	Complaints against ACA personnel are ignored and/or not investigated without any explanation	Complaints against ACA personnel are investigated by its internal control unit	Complaints against ACA personnel are investigated by another public agency to avoid conflict of interest	
			Guidance: This indicator assesses the procedure for dealing with complaints against the ACA's personnel and its effectiveness. If available, the profile of the complainants including their gender, age, occupation and educational qualifications should be obtained from the ACA.			
26.	Outcomes of complaints	ACA's annual report and website, and interviews with the ACA's senior personnel, CSO leaders, anti-corruption experts and media reports	Complaints involving ACA personnel are ignored and not investigated at all	Some valid complaints against ACA personnel result in punishment or other remedies	All valid complaints against ACA personnel result in punishment or other remedies and are publicized in its annual report.	
			Guidance: This indicator assesses the outcomes of complaints against ACA or its personnel in past 3-5 years. Provide the number of valid complaints against the ACA's personnel for misconduct together with details of the punishment imposed. If only some valid complaints result in the imposition of punishment or if the complaints are ignored by the ACA, seek an explanation from the ACA's senior personnel.			
27.	Internal integrity mechanisms		ACA does not have a code of conduct or internal disciplinary procedures, or these are very weak/not applied in practice	The ACA has a code of conduct and internal disciplinary procedures, but these are not comprehensive and/or applied inconsistently	The ACA has a comprehensive code of conduct and disciplinary procedures which are applied fairly and consistently	
			Guidance: This indicator assesses the comprehensiveness of the ACAs code of conduct (e.g. asset declarations and conflict of interest rules, rules on gifts and hospitality, post-employment restrictions) and the processes in place for addressing breaches of the code and other malpractice as well as for handling internal complaints.			
Sub-total for ACA's Accountability and Oversight Score						

4. Detection, Investigation and Prosecution (9 indicators)

No.	Indicator	Data Sources	Range of Scores			Score
			Low (1)	Medium (2)	High (3)	
28.	Accessibility to complainants/informants	ACA's annual report and website, data on complaints received by the ACA, and interviews with ACA's senior personnel, CSO leaders, donor agencies, and media reports	ACA is inaccessible as reflected in low proportion of corruption complaints received relative to population and perceived level of corruption (on average less than 1 complaint per 20,000 citizens per year)	ACA is accessible as reflected in the moderate proportion of corruption complaints received relative to population and perceived level of corruption (on average between 1 complaint per 10,000 and 1 complaint per 20,000 citizens per year)	ACA is highly accessible as reflected in the high proportion of corruption complaints received relative to population and perceived level of corruption	

					(on average more than 1 complaint per 10,000 citizens per year)	
			<p><i>Guidance:</i> This indicator assesses the ACA's accessibility to corruption complainants/informants, though data on corruption related complaints received by the ACA during the past 3-5 years. The scoring for this indicator should be done after comparing these data with the country's population. The suggested thresholds should be considered in the context of perceived levels of corruption in the country, using data such as TI's CPI and GCB. If the level of corruption is particularly high, the thresholds should be increased accordingly, and vice versa if the perceived level of corruption in the country is low. If available, the researcher should request from the ACA the profile of those persons who have provided information or submitted complaints. Analysis of the profile of the complainants according to their age, gender and education, will indicate how representative they are of the general population. The researcher should also include any information on the extent to which the complaint lodging system/procedure is user friendly or adequate.</p>			
29.	Responsiveness to corruption complaints	ACA's annual report and website, data on complaints received by the ACA, and interviews with ACA's senior personnel, CSO leaders, donor agencies, and media reports	ACA is not responsive as reflected in the low proportion of relevant corruption complaints/information investigated during past 3-5 years (less than 33%)	ACA is responsive as reflected in the moderate proportion of relevant corruption complaints/information investigated during past 3-5 years (33%-66%)	ACA is highly responsive as reflected in the high proportion of relevant corruption complaints/information investigated during past 3-5 years (more than 66%)	
			<p><i>Guidance:</i> This indicator assesses the ACA's responsiveness to corruption complaints and to information received during past 3-5 years. Refer to the ACA's annual report for data on the number of corruption-related complaints received by the ACA. Then calculate the proportion of these complaints which are investigated during the past 3-5 years. Also consider whether there appears to be a reluctance on the part of the ACA to take on investigations and whether there is a significant backlog of cases. If so, these qualitative factors would most likely point to a low a low score</p>			
30.	Proactive investigation	ACA's annual report and website, data on complaints received by the ACA, and interviews with ACA's senior personnel, CSO leaders, donor agencies, and media reports	Low proportion of corruption investigations initiated by ACA (less than 5% of all investigations)	Moderate proportion of corruption investigations initiated by ACA (5-10% of all investigations)	High proportion of corruption investigations initiated by ACA (more than 10% of all investigations)	
			<p><i>Guidance:</i> This indicator assesses how proactive the ACA is in initiating investigations of its own accord. Compare data on the number of corruption investigations initiated by the ACA during the past 3-5 years with the total number of investigations conducted by the ACA over the same period (including those instigated as a result of complaints). A high proportion of proactive investigations would be more than 10% of all investigations, a moderate proportion between 5-10%, and a low proportion less than 5%. If</p>			

			the ACA has initiated important investigations into influential individuals, this should also be taken into consideration when assessing the level of proactiveness.			
31.	Efficiency & professionalism	ACA's annual report and website, data on corruption cases investigated by the ACA, and interviews with ACA's senior personnel and anti-corruption experts	Inefficient and unprofessional investigation of corruption cases	Efficient and professional investigation of corruption cases	Highly efficient and professional investigation of corruption cases	
			<i>Guidance:</i> To assess this indicator, collect data on the average time taken by the ACA to complete the investigation of a corruption case during the past 3-5 years to assess its level of efficiency in corruption investigation. The ACA's professionalism in investigating corruption cases is reflected in the number of successful cases prosecuted, the number of persons convicted during the past 3-5 years, and the assessment of the anti-corruption experts interviewed. The reasons for the length of particularly long cases should be explained if there are special circumstances. What is more important is the average length of time taken by the ACA to complete the investigation of corruption cases.			
32.	Prosecution rate	ACA's annual report and website, interviews with ACA's senior personnel, personnel of Attorney-General's Office if the ACA is not responsible for prosecuting corruption cases, and media reports	Below 50%	Between 50% to 75%	Above 75%	
			<i>Guidance:</i> This indicator assesses the average prosecution rate of corruption cases investigated by the ACA in the past 3-5 years. If the ACA is responsible for prosecuting corruption cases, request the ACA's personnel to explain those factors which contribute to the average prosecution rate during the past 3-5 years for corruption cases investigated by them, especially if the average prosecution rate is below 50%. If the ACA <i>does not</i> have the mandate to prosecute corruption, this indicator is assessed in terms of Government support (e.g. Attorney-General's Office, Director of Public Prosecutions) to the ACA for prosecution of corruption cases, using the same thresholds as above. Likewise, if the average prosecution rate is below 50%, ascertain which factors contribute to the low rate.			
33.	Conviction rate	ACA's annual report and website, interviews with ACA's senior personnel, personnel of Attorney-General's Office if the ACA is not responsible for prosecuting corruption cases, and media reports	Below 50%	Between 50% to 75%	Above 75%	
			<i>Guidance:</i> This indicator assesses the average conviction rate of corruption cases investigated by ACA in past 3-5 years. As with the previous indicator, ascertain the factors which contribute to high or low conviction rates, whether it is the ACA itself or the AGO/other body which is responsible for prosecuting corruption. In the latter case, the extent of cooperation and support between the ACA and prosecuting agency should be ascertained via interviews. If there is lack of cooperation and support between these agencies, ascertain which factors contribute to this.			
34.	Investigation of influential persons	ACA's annual report and website, case records, interviews with ACA's senior personnel, CSO leaders, anti-corruption experts and media reports	No or very few investigations of influential persons for corruption (less than 5)	Some investigations of influential persons for corruption (between 5 and 30)	Considerable number of investigations of influential persons for corruption (more than 30)	
			<i>Guidance:</i> This indicator assess the ACA's willingness to investigate influential persons for corruption without fear or favour during past 3-5 years. Provide details of the number and names of those influential persons investigated by the ACA during the past 3-5 years. Relevant details of these cases			

			should be provided, including the outcomes of the investigations and the punishment imposed. Influential persons refer to political leaders, leaders of political parties, senior civil servants, business leaders, and prominent citizens. The thresholds for “some” and “considerable” are indicative and will depend on the overall number of investigations in the country and the most prevalent forms of corruption (e.g. petty or political corruption). If necessary, the time period could be extended to include investigations of influential persons during the past 10 years, with the thresholds increased accordingly.			
35.	Restitution & asset recovery	ACA’s annual report and website, interviews with ACA’s senior personnel, CSO leaders, anti-corruption experts and media reports	Inactive role by ACA	Moderately active role by ACA	Very active role by ACA	<p><i>Guidance:</i> This indicator assesses the ACA’s role in restitution, asset recovery, freezing and confiscation during past 3-5 years. Provide information on the number of cases and the amounts and details of assets recovered, frozen or confiscated by the ACA during the past 3-5 years. The evaluation of whether the ACA’s role is active in such processes should take into account the number of cases in which these measures have been applied and the overall amounts recovered, frozen and confiscated, as compared to the estimated volume of stolen assets in the country (where such estimates are available)</p>
36.	Perception of performance	ACA’s public perceptions survey (if available), media reports, and interviews with the ACA’s senior personnel, CSO leaders, anti-corruption experts, journalists and persons with direct contact with ACA, if possible	Low level of effectiveness as reflected in survey finding (below 50%) and views of CSO leaders, anti-corruption experts, journalists and persons with direct contact with ACA, if possible	Moderate level of effectiveness as reflected in survey finding (50%-75%) and views of CSO leaders, anti-corruption experts, journalists and persons with direct contact with ACA, if possible	High level of effectiveness as reflected in survey finding (above 75%) and views of CSO leaders, anti-corruption experts, journalists and persons with direct contact with ACA, if possible	
Sub-total for ACA’s Detection, Investigation and Prosecution Function Score						

5. Prevention, Education and Outreach (8 indicators)

No.	Indicator	Data Sources	Range of Scores			Score
			Low (1)	Medium (2)	High (3)	
37.	Allocated budget	ACA’s annual report and website, Ministry of Finance website, and	Below 2.5% of ACA’s operating expenditure	Between 2.5% and 5% of ACA’s operating expenditure	Above 5% of ACA’s operating expenditure	

		interviews with the ACA's senior personnel	<i>Guidance:</i> This indicator assesses the average proportion of ACA's operating expenditure allocated to public outreach, communication and prevention during past 3-5 years. Collect data on the ACA's expenditure on public outreach and prevention and calculate the average proportion of this expenditure of the ACA's total operating expenditure for the past 3-5 years. As far as possible, clarify what is counted as 'prevention' in the ACA budget, as this may sometimes include activities beyond core prevention functions (e.g. channelling complaints to the investigations team).			
38.	Strategic planning	ACA's annual report and website, and interviews with the ACA's senior personnel and representatives of target groups	There is no or a weak plan for prevention, education and outreach activities	The plan for prevention, education and outreach is comprehensive but not implemented fully	The plan for prevention, education and outreach is comprehensive and fully implemented	
			<i>Guidance:</i> This indicator assesses the ACA's strategic plan for prevention, education and outreach and its implementation. Provide details of the ACA's long-term strategy for outreach and prevention, including the sectors covered and the extent of its implementation. If the ACA does not have a plan for its outreach and prevention activities, the researcher should ascertain the reasons for this from the ACA's senior personnel. A comprehensive plan should cover all three areas - prevention, education and outreach. The researcher should record the rationale for giving a high, medium or low score, including what elements were used to ascertain the level of comprehensiveness of the plan.			
39.	Anti-corruption learning and development	ACA's annual report and website, and interviews with the ACA's senior personnel and CSO leaders and donor agencies	ACA initiated few or no corruption prevention initiatives	Some corruption prevention initiatives (average of 1-4 per year)	Many corruption prevention initiatives (average of 5 or more per year)	
			<i>Guidance:</i> This indicator assesses the ACA's training and education initiatives during the past 3-5 years, including the number of persons attending the ACA's talks and seminars, the number of citizens and foreign delegates visiting the ACA, and the number of training courses for public officials. .			
40.	Organizational reviews	ACA's annual report and website, and interviews with the ACA's senior personnel and personnel of those agencies reviewed by the ACA	Few or no reviews were conducted (relative to no. of organisations in jurisdiction)	A substantial number of reviews were conducted (relative to no. of organisations in jurisdiction)	Many reviews were conducted (relative to no. of organisations in jurisdiction)	
			<i>Guidance:</i> This indicator assesses the number of reviews of organizational procedures, systems, capabilities and risks conducted by ACA to prevent corruption during past 3-5 years, including details of the organizations involved and whether the ACA had initiated the reviews or was requested to do so. This can include review of private sector organizations if the ACA's jurisdiction covers both the public and private sectors. Given the increasing number of corruption cases in the private sector, it is important for the ACA to conduct these reviews when corruption cases are uncovered in the private sector.			
41.	Prevention recommendations	ACA's annual report and website, and interviews with the ACA's senior personnel	Not at all	Sometimes (up to 50% of investigation reports contain concrete prevention recommendations)	Frequently (more than 50% of investigation reports contain concrete prevention recommendations)	

			<i>Guidance:</i> This indicator assess the frequency of including corruption prevention recommendations in ACA's investigation reports during past 3-5 years. Collect data on the number of investigation reports completed by the ACA during the past 3-5 years and identify the number of corruption prevention recommendations in these reports so that the frequency of such recommendations can be determined. This is in order to ascertain whether investigations actively identify systemic issues and make recommendations. If the ACA is largely inactive in producing investigation reports, then the researcher should only assign a low (or possibly medium) score, regardless of the proportion of those reports which contain recommendations.			
42.	Research on corruption risks	ACA's annual report and website, and interviews with the ACA's senior personnel, CSO leaders and anti-corruption experts	Little or no discernible independent research carried out by the ACA	Some degree of research to develop risk assessments and sectoral corruption profiles	Extensive use of research, to develop risk assessments and sectoral corruption profiles	
			<i>Guidance:</i> This indicator assesses the ACA's research and exploration of corruption risks, context and conditions. Provide information on the research projects conducted by the ACA's personnel and other scholars on corruption in the country if available or applicable. Research included here should be initiated and coordinated by the ACA.			
43.	Dissemination and campaigns	ACA's annual report and website, and interviews with the ACA's senior personnel and CSO leaders, and media reports	Does not disseminate corruption prevention information or rely on campaigns	Limited dissemination of corruption prevention information and reliance on campaigns	Extensive dissemination of corruption prevention and reliance on campaigns	
			<i>Guidance:</i> This indicator assesses the type of corruption prevention information disseminated by the ACA and whether the ACA relies on campaigns to spread the corruption prevention message.			
44.	Online communication	ACA's annual report and website, and interviews with the ACA's senior personnel and CSO leaders, and media reports	ACA does not have a website and does not rely on social media to spread corruption prevention information	Limited use of its website and social media to spread corruption prevention information	Extensive use of its website and social media to spread corruption prevention information	
			<i>Guidance:</i> This indicator assesses the ACA's use of online channels/ social media for disseminating information on corruption prevention. Analyse the ACA's website and other online channels to identify the amount and type of information provided on its activities. The ACA's use of social media to reach out to the public should also be ascertained, including whether the ACA has a broad online communications strategy.			
Sub-total for ACA's Prevention, Education and Outreach Functions Score						

6. Cooperation and External Relations (6 indicators)

No.	Indicator	Data Sources	Range of Scores			Score
			Low (1)	Medium (2)	High (3)	

45.	Confidence in Government support to the ACA	ACA's public perceptions survey (if available), media reports, and interviews with the ACA's senior personnel, CSO leaders, anti-corruption experts, and journalists	Low level of confidence as reflected in survey finding (below 50%) and views of ACA senior personnel, CSO leaders, anti-corruption experts and journalists	Moderate level of confidence as reflected in survey finding (50%-75%) and views of ACA senior personnel, CSO leaders, anti-corruption experts and journalists	High level of confidence as reflected in survey finding (above 75%) and views of ACA senior personnel, CSO leaders, anti-corruption experts and journalists	
			<p><i>Guidance:</i> This indicator assesses public confidence that government has given ACA the required powers and resources for curbing corruption. As far as possible, the scoring should be based primarily on survey findings and supplemented by interviews with the ACA's senior personnel, CSO leaders, representatives of donor agencies, anti-corruption experts, and journalists if appropriate. The profile of the survey respondents in terms of their age, gender, occupation and educational qualifications should be provided. If the ACA has conducted or commissioned public perceptions surveys, request the reports of these surveys from the ACA's Commissioners and senior personnel. Additionally, consider also using responses to the following Global Corruption Barometer (GCB) question as a proxy for government support to the ACA: "How well or badly would you say the current government is handling the following matters: [...] Fighting corruption in government" (GCB Question T17).</p>			
46.	Cooperation with other integrity agencies	ACA's annual report and website, and interviews with the ACA's senior personnel and personnel of other integrity agencies	Conflict and/or lack of cooperation between ACAs or between ACA and other integrity agencies	Limited cooperation between ACAs or between ACA and other integrity agencies	High degree of cooperation between ACAs or between ACA and other integrity agencies	
			<p><i>Guidance:</i> This indicator assesses the relationship between the ACA and the other integrity agencies (auditor-general, ombudsman, public prosecutor, etc.) in the country in terms of both investigation/prosecution and prevention/outreach activities, where relevant. If there are multiple ACAs in the country, the relationship between the lead ACA and the other ACAs should be analysed too. If there is lack of cooperation or coordination between the ACA and other integrity agencies, identify the reasons for this.</p>			
47.	Cooperation with non-government organizations	ACA's annual report and website, and interviews with the ACA's senior personnel, CSO leaders and personnel of private companies	Conflict and/or lack of cooperation between ACA and other organizations	Limited cooperation between ACA and other organizations	High degree of cooperation between ACA and other organizations including CSOs and private companies	
			<p><i>Guidance:</i> This indicator assesses the cooperation between the ACA and other organizations in the country, including CSOs, donor agencies, private companies and state-owned enterprises in terms of prevention/outreach activities. The researcher should ask those persons interviewed for the details of relevant examples or cases to illustrate the extent of cooperation between the ACA and other organisations.</p>			
48.	International networks	ACA's annual report and website, interviews with the ACA's senior	ACA does not participate in any network	Active with ACA participating in 1 or 2 networks	Very active with ACA participating in 3 or more networks	

		personnel, CSO leaders, and representatives of donor agencies	<i>Guidance:</i> This indicator assesses the ACA's participation in international networks and the extent of its involvement. This may include e.g. the ADB/OECD Anti-Corruption Initiative or the UNCAC Coalition. If the ACA does not participate in any international network, ask the ACA's Commissioners and senior personnel to explain why this is the case.			
49.	Cooperation with other countries	Annual reports and websites of the ACA and those ACAs which it cooperates with, and interviews with the ACA's senior personnel	No cooperation between ACA and ACAs and/or law enforcement agencies in other countries	Limited cooperation in some areas with one or two ACAs and/or law enforcement agencies in other countries	High degree of cooperation with joint projects and technical assistance with several ACAs and/or law enforcement agencies in other countries	
			<i>Guidance:</i> This indicator assesses the ACA's cooperation with ACAs and law enforcement agencies in other countries. If the ACA cooperates with ACAs or law enforcement agencies in other countries, describe the details and extent of such cooperation, including joint projects and the technical assistance provided. If the ACA does not cooperate with the ACAs in other countries, the reasons for this lack of cooperation should be identified.			
50.	Accessibility to marginalized groups	ACA's annual report and website, and interviews with ACA's senior personnel	The ACA does not have strategies, targets and benchmarks in place to enable it to monitor its responsiveness to marginalized groups (including women and minority groups).	The ACA has strategies, targets and benchmarks in place to enable it to monitor its responsiveness to marginalized groups, but it does not actively monitor these differences.	The ACA has strategies, targets and benchmarks in place to enable it to monitor its responsiveness to marginalized groups, which it actively monitors.	
			<i>Guidance:</i> This indicator assesses the ACA's responsiveness and accessibility to marginalized groups. Ascertain whether the ACA holds disaggregated data (e.g. on corruption complaints received) according to different group characteristics. Also identify whether there are procedures in place to monitor this data and to inform the ACA's outreach and accessibility policies. This indicator is included to understand whether the ACA is aware of the different needs of its citizens and the different ways in which people experience and report corruption, including women, disabled people or ethnic minorities. Ultimately, having disaggregated data will enable the ACA to be more inclusive, accessible and effective in reaching all parts of society.			
Sub-total for ACA's Cooperation and External Relations Score						

ANNEX 2: CLASSIFICATION OF INDICATORS

No.	Indicator	Enabling factors		ACA Performance
		External	Internal	
1	Institutional independence	X		
2	Appointment and removal of Commissioner(s)	X		
3	Mandate	X		
4	Jurisdiction	X		
5	Investigative and prosecutorial powers	X		
6	Powers to report and enforce recommendations	X		
7	Legal autonomy	X		
8	Operational autonomy	X		
9	Political use of powers	X		
10	Proportion of budget	X		
11	Sufficiency of budget	X		
12	Security & stability of budget	X		
13	Staff salary & benefits		X	
14	Staff selection		X	
15	Investigation & prosecution expertise		X	
16	Prevention & education expertise		X	
17	Staff training		X	
18	Stability of staff		X	
19	Annual reporting		X	
20	Responsiveness to information requests		X	
21	External oversight mechanisms	X		
22	Internal review mechanisms		X	
23	Adherence to due process			X
24	Willingness of complainants to identify themselves*			X*
25	Complaints handling			X
26	Outcomes of complaints			X
27	Internal integrity mechanisms		X	
28	Accessibility to complainants/ informants			X
29	Responsiveness to corruption complaints			X
30	Proactive investigation			X
31	Efficiency & professionalism			X
32	Prosecution rate*			X*
33	Conviction rate	X		
34	Investigation of influential persons			X
35	Restitution & asset recovery			X
36	Perception of performance			X
37	Allocated budget	X		

38	Strategic planning			X
39	Anti-corruption learning & development			X
40	Organizational reviews			X
41	Prevention recommendations			X
42	Research on corruption risks			X
43	Dissemination and campaigns			X
44	Online communication			X
45	Confidence in Government support to ACA	X		
46	Cooperation with other integrity agencies		X	
47	Cooperation with non-government organizations		X	
48	International networks		X	
49	Cooperation with other countries*		X*	
50	Accessibility to marginalized groups			X

* Classification may need to be adjusted according to context, for example: if the willingness of complainants to identify themselves is largely determined by factors outside the control of the ACA; if the ACA is not responsible for prosecution; or if the level of cooperation with other countries is largely determined by external factors outside the control of the ACA.

ANNEX 3: TI PRESENCE, UNCAC RATIFICATION AND ACAS IN ASIA PACIFIC

	Country	TI Presence	UNCAC Ratification	Anti-Corruption Agency
1	Afghanistan	Partner	Yes	High Office of Oversight and Anti-Corruption
2	Australia	Yes	Yes	Australian Commission for Law Enforcement Integrity; Independent Commission Against Corruption and Police Integrity Commission New South Wales; Integrity Commission Tasmania; Queensland Crime and Corruption Commission; Independent Broad-Based Anti-Corruption Commission Victoria; Independent Commission Against Corruption South Australia; and Corruption and Crime Commission Western Australia
3	Bangladesh	Yes	Yes	Anti-Corruption Commission
4	Bhutan	Partner	Signatory but not ratified	Office of the Anti-Corruption Commission
5	Brunei Darussalam	No	Yes	Anti-Corruption Bureau
6	Cambodia	Yes	Yes	Anti-Corruption Unit
7	China	Yes	Yes	Central Commission of Discipline Inspection and Supreme Peoples' Procuratorate
8	Cook Islands	No	Yes	None
9	Fiji	Yes	Yes	Independent Commission Against Corruption
10	Hong Kong SAR	No	Yes	Independent Commission Against Corruption
11	India	No	Yes	Central Bureau of Investigation and Central Vigilance Commission
12	Indonesia	Yes	Yes	Corruption Eradication Commission (KPK)
13	Japan	Yes	Signatory but not ratified	None
14	Kiribati	No	Yes	None
15	Lao People's Democratic Republic	No	Yes	Government Inspection Authority
16	Macau SAR	No	Yes	Commission Against Corruption
17	Malaysia	Yes	Yes	Malaysian Anti-Corruption Commission
18	Maldives	Yes	Yes	Anti-Corruption Commission
19	Mongolia	Yes	Yes	Independent Authority Against Corruption
20	Marshall Islands	No	Yes	Anti-Corruption Unit
21	Myanmar	No	Yes	Anti-Corruption Commission
22	Nepal	Yes	Yes	Commission for the Investigation of Abuse of Authority
23	New Zealand	Yes	Yes	None
24	Pakistan	Yes	Yes	National Accountability Bureau
25	Papua New Guinea	Yes	Yes	None

26	Philippines	No	Yes	Office of the Ombudsman and Presidential Commission on Good Government
27	Solomon Islands	Yes	Yes	None
28	South Korea	Yes	Yes	Anti-Corruption and Civil Rights Commission
29	Singapore	No	Yes	Corrupt Practices Investigation Bureau
30	Sri Lanka	Yes	Yes	Commission to Investigate Allegations of Bribery or Corruption
31	Taiwan	Yes	Yes	Agency Against Corruption and Ministry of Justice Investigation Bureau
32	Thailand	No	Yes	National Anti-Corruption Commission
33	Timor-Leste	No	Yes	Commission Against Corruption
34	Tonga	No	No	Anti-Corruption Commission
35	Vanuatu	Yes	Yes	None
36	Viet Nam	Yes	Yes	Office of the Central Steering Committee for Anti-Corruption and Government Inspectorate

ANNEX 4: WEBSITES OF ACAS IN SELECTED ASIA PACIFIC COUNTRIES

1. Corrupt Practices Investigation Bureau (CPIB), Singapore, established in September 1952 <https://www.cpiib.gov.sg> (History, Annual Report 2013, anti-corruption laws).
2. Independent Commission Against Corruption (ICAC), Hong Kong, established in February 1974, <http://www.icac.org.hk/en/home/index.html> (History, Annual Report 2013, anti-corruption laws, 2013 Annual Survey).
3. Independent Commission Against Corruption (ICAC), New South Wales, Australia, established in March 1989, <http://www.icac.nsw.gov.au> (History, Annual Report 2013-14, legislation).
4. Malaysian Anti-Corruption Commission (MACC), Malaysia, established in January 2009, <http://www.sprm.gov.my/index.php> (History, Annual Report 2012).
5. *Komisi Pemberantasan Korupsi* (KPK), Indonesia, established in December 2003, <http://www.kpk.go.id> (History, Annual Report 2013).
6. Anti-Corruption Bureau (ACB), Brunei Darussalam, established in January 1982 <http://www.bmr.gov.bn/Theme/Home.aspx> (no history or annual report).
7. National Anti-Corruption Commission (NACC), Thailand, established in July 2008 http://www.nacc.go.th/main.php?filename=index_en (History, law, no annual report).
8. Agency Against Corruption (AAC), Taiwan, established in July 2011, <http://www.aac.moj.gov.tw/mp290> (History, laws, Annual Report 2012).
9. Office of the Ombudsman (OMB), Philippines, established in July 1979, reorganized in May 1988, <http://www.ombudsman.gov.ph> (History, laws, Annual Report 2013).
10. Commission Against Corruption (CCAC), Macau Special Administrative Region, established in December 1999, <http://www.ccac.org.mo> (History, law, Annual Report 2013).
11. Anti-Corruption and Civil Rights Commission (ACRC), South Korea, established in February 2008, <http://www.acrc.go.kr> (History, laws, Annual Report 2013).
12. Independent Authority Against Corruption (IAAC), Mongolia, established in December 2006, <http://www.iaac.mn> (History, Annual Report 2012).
13. National Accountability Bureau (NAB), Pakistan, established in November 1999, <http://www.nab.gov.pk> (History, law, Annual Report 2013). The five regional offices are located in Karachi, Lahore, Peshawar, Quetta and Rawalpindi.
14. Central Bureau of Investigation (CBI), India, established in April 1963, <http://cbi.nic.in> (History, laws, Annual Report 2013).
15. Anti-Corruption Commission (ACC), Bhutan, established in January 2006, http://www.anti-corruption_org.bt (History, laws, Annual Report 2013).
16. Commission to Investigate Allegations of Bribery or Corruption (CIABOC), Sri Lanka, established in December 1994, <http://www.ciaboc.gov.lk> (History, laws, no annual report).
17. Anti-Corruption Commission (ACC), Bangladesh, established in 2004, <http://www.acc.org.bd> (History, laws, Annual Report)
18. Commission for the Investigation of Abuse of Authority (CIAA), Nepal, established in 1977, <http://www.ciaa.gov.np> (History, laws, Annual Report in Nepali).
19. *Commissao Anti-Corrupcao* (CAC) or Commission Against Corruption, Timor-Leste, established in June 2009, <http://cac.tl> (History, laws, no annual report).
20. Anti-Corruption Commission (ACC), Maldives, established in October 2008, <http://www.acc.gov.mv> (website is not available in English). It does not publish an annual report.

ANNEX 5: RESEARCHER TERMS OF REFERENCE

TERMS OF REFERENCE

ACA Assessment Lead Researcher Anti-Corruption Agency Strengthening Initiative

1. Background & Objectives

Transparency International (TI) is the global civil society organisation leading the fight against corruption. Through more than 100 chapters worldwide and an international secretariat in Berlin, Germany, TI raises awareness of the damaging effects of corruption and works with partners in government, business and civil society to develop and implement effective measures to tackle it.

The United Nations Convention Against Corruption (UNCAC) prescribes the existence of independent bodies established through national legal systems to enforce, implement and promote anti-corruption policies and principles. A well-functioning oversight mechanism with a focus on anti-corruption is absolutely vital for good governance in any country context. Today there are more than 100 ACAs around the world, with 42 in the Asia Pacific Region.²¹ However, across the world a wide gap exists between the commitments displayed in establishing ACAs and the actual realisation of their mandate.

Since 2013, TI has been working nationally and across the Asia Pacific region to assess anti-corruption agencies (ACAs) and improve their performance, including through developing an assessment tool to assess ACAs in the Asia Pacific Region, applying the assessment tool to 8 national ACAs (between 2015-17), and identifying regional trends. The assessment tool and supporting implementation guide were developed over a period of two years in consultation with numerous experts and practitioners around the world. The tool is designed to capture internal and external factors affecting the ACA as well getting a sense of the ACA's reputation and actual performance.

Following the eight national assessments completed over 2015-17 (Phase 1), the *Anti-Corruption Agencies Strengthening Initiative* is now in its second phase. In close alignment with the TI 2020 goal on 'Prevention, Enforcement and Justice', the *Anti-Corruption Agencies Strengthening Initiative* is designed to be a catalyst intervention that creates an informed discussion among ACAs, governments, anti-corruption stakeholders and the public about the strengths, weaknesses and ways to improve the performance of national ACAs. Its overall aim is to strengthen the effectiveness of ACAs in the Asia Pacific Region. Further information is available here: https://www.transparency.org/whatwedo/activity/anti_corruption_agency_strengthening_initiative

TI has developed a practical and comprehensive benchmarking tool aimed at highlighting the strengths and weaknesses of an ACA's context, its structure, policies and practices. Selected TI chapters have chosen to undertake an ACA assessment using the benchmarking tool developed by TI and in consultation with ACAs their countries. The assessment is expected to reveal problem areas leading to concrete recommendations for action. Research will involve primary and secondary data collection, context analysis and scoring against pre-defined indicators. The resultant report will be quality assured, and externally validated before being published.

The ACA assessment will be conducted by an independent researcher (hereinafter Lead Researcher) who will work closely with the national chapter. S/he will engage in stakeholder interviews, organise stakeholder meetings, validate the assessment findings and advise the chapter on presenting appropriate recommendations. The Lead Researcher shall have overall responsibility for the ACA

²¹Jon S T Quah, *Anti-Corruption Agencies in Asia Pacific Countries: An Evaluation of their Performance and Challenges*, Research Publication sponsored by Transparency International, Nov. 2017

assessment. S/he can engage additional researchers for specific research tasks as and when necessary.

The Lead Researcher must be recruited in advance of the ACA Training Workshop and must be available to attend the training workshop, an essential component to the success of the project. S/he must be prepared to coordinate the work of the supporting researchers and ensure that the contributions are unified to produce a cohesive whole. The Lead Researcher would also be the contact person for TI-S regarding research issues during the ACA Assessment review process.

2. Scope of Work

The Lead Researcher shall conduct the ACA assessment and draft the report within the agreed timetable and based on the standards laid out in the ACA Assessment toolkit. His/her primary duties will include:

- Prepare for and attend the project Training Workshop;
- Conduct a thorough desk review of existing information;
- Identify, organise and conduct interviews with key individuals and organisations, after consulting with the national chapter (and after notifying relevant government agencies/departments and obtaining the consent necessary to conduct the research, should this be required);
- Manage the implementation of field tests;
- Draft ACA assessment report and revise based on feedback by national chapter, TI-S and relevant others (ACA, peer review, libel check);
- Score ACA indicators and revise based on feedback received;
- Attend meetings with the ACA and other stakeholders to review and validate the findings of the full draft report.
- Finalise the draft report including recommendations, using the template provided in the Guide, which brings together these three parts and provides a comprehensive assessment of the ACA.
- Keep national chapter contact person and ACA coordinator at the TI-Secretariat informed about progress and any challenges encountered by way of progress reports and/or participating in monthly calls, as appropriate;
- Contribute to promotional events surrounding the launch of the ACA report;
- Participate in subsequent internal strategising of national chapter and action planning workshop leading to formal launch;

3. Qualifications of Lead Researcher

The Lead Researcher should have the following qualifications:

- Masters degree in political science, public administration, sociology, law or any other discipline related to social science;
- Proven expertise in political-institutional analysis, with particularly strong knowledge of the country's national integrity system and governance system;
- Excellent understanding of the legal and policy framework and actual practice of the country's major governance institutions;
- Familiarity with working with national integrity system institutions;
- Familiarity with transparency, accountability and anti-corruption discourse;
- Proven commitment to practical policy reform and evidence-based advocacy in the field of anti-corruption and good governance;
- Experience in working with/applying quantitative indicators and rating methodologies;
- Experience using participatory research techniques;
- Ability to write succinctly and for a non-academic audience;
- Proven capacity to ensure objectivity and neutrality in analysis, scoring and report writing free from bias, influence and/or conflict of interest

ANNEX 6: DETAILED PROJECT TIMELINE

TASK	TIMEFRAME	DURATION
Appointment of Project Coordinator	Inception	
Appointment of Research Team	Start	
Training of Project Coordinator and Research Team	Month 1	3 days
Finalise research framework, request for documents and plan research	Month 1	5 days
Desk research	Month 1	5-10 days
Interviews and focus group discussions	Month 2	20-25 days
Analysis and write-up	Month 3	15 days
ACA review draft report	Month 3	10 days
Revise report based on feedback	Month 4	5 days
External consultations (presentations and discussions with key stakeholders)	Month 4	5 days
Revise report based on feedback	Month 4	5 days
External review and TI Bangladesh review	Month 5	10 days
Revise report based on feedback	Month 5	5 days
ACA review revised report and sign-off on content	Month 5	5 days
Libel check	Month 6	5 days
Copy-edit and final design	Month 6	5 days
Final report ready	Month 6	
Printing	Month 6	5 days
Public launch of report	Month 6	1 day
Action planning workshop for ACA	Month 6	1-2 days
Advocacy planning workshop for Chapter	Month 6	1-2 days
Advocacy, media and stakeholder dialogue ongoing	Month 6-18	