



Better health care services More skilled workers

Cross-section evaluation of the health sector
Effectiveness – Efficiency – Quality of evaluation reports



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As a federal enterprise, GIZ supports the German Government in achieving its objectives in the field of international cooperation for sustainable development.

The following firms were commissioned to carry out the GIZ health review:

- **Rambøll Management Consulting GmbH** (meta-evaluation and efficiency analysis)
- **SEEK Development** (evaluation synthesis)

The evaluated projects were implemented by the former GTZ, InWEnt and DED. They are termed 'GIZ activities' in the report.

Download:

The main report, individual evaluations of the health projects and a brief report in English are available for download at

www.giz.de/monitoring > Findings > 2011 Health



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Cross-section evaluation of the health sector

1. Objective and design

Learning from evaluations

Each year, the Monitoring and Evaluation Unit commissions independent research institutes and consulting firms to take a look at GIZ's work from an external perspective. This involves jointly assessing all evaluations of projects in a selected sector. These cross-section evaluations identify the sector-specific factors of success and failure common to all the projects and come up with recommendations for future measures. The findings and recommendations are published on the internet and provided in the form of brochures to commissioning parties and clients, professionals in the given field and the general public. Inside the company, the findings are incorporated into GIZ's knowledge management system via learning cafés that involve officers responsible for sectoral and regional divisions and evaluations. In this way, they support learning throughout the entire organisation, beyond the individual sector.

Cross-section evaluation of the health sector

In 2013, the Monitoring and Evaluation Unit commissioned evaluations in the health sector. The cross-section evaluation consists of three modular components:

- a meta-evaluation on the quality of evaluations in the health sector,
- an additional analysis of the projects' efficiency,
- and an evaluation synthesis that focuses on the effectiveness of the health projects.

1. Methodological quality

The preceding meta-evaluation examined the methodological quality of 13 central and 24 decentralised evaluations of health projects conducted from 2009 to 2012. This was intended to ensure that only reports of appropriate methodological quality were included in the evaluation of content. The meta-evaluation also makes recommendations on how the methodology used in future evaluations can be improved.

2. Focus on efficiency

Using 'value for money' as an assessment criterion for development measures is the subject of intense international debate. However, it has been given little consideration so far in evaluation practice. The Monitoring and Evaluation Unit therefore commissioned the first additional analysis of its kind to examine whether the ratio between the funds used and the results achieved was appropriate, which factors influenced (in)efficiency, and how efficiency and its analysis can be improved in future.

3. Effectiveness

An evaluation synthesis was then prepared to identify the key success factors of effective, sustainable and efficient projects, and compared them with findings from professional literature and relevant studies in the health sector (review). Sector-specific and cross-sectoral recommendations were then developed for future projects, based on the combined examination of individual findings.

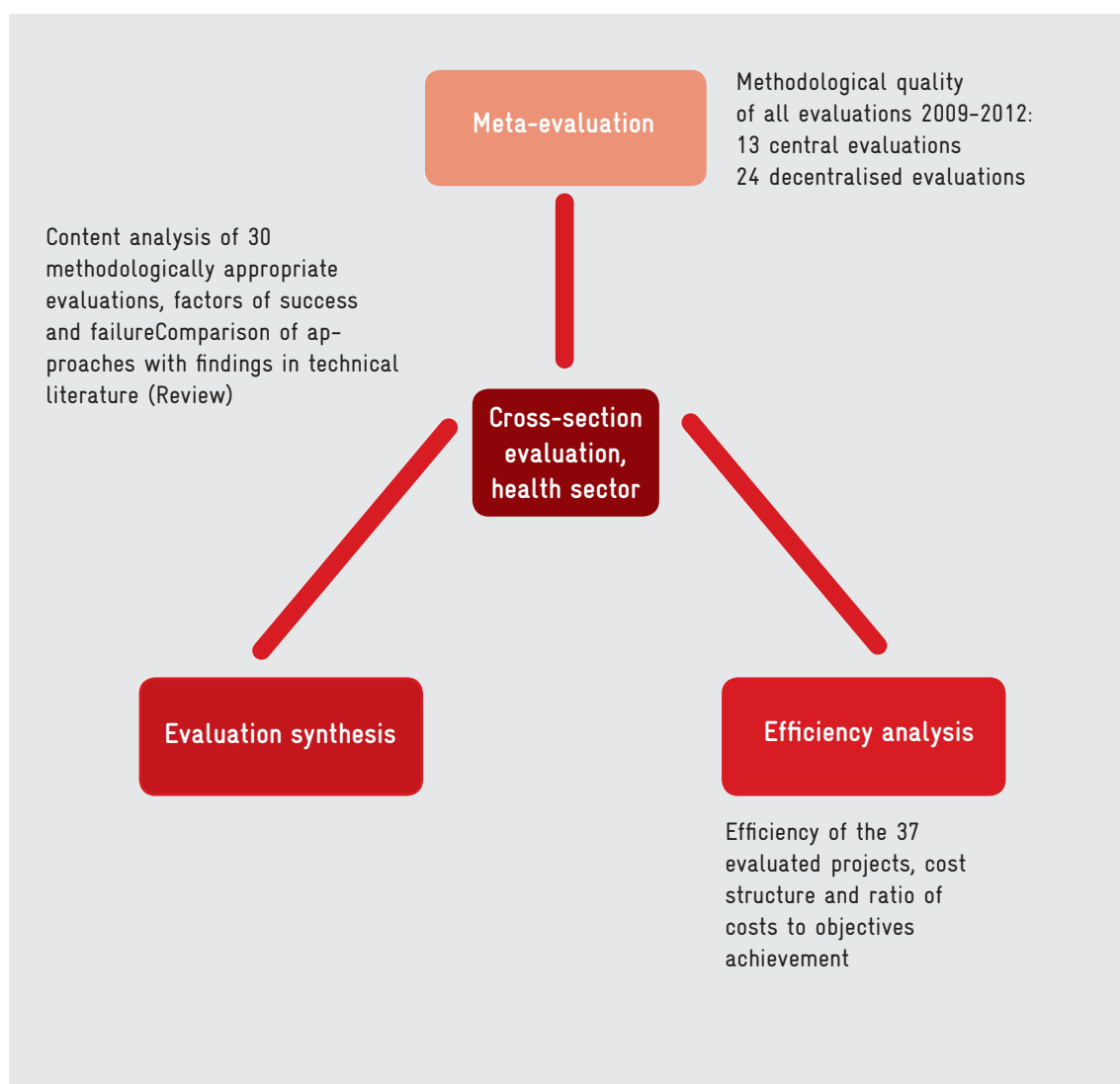


Fig. 1:
Structure of cross-section evaluation



Strengths and weaknesses of health projects

2. Summary of findings of individual evaluations

What did health projects achieve? The evaluation synthesis gives two clear answers to this question. The quality of medical services has improved in the partner countries. And there are more and better trained skilled workers. The ‘effectiveness’ of the 30 evaluated projects and their average overall value therefore received a rating of ‘2.4’ on a six-point scale.

Strengthened health systems

The evaluated projects aimed, for example, to improve access to medical services and contraceptives for disadvantaged population groups, to train health workers and to improve HIV prevention and the treatment and care of people infected with HIV. Projects designed to strengthen health systems received better ratings than HIV/AIDS projects and projects designed to promote sexual and reproductive health and rights.

Significant drop in child mortality

Successful involvement in Togo

The majority of Togo’s mainly poor population had no access to health care services. The project Promoting the health system in Togo project (1994 – 2007) therefore focused on cooperating with KfW Development Bank to set up local health administrations and the required infrastructure, and to improve the health care system by enhancing cooperation among key actors in the health system. The project regions were the capital of Lomé and the central region, which is particularly poor. Five years after the end of the project, the evaluation clearly shows that the long-standing involvement in Togo (with restrictions as regards the implementation of an HIV/AIDS network and a health insurance concept) was successful and that GIZ played a key role in this success. Child mortality dropped significantly in the central region; not a single case of cholera has been reported in recent years in the project regions; and there are now more easily accessible health centres. Despite the same high prevalence of poverty in the central region, a larger proportion of people use the existing health facilities than in other regions. In addition, other organisations have adopted individual concepts of the project, which has significantly strengthened the project’s sustainability.

Relevance	Effectiveness	Impact	Efficiency	Sustainability	Overall rating	Sector
1,9	2,4	2,6	2,5	2,5	2,4	Health 2013
2,2	2,3	2,7	2,6	2,8	2,7	Vocational education and training 2012
2,0	2,4	2,5	2,1	2,5	2,3	Crisis prevention and peacebuilding 2011
1,6	2,4	2,5	2,5	2,6	2,4	All sectors 2010 – 2012

2
The five evaluation criteria established by the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD) are: Relevance, effectiveness, overarching development results (impact), efficiency and sustainability.

The overall rating in the health sector is only slightly different to the ratings of other sectors and corresponds exactly to the average rating of the previously evaluated sectors.



Beacon projects with broad impact

The German-Ukrainian Partnership Initiative to Fight HIV/AIDS

Ukraine has the highest HIV infection rate in Eastern Europe. On a global scale, it is one of the countries with the fastest-growing proportion of HIV infections. The German Federal Ministry of Health therefore commissioned GIZ to steer the projects of the German-Ukrainian Partnership Initiative (PI) to Fight HIV/AIDS from 2008 to 2011. The project had a variety of thematic components, financed from a fund, and consisted of seven unrelated individual projects and three other projects that were only promoted in the 2008 pilot phase. The objective was to improve the availability, accessibility and quality of the offered services in the fields of prevention, diagnostics and treatment, care and alleviation of impacts. Despite its short term, the PI was able to achieve good results on the whole. That is particularly true of three beacon projects that were rated as having significant broad impact: cooperation between the Catholic University of Applied Sciences Freiburg and the Chernovcy teacher training institute, which focused on primary prevention at schools; the establishment of a homosexual network for prevention and early diagnosis, and cooperation between the HIV CENTER Frankfurt and Lavra Hospital in Kiev, to strengthen the latter as a national centre of excellence for the clinical treatment of HIV/AIDS. The evaluation also showed that the PI contributed to reducing stigma and improving the social inclusion of disadvantaged target groups, especially homosexuals and female prostitutes.

High relevance: Focus on solving key problems

The health projects scored best in terms of relevance (1.9). 22 of the 30 evaluated projects were found to focus strongly on solving key problems in the partner country's health sector and to orient themselves to local needs. However, some projects received a critical rating for gearing themselves to the urban population and failing to give consideration to the underserved rural population. In another case, criticism related to the fact that only one health facility had been supported, which failed to produce broad impact.

Effectiveness: All objectives achieved?

The evaluation of health projects found their systematic strength to lie in the further training given to skilled workers and the improvement of medical services. These objectives were achieved for the most part. Less success was attained with regard to the third objective, of providing health insurance cover for medical services for needy population groups. The average effectiveness rating was therefore 'only' 2.4, which corresponds exactly to the average value of all other sectors evaluated so far. A largely positive rating was also given for the overarching development results: 2.6. However, the data available make it difficult to clearly attribute the results established to the GIZ interventions.

So what exactly are the factors that determine whether a project achieves its objective, or fails to do so? The evaluation identified a number of factors that influenced success and failure.



Factor influencing success or failure: Integration of related health care services

The first essential success factor for the effectiveness of health projects is an integrative approach that is main-streamed in the programme design. Projects that planned from the start to replicate best practices and successful health interventions from closely related health care fields also showed good results. Such integrative approaches made an effective contribution to improving the local situation. The evaluation synthesis therefore draws the conclusion that, altogether, integrated project approaches must be more systematically mainstreamed, especially in areas where HIV/AIDS overlaps with family planning, pregnancy and contraception.

A strong M&E system has a great influence on effectiveness

Only projects that had a strong monitoring and evaluation system received an effectiveness rating of 1. Monitoring and evaluation has a positive influence on a project's results especially if it is also systematically used to steer and adjust the projects. The extent to which such steering is successful also depends on the quality of the M&E system. Conversely, it was also established that an inadequate M&E system leads to weak steering of projects and is therefore an impediment to achieving results.

Scope for improvement: Use of local knowledge/knowledge management

Do projects make use of the knowledge and lessons learned by previous programme phases, other projects and local partners? The answer to this question also influences the success of projects, in both a positive and a negative sense. If there is a lack of internal knowledge management and a failure to systematically document lessons learned and best practices, relevant knowledge cannot be passed on. Thus, although a project in Viet Nam had created a regional pool of trainers that strengthened the health information system, this experience was not passed on to other provinces that could have benefited from it. Since the lessons learned by an HIV project in Zimbabwe were not adequately documented or communicated to GIZ Head Office, the innovative HIV prevention approach taken by the project was not disseminated either.

Weakness: low sustainability in Africa

Analysis of the health projects shows that sustainable results could only be achieved if the measures were in harmony with national strategies and were integrated into national structures. Other factors conducive to success are closer cooperation with other donors and local partners, and stronger ownership, i.e. involving partners closely in developing and adapting projects. Failure to do so also counts as a major factor of failure. Sustainability was weakest in northern and Sub-Saharan Africa. This is also because African partners rarely succeed in mobilising follow-on funding, which was found to constitute a significant factor of failure with regard to sustainability.



This was also clearly demonstrated by the HIV/AIDS project along the Abidjan-Lagos transport corridor from 2004 to 2007. True, the project did contribute directly and significantly to a clear improvement in the quantity and quality of prevention services and treatment possibilities for HIV/AIDS. Not only were 16 new counselling and test centres set up along the corridor, the number of voluntary HIV tests also rose from roughly 5,000 in 2005 to more than 27,500 when the project ended in 2007. However, the 2012 evaluation showed that this initial success was not sustainable because the offered diagnosis and treatment services were almost entirely dependent on external project funding, without continuing financing mechanisms having been developed. Integration into national programmes was also inadequate, and no comprehensive capacity development approach was in place (this was not yet a standard at the project, as it is today) to strengthen the performance capacity of existing health system structures on a durable basis.

Good: Programme designs in line with international standards

Comparison with the findings of relevant studies and literature in the health sector shows that the programme designs are in line with international standards. As well as gender aspects, the projects also gave particular consideration to human rights aspects. Kenya is one example, where the issue of violence against women and female genital mutilation was linked up with the general strengthening of the health system.

Factors of success and failure

Impact

- Integrative approaches, integrated service delivery
- Use of synergies with other international donors
- Ownership and alignment, involvement in national programmes
- Good/**weak** monitoring and evaluation system
- **No systematic knowledge management**

Efficiency

- Use of local resources
- Coordination with other donors and partners (FC/TC projects)

Sustainability

- Transferring know-how and skills
- Integration into national structures
- **Lack of follow-on financing**



'Value for money' – how efficient were the projects?

3. Findings of the efficiency analysis

What level of funds and resources were used? What was achieved with them? Is there an appropriate ratio between their use and the result achieved? Besides the qualitative analysis of efficiency in the evaluation synthesis, the Monitoring and Evaluation Unit also commissioned the first ever quantitative survey of efficiency.

No attribution of costs to results

The evaluation synthesis gave the evaluated health projects an overall rating of 2.5 for the DAC criterion on 'efficiency'. Only about half of the evaluations used statements on the cost/benefit ratio to justify the efficiency rating. In about 60 per cent of the evaluated projects, the cost efficiency is rated as good or very good. The remaining 40 per cent receive a mixed or poor rating. However, the factors on which the ratings were based often differ.

The quantitative efficiency analysis also looked into the ratio between costs and the achieved objective. This turned out to be difficult and extremely time-consuming because the specific costs had previously not been attributed to the relevant products and results at the projects.

The production efficiency, i.e. the ratio between the resources used (inputs) and specific outputs, e.g. workshops, could therefore not be measured retrospectively. The same is true of the allocation efficiency, i.e. the ratio between the resources used (inputs) and the direct results (outcome).

Cost structure and mix of instruments had no influence on efficiency

However, it was possible to examine the projects' cost structure. In this context, it was established that the mix of instruments did not play a crucial role in the efficiency of health projects. Nor was efficiency determined by a specific cost structure. These findings were determined by examining the cost structure of similar projects in groups, and defining a cost/benefit ratio.

Success factor for efficiency: Use of local resources

A key success factor for efficiency that came to light in the evaluation synthesis was when projects used local resources to achieve their programme objectives. These resources included local staff, local academic institutions, experts and advisors as well as learning materials that had already been tested. Cooperation with other donors and synergies with other FC/TC projects also increases efficiency, since this prevented duplication and mobilised additional funds.



Appropriate methodology?

4. Findings of the meta-evaluation on evaluation quality

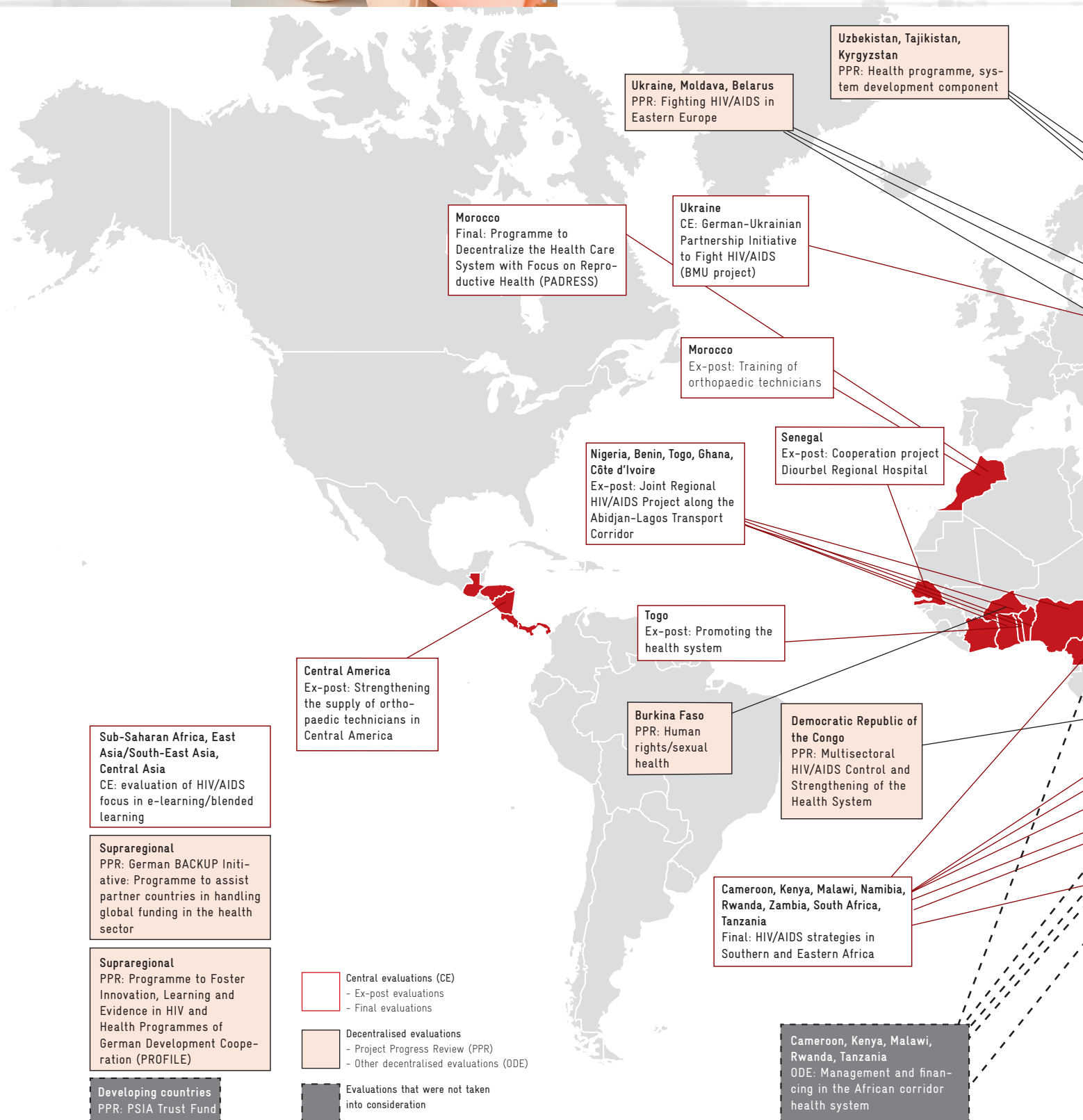
Part of the cross-section evaluation of the health sector was a meta-evaluation that examined the quality of the existing evaluations: 13 central evaluations (i.e. commissioned by the Monitoring and Evaluation Unit) and 24 decentralised evaluations performed on the projects' own responsibility. The preceding meta-evaluation was intended to make sure that only evaluation reports of appropriate methodological quality were included in the evaluation of content. Seven decentralised evaluations were identified as unsatisfactory in this context and were not taken into consideration. Beyond this, the meta-evaluation was used for learning within the company, independently of the sector theme. The meta-evaluation makes recommendations on how the methodology used in future evaluations can be improved.

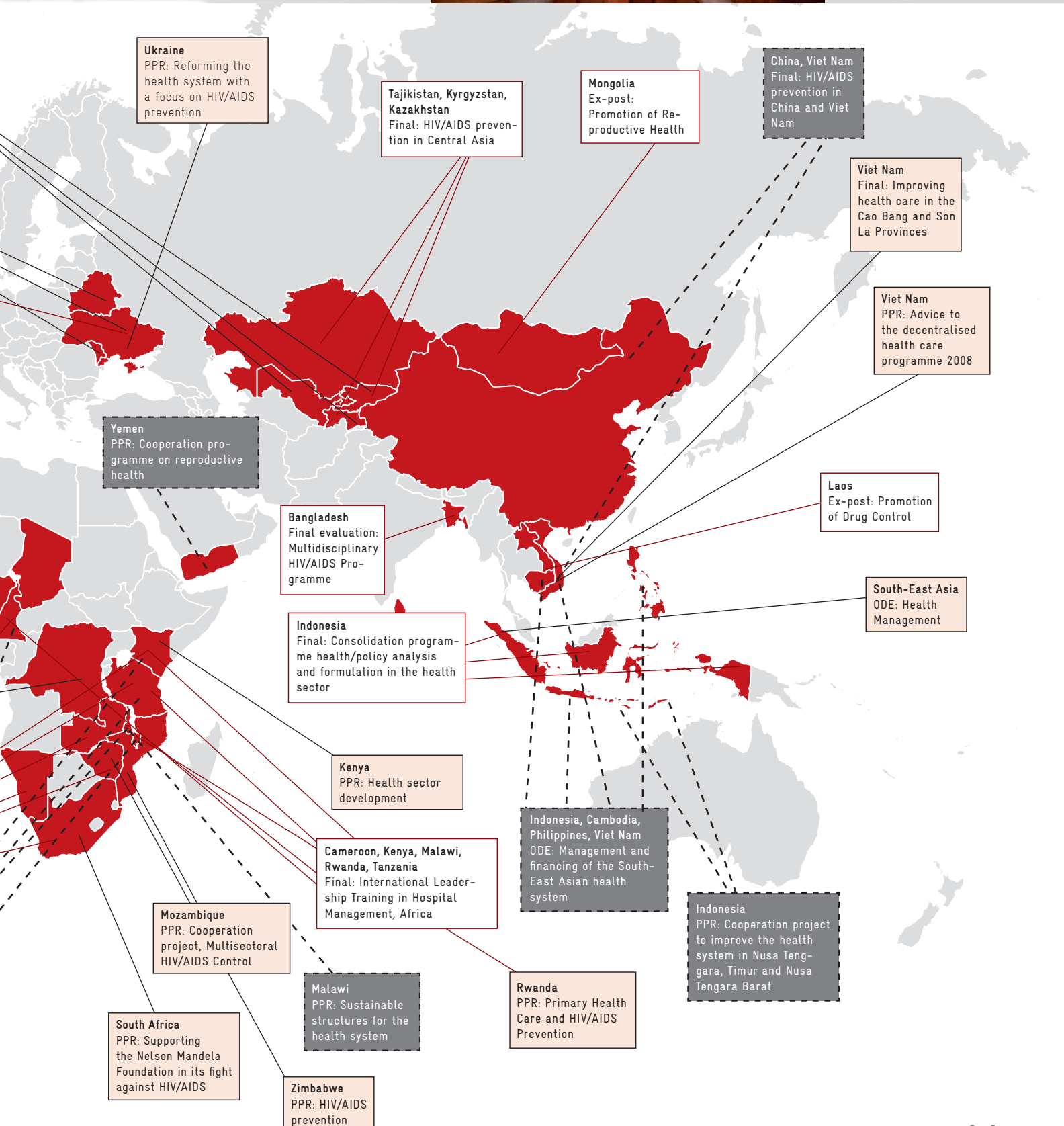
Central evaluations: Satisfactory methodological quality

Apart from a few exceptions, the methodological quality of the central evaluations is satisfactory. There is room for improvement only in a few areas, such as making a clearer distinction between the effectiveness and the overarching development results of a project, or more detailed presentation of the methods selected for data collection and evaluation.

Decentralised evaluations: Quality standards not complied with

As regards the decentralised evaluations, the meta-evaluation showed that fundamental quality standards are not complied with in some cases. Less than half of the project progress reviews (PPRs) had used results chains and indicators as a basis for measuring the achievement of objectives. Many PPRs used only a very limited selection of evaluation methods and procedures, and failed to distinguish between analysis and assessment. The meta-evaluation comes to the conclusion that these findings indicate a tendency among project officers to see the PPR less as an evaluation than as a means of providing the basis for decisions when planning a follow-on measure.







Applying lessons learned

5. Conclusions drawn by GIZ for future projects and evaluations

Evaluations support accountability. But above all, they make it possible to learn lessons for the future. The Monitoring and Evaluation Unit therefore discussed the findings of the cross-section evaluation Health in a learning café with officers responsible for sectoral and regional divisions and evaluations. To ensure that recommendations are acted upon, specific measures were then developed for implementation and were firmly agreed.

Design and implementation of future health projects

Establishing an integration strategy: Interaction between different health care fields

To increase the effectiveness of projects, different health care fields will make greater use of overlaps between them. This applies in particular to three priority areas in the health sector: HIV/AIDS, sexual and reproductive health and rights, and strengthening health systems. The integration of thematically related, tried-and-tested health services will be strategically mainstreamed in project design, and existing knowledge in that area will be conceptually processed. Apart from that, GIZ will conduct a broad-based dialogue on best practices and success factors with other donors and partners.

Improving knowledge management

Knowledge management officers will be appointed for this purpose both at the projects and at GIZ Head Office. Their task is to document more systematically lessons learned and best practices from the health projects, disseminate them more rapidly and make them available for use. Projects will contribute interesting project experience and results to the German Health Practice Collection that is available on the 'Healthy DEvelopments' portal³.

Making the measurement of results standard practice

All evaluations showed the importance of a good monitoring system for steering a project and making any necessary adjustments. Results-based monitoring will therefore be mainstreamed as part of the design of all health projects. In addition, the results achieved are to be measured together with partners. However, this means that a common basis for assessment needs to be created and results indicators must be harmonised. M&E training measures will be launched at the projects in order to train partners to carry out these monitoring activities.

Stepping up durable results

Sustainability affects all sectors. Improving it revolves first and foremost around intensifying cooperation with other donors and local partners and strengthening partner ownership. The pilot project on networks for sustainability is currently testing and evaluating how networks can help in this context. An advisory concept is also being developed to address the question of how a commitment to sustainability can already be mainstreamed at the programme design stage.

³
<http://health.bmz.de>



Special focus: more efficiency

Making greater use of local resources and partner inputs

To increase their efficiency, projects should make greater use of local resources and partner inputs in future. It will be systematically examined during the design phase whether the partner inputs and performance capacity are adequate and appropriate. This will be continued in the implementation phase, where preference should be given to the use of local over external experts. The evaluation synthesis identified coordination with other donors as another factor that is conducive to efficiency. This will be further stepped up in future. Interventions that complement rather than compete with each other achieve a high level of efficiency, on both sides.

Creating the required database

The main requirement for assessing and comparing the efficiency of outputs and results at projects is improving the database. To do this, costs need to be attributed to specific outputs and results, for example. For this purpose, a new IT tool that combines planning and monitoring tools is to be offered to the projects. This tool is intended to record data for a results-based monitoring system and determine the ratio between resources used and outputs achieved.

Improving the informative value of efficiency analyses

As regards providing proof of results, the international debate on 'value for money' calls for an examination of whether the results were achieved using the most efficient implementation strategies. The aim is to consciously weigh up various possible scenarios. GIZ project evaluations will therefore include this aspect when assessing the DAC evaluation criterion 'efficiency'. The use of local resources and coordination with other donors and projects will also be taken into account in this connection.

Decentralised evaluations

Improving methodological quality

GIZ has already implemented one of the proposals of the meta-evaluation for improving the quality of decentralised evaluations: to formulate more clearly the requirements to be met by an evaluation. Guidelines have been developed on the methodological procedure to be used during project evaluation, as well as quality standards that are based on the experience gained with central and decentralised evaluations. Particularly suitable evaluation designs are also explained in an additional method toolbox.



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