

Corporate Unit Evaluation

Central Project Evaluation

KNOWING WHAT WORKS

Central project evaluation

GIZ BACKUP Health, global

Project number 2015.2032.9

Evaluation Report

On behalf of GIZ by Christine Thayer and Heinz Henghuber (team leader) and Mabvuto Mndau in Malawi (all management4health)

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The Evaluation Unit commissioned external independent evaluators to conduct the evaluation. This evaluation report was written by these external evaluators. All opinions and assessments expressed in the report are those of the authors.

Evaluator/s:

Heinz Henghuber (team leader), Christine Thayer (management4health), Mabvuto Mndau (Malawi)

Author/s of the evaluation report:

Heinz Henghuber (team leader), Christine Thayer (management4health)

Consulting firm:

management4health GmbH
Hebelstraße 11
60318 Frankfurt am Main, Germany
T: +49 69 3487 7710
E: info@m4health.pro
I: <https://m4health.pro/>



Coordination and management:

Claudia Kornahrens, GIZ, Head of Section
Ulrike Haffner, GIZ, Evaluation Manager
Central Project Evaluation Section
GIZ Corporate Unit Evaluation

Responsible:

Albert Engel, GIZ, Director
GIZ Corporate Unit Evaluation

Editing:

International Correspondents in Education

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Registered offices:

Bonn and Eschborn
Friedrich-Ebert-Allee 32 + 36
53113 Bonn, Germany
T: +49 228 44 60-0
F: +49 228 44 60-17 66
E: evaluierung@giz.de
I: www.giz.de/evaluierung
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Abbreviations

APCASO	Asia Pacific Council of AIDS Service Organisations
BMZ	German Federal Ministry for Economic Cooperation and Development
CCM	Country Coordinating Mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria
CPE	Central Project Evaluations
EANNASO	Eastern Africa National Networks of AIDS Service Organisations
FCDO	Foreign, Commonwealth & Development Office
GAVI	Gavi, The Vaccine Alliance
GF/GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GFF	Global Financing Facility
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
HIV	Human immunodeficiency virus
HSS	Health systems strengthening
IPPF	International Planned Parenthood Federation
MSM	Men who have sex with men
NGO	Non-governmental organisation
OECD-DAC	Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC)
RAME	Réseau d'Accès aux Médicaments Essentiels
RSSH	Resilient and sustainable systems for health
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goals
STAGE	Strategic Technical Assistance for Grant Excellence
TA	Technical assistance
TB	Tuberculosis
UHC	Universal health coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organisation
WoMS	Results-monitoring system (GIZ)



The project at a glance

Global: German BACKUP Health

Project number	2015.2032.9
Creditor reporting system code(s)	12110 - Health policy and administration of the health system
Project objective	To ensure that selected countries conduct their programmes financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) better in terms of coordination in the health sector, strengthening the health system and management.
Project term	October 2015 to September 2020.
Project value	EUR 31,244,000 (of which EUR 2,000,000 was co-financed by the Swiss Agency for Development and Cooperation, SDC)
Commissioning party	German Federal Ministry for Economic Cooperation and Development (BMZ), SDC
Lead executing agency	-
Implementing organisations (in the partner country)	<p>For multi-country measures: Euro Health Group, Health Focus, ITM Antwerp, Heidelberg University, Eastern Africa National Networks of AIDS Service Organisations (EANNASO), Asia Pacific Council of AIDS Service Organisations (APCASO), International Planned Parenthood Federation (IPPF), Frontline AIDS, Curatio International Foundation, Aidspan, Frontline AIDS, Réseau Accès aux Médicaments Essentiels (RAME)</p> <p>For bilateral measures: Country Coordinating Mechanisms (CCMs), civil society organisations, key population networks, the principal recipients (PRs) of GF grants, Ministries of Health</p>
Other development organisations involved	SDC, Stop TB partnership, World Health Organisation (WHO), Joint United Nations Programme on HIV/AIDS (UNAIDS), l'Initiative (France), Grant Management Solutions (USA, ended in 2017), strategic initiatives by the GF secretariat (e.g. CCM Evolution).
Target group(s)	<p>Directly targeted groups include people in government and civil society organisations, networks in the health system and people in CCMs, PRs and Sub-Recipients (SRs) of GF, as well as people involved in advocating the interests of vulnerable groups.</p> <p>Indirectly targeted groups and the main beneficiaries are the populations in partner countries who are threatened or affected by human immunodeficiency virus (HIV), tuberculosis (TB) and malaria. Particular attention is paid to vulnerable groups such as drug users, sex workers and sexual minorities. In addition, women and girls are a particularly important target group, as they are biologically and socially exposed to an increased risk of HIV and are more affected by the economic and social consequences of illness. Since the project also aims to use GF funding to strengthen health systems, the broader target group includes users of health services such as maternal and child health.</p>

1 Evaluation objectives and questions

This chapter describes the purpose of the evaluation, the standard evaluation criteria, and additional stakeholders' knowledge interests and evaluation questions.

1.1 Evaluation objectives

Central Project Evaluations (CPEs) of projects commissioned by BMZ fulfil three basic functions: they support evidence-based decisions, promote transparency and accountability, and foster organisational learning within the scope of contributing to effective knowledge management. GIZ structures the planning, implementation and use of evaluations so that the contribution the evaluation process and the evaluation findings make to these basic functions is optimised (GIZ, 2018a).

BACKUP programme's main objective is to ensure that:

'Selected countries conduct their programmes financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria better in terms of coordination in the health sector, strengthening the health system and management.'

The current evaluation of the GIZ BACKUP Initiative (PN 2015.2032.9) is a final evaluation of the last funding period (October 2015 to September 2020). It will facilitate learning and accountability and support decision-making. Using the criteria of the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD) and a framework with a predefined rating system, this final evaluation for the funding period in question will offer suggestions for follow-on intervention. The evaluation will also examine the extent to which recommendations from earlier evaluations have been implemented. The project was part of a stratified sample drawn by the GIZ Evaluation Department.

A wide variety of stakeholders and users have an interest in the outcome of this evaluation. These include BMZ, SDC, GIZ and GF, as well as other cooperating partners. The main questions are:

- Was the programme effective and did it achieve / is it achieving its objectives?
- Was it efficient and did it represent value for money?
- Did the theory of change and the rationale behind the programme's development specifically lead to the desired results?
- Did any other factors or influences play an important role?
- Were any factors identified that may have negatively impacted the achievement of the desired results?
- Were GIZ's activities coherent with the activities of relevant partners?
- Were lessons learned with respect to adapting or improving the programme's planning and implementation?
- What approaches to further strengthen decision-making within the target countries could be identified?
- What lessons could help inform the organisation of future programmes in selected countries?

1.2 Evaluation questions

The project is assessed on the basis of standardised evaluation criteria and questions to ensure comparability by GIZ. This is based on the Organisation for Economic Co-operation and Development ([OECD/Development Assistance Committee \(DAC\) evaluation criteria](#) (updated 2020) for international cooperation and the [evaluation criteria for German bilateral cooperation \(in German\)](#): **relevance, coherence, efficiency, effectiveness, impact and sustainability**.

Specific assessment dimensions and analytical questions have been derived from this framework. These form the basis for all central project evaluations (CPEs) in GIZ and can be found in the **evaluation matrix** (Annex). In addition, contributions to the 2030 Agenda for Sustainable Development and its principles are taken into account, as well as cross-cutting issues such as gender, conflict sensitivity and human rights. Also, aspects regarding the quality of implementation are included under all OECD/DAC criteria.

The following additional questions were raised by the main stakeholders during the inception phase:

Table 1: Knowledge interests by main evaluation stakeholder groups

Evaluation stakeholder group	Knowledge interests in evaluation / additional evaluation questions	Relevant section in this report
BMZ	To what extent could German priorities be actively supported in the applications, such as health systems strengthening (HSS), human rights, gender equality, national ownership including CCMs, community engagement and collaboration with other local organisations?	4.3 Coherence 4.4 Effectiveness 4.5 Impact
BMZ	How can we improve the balance between demand orientation and support for our priorities (see above)?	4.4 Effectiveness 4.5 Impact 5.1 Findings 5.2 Recommendations
BMZ	How can we make better use of staff secondments to GF, especially for BMZ's advice and information? What other secondments would make sense?	5.1 Findings 5.2 Recommendations

2 Object of the evaluation

This chapter defines the evaluation object, including the theory of change, and results hypotheses.

2.1 Definition of the evaluation object

HIV, TB and malaria continue to represent a high disease burden for many societies, despite major success in the control of these illnesses. According to WHO, around 36.7 million people were living with HIV in 2016, and 1.8 million new infections still occur every year. There were around 6.3 million new TB infections in 2016, and some 1.6 million died from the disease. Around 216 million malaria infections claimed an estimated 445,000 lives.

GF is an international donor mechanism that provides financial support for national programmes to tackle these three diseases. The GF secretariat is located in Geneva. It has no presence in partner countries. National multi-stakeholder platforms, CCMs, coordinate funding applications to GF, select the PRs of the grants (typically government and civil society organisations) and oversee the implementation of GF-funded programmes. With a contribution of EUR 800 million for the period 2017-2019, Germany was the fourth largest donor to GF. Since the widespread misuse of GF funds was uncovered in 2011, the fund has undergone extensive reforms. A new funding model has been in effect since 2014 with a view to strengthening risk management capacities to reduce the misuse of funds in the future, among other things. In many countries, however, there are still weaknesses in terms of coherent overall planning, connections between GF-funded programmes and the wider health system, the coordination and management of these programmes and the involvement of civil society, as well as

shortcomings regarding gender equality and the rights of vulnerable groups. One core problem is the continued weakness of GF-financed programmes in the fields of health sector coordination, HSS and management. This makes it all the more important to ensure that GF disease programmes and the associated structures and processes are firmly embedded in the health systems of the countries concerned. This is particularly crucial, as GF funding is due to end in a number of middle-income countries, which will transition out of GF support in the next few years.

BACKUP Health is a globally operating project that supports partner countries around the world in the field of HIV, TB and malaria control. It was set up in 2002 to help partners access and effectively implement GF funding. Thus, BACKUP aims to improve the national coordination of these programmes by strengthening national health systems and supporting their capacity in terms of human resources, organisational skills, etc., including at community level.

The module objective for the 2015-20 phase of the project was to ensure that 'Selected countries conduct their programmes financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria better in terms of coordination in the health sector, strengthening the health system and management.' The predecessor phase lasted until 2015. The follow-up project period started in April 2020 and overlapped with the phase being evaluated. For the period under evaluation (October 2015 to September 2020), BACKUP provided support primarily in three intervention areas to achieve the module objective:

- (1) improvement of the governance and integration of CCMs,
- (2) implementation of systems strengthening and implementation of GF funding, and
- (3) strengthening of the management capacities of GF recipients.

The cross-cutting priorities were gender, human rights and HIV key populations.

All three areas included capacity-building measures.

Target groups

The project's direct targets are mainly people in government and civil society organisations and health systems networks, as well as people who defend the interests of vulnerable groups. This includes, in particular, CCMs and the PRs and SRs of GF in the selected countries. The impact logic is to improve countries' ability to apply for and implement GF programmes to improve the lives of their populations.

The indirect targets are the main beneficiaries, i.e. the population groups threatened or affected by HIV, TB and malaria in the selected partner countries. These populations depend on country contexts and, with respect to HIV, include drug users, sex workers and sexual minorities as specific GF target groups. Women and girls are also a particularly important group, as they are biologically and socially exposed to an increased risk of HIV and are more likely to be affected by the economic and social consequences of illness. Since GF funding is also used to strengthen health systems, the target group in a broader sense includes the users of health services such as maternal and child health.

The project is both need- and demand-oriented and provides technical support for those submitting applications to GF and implementing the funds after grant approval. It helps integrate bilateral and multilateral international cooperation efforts (technical cooperation and international financing) and, thus, increases the impact of the German contribution to GF. There are two categories of support:

- Consultancy mode: Support for specific challenges through technical experts (typically EUR 20,000 - 40,000);
- Project mode: Projects to achieve broader objectives, implemented through the partner organisation

- (typically EUR 50,000 - 150,000);
- Initially, BACKUP also offered timely provision of funds for one-off activities (up to EUR 10,000) called fast access mode; however, this was regarded as inefficient and therefore discontinued;
- Grant agreements (typically EUR 30,000 – 1,000,000).

The project period under evaluation is the five years from October 2015 to September 2020. The technical cooperation commissioned by BMZ was up to a maximum of EUR 29,244,000 with co-financing of EUR 2,000,000 from SDC. As of September 2020, a reported 106 bilateral measures had been implemented in 29 countries at macro and meso level.

2.2 Results model including hypotheses

The overall aim of the programme is to support selected countries in improving their implementation of programmes financed by GF in terms of coordination in the health sector, HSS and management.

System borders

Direct contact with the beneficiary populations occurs largely outside of BACKUP through the execution of GF-financed programmes. The GF international funding mechanism has a major impact on the fight against HIV, TB and malaria. It saves lives and makes prevention, treatment and care services accessible to hundreds of millions of people in the countries concerned. It also helps revitalise entire communities, strengthen local health systems and improve economies. The objective of BACKUP is to improve the capacity of GF to deliver results for the beneficiary population.

Theory of change

So far as the current module's theory of change is concerned, the overall goal is as follows: to ensure that selected countries improve their implementation of GF-financed programmes to fight against AIDS, malaria and tuberculosis in terms of health sector coordination, HSS and management. The updated theory of change is shown below in diagram form. A few of the older indicators have been retained alongside the newer ones.

This overall goal has four indicators, as follows:

M1: The governance of selected GF CCMs is improved.

M2: In the implementation plans for GF programmes, interventions in favour of HSS and gender aspects are initiated with the participation of public and civil society organisations.

M3: In selected countries, the management capacities of PRs and, if applicable, SRs are strengthened.

M4: The implementation plans for GF programmes are designed in a gender-responsive way.

The three desired outputs are examined below:

Output A: The governance of selected GF CCMs is improved. So far as this output is concerned, there are three indicators, used in the early implementation as milestones (3, 4 and 8), and two new ones (1 and 2) to be achieved in this phase of the programme, as follows:

A1: CCM performance is improved.

A2: Harmonisation between the work done by CCMs and health sector management is improved.

A3 (old, as interim goal): Preconditions for meaningful participation are achieved.

A4 (old, as interim goal): CCM improvement plans are drafted.

An additional indicator exists for output A, namely A8 (old): The interests of civil society (in particular, key populations, people living with disease and women) are represented (gender dimension).

The governance capacity in individual GF countries varies substantially and, consequently, the needs are also diverse. Interventions include, for example, capacity building for CCM members and their committees, supporting improvement plans and harmonising steering within the health sector, as well as south-to-south learning, with consultants and financial and technical support for projects managed by partners.

Output B: In the implementation plans for GF programmes, interventions in favour of HSS and gender aspects are initiated with the participation of public and civil society organisations.

B1: The positions of civil society organisations, particularly in terms of representation of vulnerable groups, are clearly set out in the field of HSS (especially as far as gender aspects are concerned).

B2: HSS measures are planned in the context of transition.

B3 (old, as interim goal): HSS measures are coordinated within the framework of in-country dialogue between state and civil society organisations.

B4 (old, as interim goal): HSS measures take account of gender-related needs.

Based on past experience, a combination of activities, such as capacity-building measures and increasing the participation of civil society and support for south-to-south learning, proves to be an effective and logical approach to achieve the goal. Whereas indicator B.1 is valid across all GF countries, indicator B.2 targets only countries currently in transition and countries preparing for transition (transition preparation can cover relatively long time periods, sometimes lasting over 10 years).

Output C: In selected countries, the management capacities of PRs and, if applicable, SRs are strengthened.

C1: Twice a year, PRs carry out monitoring in respect of GF resources.

C2: GF-coordinated risk reduction measures (for PRs and SRs) are implemented twice a year.

C3: PR capacity in terms of financial trusteeship is improved.

C4 (old, as interim goal): The financial management capacities of PRs are reinforced.

There is a specific emphasis on financial management capacity in some countries. UN agencies and international partners that take on the role of PRs have been excluded from direct BACKUP support. It should be noted that the capacity of PRs and SRs within GF-supported countries is highly variable and, consequently, the needs are very different.

As noted above, the overarching hypothesis of the BACKUP theory of change concerns improving the capacity of selected countries to invest GF funding in an appropriate manner and thus increase the impact of GF programmes in that country. In the view of the evaluation team, the theory of change as set out above was well designed to achieve the objective.

Risk factors

Several potential risks have been identified in relation to the BACKUP project from the beginning. The intervention areas are focused on GF strategies. As a result, the priorities chosen by BACKUP should also be regarded as relevant for the GF.

Since each of the 29 countries is different, each country required an individual approach. A 'one size fits all' approach could have posed a risk to the programme and needed to be avoided. Some countries had three or more different PRs (one or sometimes even more per disease) and three separate GF budgets. According to the project team, this created difficulties in relation to the implementation and coordination of HSS measures. Furthermore, the project team identified a risk of conflicting objectives between the three diseases managed by different PRs pursuing their individual targets and the perception of resources being taken away from individual diseases by the HSS measures.

There may also be specific risks applicable to individual countries, depending on the context and the GF setup in the country. For instance, some countries fall into the category of challenging operating environments or fragile

contexts. In many target countries, the precarious social and legal position of certain vulnerable groups can make it difficult for them to participate directly in programme-planning processes. In some situations, the political and social climate may deteriorate to the point where even indirect forms of participation are no longer possible.

For the CCM module specifically, the tight schedule for CCM activities may require the use of external experts, thus potentially producing the unintended effect of reducing ownership by national participants.

Most recently, the Covid-19 pandemic in 2020 became a risk factor in relation to the execution of almost all GF programmes worldwide. Various factors have had a detrimental effect on GF performance indicators (such as the fact that the number of TB cases reported decreased and the number of HIV tests carried out declined). This has obviously had a knock-on effect on the impact of the BACKUP programme. Moreover, the pandemic has also affected the implementation of the BACKUP activities.

[illegible]

3 Evaluability and evaluation process

This chapter aims to clarify the availability and quality of data and the evaluation process..

3.1 Evaluability: data availability and quality

This section covers the following aspects:

- availability of essential documents,
- monitoring and baseline data including partner data, and
- secondary data.

The evaluation team approached the evaluation with two alternative plans and schedules. Since the Covid-19 pandemic made onsite visits impossible in the end, a local consultant in Malawi was recruited by the evaluation team for the interviews and data collection in Malawi. In general, all interviews were conducted virtually or by phone.

The evaluation team was unable to travel to any of the project countries, which affected not only the overall evaluation process and logistics, but also, more critically, the in-depth quality of the findings and feedback.

Availability of essential documents

Almost all essential documents were available as per the detailed list shown in the inception report. This included project proposals, progress reports, BMZ country strategies for two countries, an updated results matrix and updated results model, a map of actors, the steering structure and some contextual analyses. The documents provided by the project team were complemented by documentary research and analysis designed to answer particular questions (e.g. GF or other partner documents)

Missing: a results model for the predecessor phase was not available, and nor were there any time sheets for any staff, which would have been necessary to fill in the efficiency tool.

Monitoring and baseline data including partner data

The project data was available from the GIZ results-monitoring system (WoMS) and also in a status overview prepared by the project team. For BACKUP in Malawi, about 150 different documents were provided and cited.

Information to evaluate efficiency was rather limited. The GIZ Evaluation Department's efficiency tool requires that time sheets be completed. Based on this data, cost is allocated to the main outputs / intervention areas. These were not available, as the project staff members were not required to fill them out. The evaluation team worked around this problem by using another Excel table. Cost was allocated based on activity, which was available from the bookkeeping records. All activities were allocated to one of the three intervention areas in coordination with GIZ Finance and the project teams. Activities that were not directly assignable were allocated with the assistance of a key provided by GIZ Finance.

The CCMs, as some of the programme's direct target groups, were contacted as part of a web-based survey. The BACKUP team contacted the CCMs in five selected countries (Burkina Faso, Malawi, Georgia, Nepal and Tanzania), which were selected based on the significance of projects funded by BACKUP for the individual

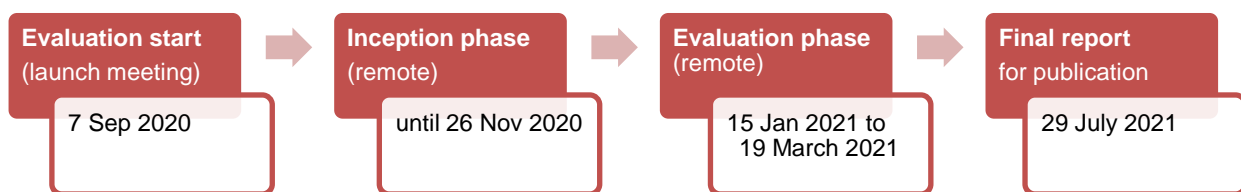
CCMs. However, only three completed responses were received from the CCM in Tanzania in the end. It should be noted that the technical functionality of the survey was tested on several occasions, including in Malawi, and the survey proved fairly easy to fill out, given that it consisted mostly of multiple-choice questions.

3.2 Evaluation process

This section covers the following aspects:

- milestones of the evaluation process,
- involvement of stakeholders,
- selection of interviewees,
- data analysis process,
- roles of international and local evaluators,
- (semi-)remote evaluation (if applicable), and
- context and conflict sensitivity within the evaluation process (if applicable).

Figure 2: Milestones of the evaluation process



Involvement of stakeholders

The evaluation team discussed the stakeholders for each intervention area with the project team during the inception workshop, in light of the existing stakeholder map. However, BACKUP was active in at least 29 countries during this funding period.

Key contacts at BMZ and GIZ were contacted by email for their expectations and any additional questions they might wish to be considered as part of the evaluation.

The two international evaluators divided up the interviews with the aim of covering a reasonable cross-section of all stakeholder groups and partner organisations. In total, 51 people were interviewed in 45 interviews, as detailed below. This included partners in BACKUP countries such as Kenya, Tanzania, Sierra Leone, Burkina Faso, Zambia, Cameroon, Malawi and Georgia (based on information exchanged by email).

As one of the programme's direct target groups, the CCMs were contacted via the aforementioned web-based survey.

Data analysis process

There was a comprehensive desk review of the existing quantitative and qualitative information on three intervention areas, the corresponding health sectors and existing coordinating mechanisms. The intention had been to obtain further information on the CCM module from a web-based survey in five countries using Kobotool. The questions were coordinated with the project team. However, as noted above, only three responses from Tanzania were received.

Selection of interviewees

Table 2: List of evaluation stakeholders and selected participants

Organisation/company/ target group	Overall number of persons involved in evaluation (including gender disaggregation)	No. of interview participants	No. of focus group participants	No. of workshop participants	No. of survey participants
Donors	2 1 female, 1 male	2	-	-	-
SDC					
BMZ					
GIZ	20 15 female, 5 male	14	-	6	-
GIZ BACKUP project team; GIZ Malawi; other GIZ departments; GIZ seconded to GFATM					
Partner organisations (direct target group)	34 17 female, 16 male, 1 no info	33	-	-	1 no gender info
GFATM					
Ministries of health in selected countries					
CCMs of selected countries					
PRs of selected countries; Ministry of Health; World Vision, ActionAid, National AIDS Commission Malawi					
Aidspan; Frontline AIDS; EANNASO; Consultants from Strategic Technical Assistance for Grant Excellence (STAGE); Consultants from Frontline GA, Amref					
Other stakeholders (e.g. public actors, other development projects)	6 4 male, 2 no info	4	-	-	2 no gender info
UNAIDS, WHO, Expertise France, Clinton Health Access Initiative (CHAI)					
Civil society and private sector actors	2 1 female, 1 male	2	-	-	-
Malawi Network of AIDS Service Organisations (MANASO), Zambian Youth Platform					

Roles of international and local evaluators and remote evaluation

The two international evaluators divided the interview work so as to cover as wide a cross-section as possible and obtain as much triangulation as possible. They then shared the work relating to the report. The onsite mission was cancelled by GIZ due to Covid-19 restrictions and was replaced by virtual interviews (nine interviews with 12 people) with the support of a Malawian consultant. This local evaluator was included in all main tasks relating to the evaluation for Malawi. His main responsibility was to select and organise the virtual interviews and collect local data.

4 Assessment according to OECD/DAC criteria

4.1 Impact and sustainability of predecessor projects

This section analyses and assesses the impact and sustainability of the preceding phase of the BACKUP programme for the period between October 2012 and September 2015.

Summarising assessment of predecessor project

The evaluation of the BACKUP programme for the predecessor period (October 2012 to September 2015) took into account two different perspectives: (a) The evaluation perspective, which essentially looked at the OECD/DAC criteria of impact and sustainability alone. Since the module objective was formulated in very general terms and covered a broad spectrum of approximately 130 individual measures with different content orientations, it was difficult, if not impossible, for the evaluators to formulate more specific indicators. (b) The planning perspective, to formulate an impact model and methodological approach for a follow-up project.

As noted above, the module objective was formulated in very general terms, i.e. to manage GF-funded programmes better in terms of health sector coordination, HSS and management. The indicators were also broad-ranging and unspecific, i.e. to improve CCM performance in four countries by one grade; to introduce wide-ranging HSS in the concept notes of two countries; to reduce programmatic and operational risks in five countries; and to design gender-equitable programmes in two countries. As noted before, this performance requirement related to approximately 130 individual measures with quite different content. Given the circumstances, the formulation of more specific impact indicators was difficult, if not impossible. The evaluation of the predecessor phase was based essentially on document analysis and semi-structured interviews with representatives from all stakeholder groups.

So far as impact was concerned, the limitations mentioned above did not affect the finding, confirmed by all stakeholder groups interviewed by the evaluation team, that BACKUP support made a significant contribution in terms of enhancing access to GF funds, especially as far as civil society partner organisations were concerned and in terms of facilitating a more needs-based, efficient use of funds. Many of the interviewees expressed the opinion that a number of GF programmes, especially with civil society PRs or SRs, might not have reached an advanced stage of implementation at all without BACKUP support.

However, BACKUP contributions are often made on a one-off basis and, even in project mode, tend to be limited, given that they represent only a small fraction of the funding mobilised under the GF programmes concerned. Therefore, although it can be assumed that BACKUP support has a very high leverage effect, it is not possible to attribute the impact of GF programmes to BACKUP support.

As far as sustainability is concerned, the extent to which the usual understanding of this term, as used in relation to bilateral development measures, can be applied to the current form of BACKUP support is limited, since long-term capacity development has not usually been the focus in the past. BACKUP focused instead on practical solutions to problems or the creation of concrete (instrumental and/or organisational) preconditions for applying for and using GF funds. It is difficult to separate this issue from the sustainability of GF measures. Monitoring of BACKUP activities captures the durability of results at output level rather than at outcome level. All the partners surveyed expressed the view that the progress achieved with BACKUP support was sustainable, at least in the medium term, although all of them also indicated a need for further support.

Analysis and assessment of predecessor project

Impact of predecessor project (October 2012 to September 2015)

As a result of the above-mentioned impact monitoring limitations, the evaluation was based essentially on assessments obtained through interviews with stakeholders carried out during the field phase. With respect to the contribution to the overarching long-term (political) objectives, the role of BACKUP is to support GF processes to finance national strategies for the control of HIV, TB and malaria. This involves, among other things, the development and dissemination of quality standards. In addition, the project made an indirect contribution to achieving Millennium Development Goal 4 to reduce child mortality and Millennium Development Goal 5 to improve maternal health.

Due to the current orientation of the funding, long-term capacity-building contributions to the partner organisations or their environment can be expected only to a limited extent. Furthermore, it is probably not possible to measure the large-scale impact at a reasonable cost. Basically, the role of the BACKUP support measures, at least in the earlier phases, was to promote more needs-oriented, efficient or effective implementation of GF programmes. Given the programme's extensive geographical reach and the heterogeneity of the measures implemented, there were no systematic findings from this phase. However, it is clear that BACKUP support made a significant contribution to facilitating access to GF funds, especially for civil society partner organisations, and also in terms of enabling a more needs-based, efficient use of funds.

Many of the interviewees expressed the opinion that a number of GF programmes, especially those with civil society PRs or SRs, might not have been properly implemented without BACKUP support. However, as BACKUP contributions are often provided on a one-off basis and are still limited, even in project mode, they represent only a small fraction of the funding mobilised under the GF programmes concerned. Thus, it is not really possible to attribute the impact of GF programmes to BACKUP support, although it does appear that BACKUP support had a very high leverage effect. However, it can be concluded that BACKUP had a major effect in terms of encouraging similar bilateral support interventions linked to GF activities by both the US (Grant Management Solutions, operated between 2007 and 2017) and France (L'Initiative, since 2010). BACKUP also inspired the extension of this specific model in other domains within German technical cooperation.

On the whole, it can be concluded that BACKUP had a broad impact in terms of both the use of GF funds in partner countries and the model it provided in relation to funding instruments beyond the health sector.

Sustainability of the predecessor project

As far as sustainability is concerned, the extent to which the usual understanding of this term, as used in relation to bilateral development measures, can be applied to the current form of BACKUP support is limited, since long-term capacity development is not usually the main focus. BACKUP focuses instead on practical solutions to problems or the creation of concrete (instrumental and/or organisational) preconditions for applying for and using GF funds. It is difficult to separate this issue from the sustainability of GF measures.

The monitoring of BACKUP captures the durability of the results at output level rather than at outcome level. In this context, the partners surveyed all expressed the view that the progress achieved with BACKUP support was sustainable, at least in the medium term, although they all indicated a need for further support. A frequent observation related to an unmet demand for medium- to long-term capacity development measures beyond one-off interventions. Interviewees also expressed the need for more diagnostic counselling interventions. With the BACKUP mode of organisation at that time, which lacked on-the-ground personnel for example, some of these requests were obviously impractical. However, the evaluation also identified examples of successful strengthening of partner organisations, especially in relation to funding in project mode. This enabled partners to acquire other funding and to continue and expand activities initiated with BACKUP support, for example, in terms

of regional approaches in cooperation with the Eurasian Harm Reduction Network or the regional hubs of Frontline AIDS. Most participants also emphasised the tendency towards partner ownership, which they attributed to BACKUP's demand orientation and the fact, for example, that the partners themselves had the option of selecting experts. They considered this to be one of the strengths of the BACKUP approach. In general terms, in view of the short- to medium-term horizon of the impact of most BACKUP measures, the overall evaluation of the programme's sustainability was positive.

Methodology for assessing predecessor project

Table 3: Methodology for predecessor project

Assessment dimension: predecessor project	Basis for Assessment	Evaluation design and empirical methods	Data quality and limitations
Impact of the predecessor project	The present analysis is based on the final evaluation of the BACKUP programme for the period between October 2012 and September 2015 (the phase preceding the phase under evaluation).	<p>Two different perspectives were taken into account: (a) the evaluation perspective to assess the programme's success based on the OECD/DAC criteria, and (b) the planning perspective to formulate an impact model and methodological approach for a follow-up project.</p> <p>An evaluation of effectiveness was carried out by (a) recording the achievement of the present target indicators on the basis of the results monitoring, (b) asking for assessments of additional impacts within the BACKUP cooperation system, and (c) separately considering the specific impacts of international cooperation not included in the indicator system.</p> <p>Empirical methods: Document analysis of programme documents (e.g. bid, project progress reports and progress reports of individual measures), standard GIZ tools (e.g. Capacity WORKS/CW documents), strategy documents of BMZ, GF, GIZ and other organisations, as well as other sector-related publications.</p>	<p>An empirically secured data basis was not available for the impact evaluation and could not be reconstructed within the framework of the PEV data collection.</p> <p>The module objective was formulated in very general terms e.g. to improve the quality of applications and the implementation of GF-funded programmes. It covered a broad spectrum of approximately 130 individual measures, each of which was geared to the individual needs of the applicants. In this sense, it could not be seen as a measurable impact objective. The indicators were very broad-ranging, rather unspecific and difficult to measure. However, the formulation of more specific impact indicators presented a major challenge due to the heterogeneity of the individual measures.</p> <p>Success in terms of obtaining partner feedback on the immediate results was already considered to be an indication of progress.</p>

Assessment dimension: predecessor project	Basis for Assessment	Evaluation design and empirical methods	Data quality and limitations
Sustainability of the predecessor project		The extent to which the usual understanding of the term 'sustainability', in relation to bilateral development measures, could be applied to the BACKUP support provided during this phase was limited, as the focus is not usually long-term capacity development, but rather concrete solutions to problems or the creation of concrete (instrumental and/or organisational) preconditions for applying for and using GF funds.	The evaluation was therefore based primarily on the assessments of the people interviewed in the course of the field phase.

4.2 Relevance

This section analyses and assesses the relevance of the project GIZ BACKUP Health (September 2015 to September 2020).

Summarising assessment and rating of relevance

BACKUP supports state and civil society organisations in making efficient use of the resources provided by global financing mechanisms, especially GF, but increasingly also Gavi, The Vaccine Alliance (GAVI) and the Global Financing Facility (GFF). More specifically, BACKUP aims to improve the national coordination of these programmes by supporting the capacity of and strengthening national health systems in terms of human resources and organisational skills, including at community level. The BACKUP programme is fully aligned with Agenda 2030, an international plan of action that is designed to promote prosperity and seeks to strengthen universal peace whilst eradicating poverty in all its forms and dimensions. The Sustainable Development Goals (SDGs) form part of Agenda 2030, and the BACKUP programme is fully aligned with SDGs 3, 4 and 5 in particular, as set out below:

SDG 3: Ensure healthy lives and promote well-being for all at all ages.

SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

SDG 5: Achieve gender equality and empower all women and girls.

It is also strongly aligned with the new German global health strategy, which focuses on the following issues:

- multilateral work in the field of global health, at a time when the commitment to multilateralism and joint action is being challenged globally, thereby strengthening global health,
- support for the WHO,
- bilateral cooperation, especially with partners in EU member states,
- support for building and expanding healthcare systems in Africa, Asia and Latin America,
- promotion of universal healthcare with non-discriminatory access for all,
- health promotion and protection, including against epidemics and pandemics, and
- continued engagement in humanitarian health aid.

BACKUP supports institutions and organisations but also, in a broader, more general sense, individuals in need of health services. The strategy also encompasses gender equality, which has been a central concern of German development policy since 2014. A main theme of the BACKUP activity has therefore been strengthening the capacity of civil society organisations, especially those that represent the most affected population groups. An important aspect of this work has been the cooperation with international non-governmental organisations (NGOs) such as Aidspan, Frontline AIDS, the Clinton Foundation and IPPF. In terms of government partners, BACKUP frequently works with national AIDS programmes and other government structures, in particular with relation to TB and malaria.

It is interesting to note that other countries are buying into the German model, which is serving as a technical assistance (TA) support vehicle for Switzerland and more recently, in the new phase, for the UK. This approach has also caught the interest of France in the new phase.

The programme objective and its boundaries are very clearly set out in the programme's basic documentation. The programme objective seems entirely realistic, given that it aims to support state and civil society organisations 'in selected countries'.

The evidence available points to the fact that the programme managers are concerned with the need to change and adapt in response to changing framework conditions and that, in reality, substantial changes have been introduced since the programme was initially launched. The introduction of a series of new indicators is just one example of the strongly progressive attitude to programme development that clearly prevails.

Table 4. Rating of OECD/DAC criterion: relevance

Criterion	Assessment dimension	Score and rating
Relevance	Alignment with policies and priorities	30 out of 30 points
	Alignment with the needs and capacities of the beneficiaries and stakeholders	30 out of 30 points
	Appropriateness of the design*	20 out of 20 points
	Adaptability – response to change	20 out of 20 points
Relevance total score and rating		Score: 100 out of 100 points Rating: Level 1: highly successful

In total, the relevance of the project is rated as Level 1: highly successful, with 100 out of 100 points.

Analysis and assessment of relevance

Relevance dimension 1: Alignment with policies and priorities

BACKUP supports state and civil society organisations in making more efficient use of the resources provided by global financing mechanisms (GF, GAVI and GFF) to support their national health systems. This boosts the effectiveness and sustainability of the measures that benefit from financial support.

As noted above, the BACKUP programme is fully aligned with Agenda 2030 (UN, 2015b), together with the most relevant SDGs (SDGS, UN 2015b), especially the following:

SDG 3: Ensure healthy lives and promote well-being for all at all ages, particularly with respect to the following aspects: ending the epidemics of AIDS, tuberculosis and malaria; promoting universal access to sexual

and reproductive healthcare services; ensuring access to quality essential healthcare services; providing access to affordable essential medicines; increasing the development and training of the health workforce; and strengthening the capacity of partner countries in the area of risk reduction.

SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities.

SDG 5: Achieve gender equality and empower all women and girls. BACKUP focuses more specifically on ending all forms of discrimination against all women and girls and ensuring universal access to sexual and reproductive health and rights.

Insofar as other sectors are concerned, there is a considerable degree of synergy with the social sector in relation to broad principles such as governance and human rights, the approach to capacity building and efforts to involve organisations that represent civil society.

The BACKUP programme is, of course, fully aligned with GF's policies and operating principles. The presence of two representatives from BMZ on the GF board helps ensure that BACKUP is well briefed on GF policy issues. The process is further facilitated by the secondment of two members of BACKUP staff to the GF headquarters in Geneva.

BACKUP is strongly aligned with the new German global health strategy titled 'Responsibility - Innovation - Partnership: Shaping Global Health Together' (Bundesgesundheitsministerium, 2020). The programme is heavily engaged in promoting the first three areas identified in this strategy, namely: promoting health and preventing disease, addressing health holistically and strengthening health systems.

It is interesting to note that other countries are buying into the German model, which is serving as a TA support vehicle for Switzerland and, more recently, in the new phase, for the UK. The HSS capacity-building approach has also attracted the interest of France, whose BACKUP equivalent (l'Initiative) has regular consultations and is working closely with BACKUP.

BACKUP also emphasises the national health strategic frameworks of the countries with which it works, as expressed in various policy documents. If we take Malawi as an example, we can observe BACKUP alignment with a whole series of relevant policy documents, including the national health policy (Ministry of Health and Population of Malawi, 2020a), the Human Resources for Health Strategic Plan, the National Strategic Plan for HIV and AIDS, the National Tuberculosis Control Programme and the Malaria Communication Strategy.

The project concept is aligned with the relevant strategic reference frameworks.

Relevance dimension 1 – Alignment with policies and priorities – scores **30 out of 30 points**.

Relevance dimension 2: Alignment with the needs and capacities of the beneficiaries and stakeholders

The beneficiaries and stakeholders that are central to BACKUP activity can be considered at different levels.

BACKUP supports:

Institutions and organisations

- the GF as a globally financed health programme (along with GAVI and GFF in the new phase),
- the national health systems of target countries, with a view to boosting their effectiveness in general terms and the effectiveness and sustainability of the specific measures subject to financial support, and

- international NGOs such as Aidsplan, Frontline AIDS and IPPF, community-based organisations and civil society, including those that focus on human rights and gender equality in the health sector and those that strive to defend the interests of various under-represented population groups such as women, adolescents and children, sexual minorities and serving prisoners.

Individuals in need of health services

Though the BACKUP initiative works mainly with organisations, including civil society groups, the results of its work benefit the target countries' population as patients. Firstly, through hundreds of subprojects, the work of BACKUP indirectly benefits the people affected by the three target diseases of GF, i.e. those with HIV/AIDS, TB and malaria. However, through its HSS efforts, the work of BACKUP has much broader, more general benefits for the population of the countries in question as a result of streamlined, more effective service provision.

Gender equality has been a central concern of German development policy since 2014 and is considered an independent goal and guiding principle. Because of the close relationship between GF and BACKUP, the following GF strategy forms an important basis for the work of BACKUP: Strategic Objective 3 of the Global Fund Strategy 2017-2022: Promote and Protect Human Rights and Gender Equality. Gender equality is seen as a critical area in the fight against the three diseases and is thus included in several of GF's key performance indicators: reducing HIV incidence among young women; reducing human rights-based barriers to access to health services, especially HIV and TB; investing in programmes for key groups and in the reduction of human rights-based barriers; percentage of funding for programmes for key groups and for the reduction of human rights-based barriers.

Various partners have identified weaknesses in the linkages between GF-funded programmes and the wider health system, but also in terms of civil society involvement. With respect to this latter point, one of the main themes of BACKUP's activity is therefore strengthening the capacity of civil society organisations, especially those that represent the most affected populations groups, at both national and regional level. This enables the groups in question to better exercise oversight functions with regard to CCM activities and to participate more actively. This can be rather delicate in the prevailing social and legislative environments of many African countries, where access to family planning methods is difficult for young women and girls and where same-sex relationships are often outlawed. It therefore forms an integral part of the overall mission of BACKUP in terms of HSS and capacity development. Having personnel on the ground greatly reinforces the ability of BACKUP to identify and work with relevant civil society organisations. This is extremely important, not only in relation to the development of suitably adapted grant applications, but also in terms of promoting a more collaborative approach by the formal health services in relation to the role of civil society in health policy development and implementation. As pointed out by both GF personnel during interviews and by GIZ personnel, GF does not have staff on the ground in the target countries, so this close contact and intimate understanding of the local landscape by BACKUP is immensely helpful in promoting more appropriate targeting of grants and, more generally, encouraging civil society participation in the health policy-making process.

In terms of practical examples, in the previous phase, BACKUP developed concepts designed to harmonise the functioning of CCMs with the governance of the health sector as a whole. The project also contributed to the implementation of programmes to boost civil society participation and promote human rights and gender equality in the health sector. More specifically, in Burkina Faso, Cameroon and Malawi, BACKUP supported the participation of population groups with particular health needs, including sexual minorities and serving prisoners, in GF processes at country level.

Cooperation with international NGOs such as Aidsplan and Frontline AIDS has helped improve the capacity of grant recipients to manage risks and prevent the misuse of funds, notably through the promotion of a role for national audit institutions in the evaluation of GF country programmes, e.g. in Ghana, Kenya and Rwanda. Cooperation with the International Planned Parenthood Federation has been instrumental in promoting demand-

oriented health services in the fields of maternal and child health, adolescent health and HIV in Cameroon, Guinea, Malawi and Togo, according to a number of people based in Malawi who participated in interviews. In summary, the programme concept matches the needs of the target group(s).

Relevance dimension 2 – Alignment with the needs and capacities of the beneficiaries and stakeholders – scores **30 out of 30 points**.

Relevance dimension 3: Appropriateness of the design

The programme objective and its boundaries are very clearly set out in the programme's basic documentation. Following the first phase, it was agreed that some limitation of the programme's objectives was required, given the number of countries and, thus, the number of government and civil society organisations potentially able to benefit. It was felt that the programme's efforts were being diverted and diluted over too wide an area. For this reason, the decision was made to both thematically reduce the target areas to three main areas and select four pilot countries, namely Burkina Faso, Nigeria, Malawi and Kyrgyzstan (though not to the exclusion of other countries), where resources could be concentrated more effectively with staff on site. Since the programme is demand-based and given the restructuring in terms of target countries and thematic focus areas, the risk of overloading is significantly decreased.

In assessing the programme logic, as set out in the theory of change, it was noted that the objective is expressed as follows: 'To support selected countries with relatively small funds to improve the implementation of their GF-financed programmes in terms of coordination in the health sector, health systems strengthening and management'.

The programme objective seems entirely realistic, given that the programme aims to support state and civil society organisations 'in selected countries'. Thus, the budget and extent of engagement are conditioned by what is actually possible.

The specific objectives of the programme are as follows:

M1: The governance of selected GF CCMs is improved.

M2: In the implementation plans for GF programmes, interventions in favour of HSS and gender aspects are initiated with the participation of public and civil society organisations.

M3: In selected countries, the management capacities of PRs and, if applicable, SRs are strengthened.

M4: The implementation plans for GF programmes are designed in a gender-responsive way.

BACKUP has a demand-based approach and works with a wide range of both government and civil society partners worldwide. The partners include organisations and individuals capable of significantly influencing a project through their skills, knowledge or position, in addition to beneficiaries or potential beneficiaries. The BACKUP approach has proved attractive to both Switzerland and, more recently, the UK (in the new phase), both of which have been interested in buying into the German model, which is now serving as a TA support vehicle for the development agencies of these two countries. The French development organisation L'Initiative has also developed a close partnership with BACKUP in the new phase. In addition to engaging in discussions with European partners, BACKUP representatives generally participate in in-country donor groups, where one of their key objectives is to avoid overlap and duplication in relation to donor contributions.

In terms of government partners, BACKUP frequently works with ministry of health project implementation units, which are responsible for implementing GF grants, and national AIDS committees, in addition to other government structures, in particular in relation to TB and malaria. BACKUP's civil society partners include both international NGOs such as ActionAid, Aidsplan, Frontline Aids and IPPF, regional civil society networks such as EANNASO, Réseau d'Accès aux Médicaments Essentiels (RAME) and APCASO, local NGOs, associations and

other bodies that represent the most affected population groups, and lobby groups that focus on human rights and gender equality.

Partners can apply for technical and financial support for activities that contribute to application for GF funds or the implementation of a GF grant. BACKUP's services range from short-term processes and technical advice from seconded experts (consultancy mode) to longer-term (i.e. one to two years) projects (project mode). They are carried out in the three selected fields of action. Obviously not all requests can be met with a limited budget, but when applicants are advised on the development of measures and during the quality assessment process, all types and levels of capacity development are taken into account.

In relation to risk management, one of the BACKUP programme indicators (C2) deals specifically with risk identification and mitigation. Risks are therefore identified in collaboration with GF and the relevant risk mitigation measures are built into the programme activities.

In summary, the programme concept is adequately designed to achieve the project objective.

Relevance dimension 3 – Appropriateness of the design – scores **20 out of 20 points**.

Relevance dimension 4: Adaptability – response to change

With respect to the strategic orientation of the project, the evidence available points to the fact that not only are the programme managers concerned with the need to change and adapt in response to changing framework conditions, but also, in reality, substantial changes have been introduced since the programme's initial launch, and indeed during the phase covered by this evaluation. A notable example is the introduction of indicator M.4 (see the results matrix on page 16), which emphasises the need for greater gender-responsiveness in GF measures.

However, as already noted in the section on the impact of previous phases of the programme, a considerable number of new indicators have been introduced. If we take the first objective ('the governance of selected GF CCMs is improved' as an example, we can see that indicators A.1. and A.2. are considerably more results-oriented than the previous indicators, which essentially focused on the creation of preconditions for success. The indicators 'governance is improved' and 'CCM performance is improved' place much more emphasis on the actual achievement of progress.

The same dynamic can be observed in the new indicators that have been adopted for the various outputs (see the results matrix on page 16). Output B states 'The implementation plans of GF programmes have incorporated health systems strengthening and gender-related interventions with the involvement of public and civil society organisations' (new indicator M2). Similarly, output C states 'In selected countries, the management capacities of GF PRs are strengthened' (new indicator M4).

Based on this, we can conclude that there is a strong progressive aspect to BACKUP programme development and a genuine awareness among programme personnel of the importance of continuous adaptation and improvement.

Relevance dimension 4 – Adaptability – response to change – scores **20 out of 20 points**.

Methodology for assessing relevance

Table 5: Methodology for assessing OECD/DAC criterion: relevance

Relevance: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
Alignment with policies and priorities	Does BACKUP adequately support selected countries (state and civil society organisations) in making efficient use of the resources provided by GF? Is BACKUP successfully strengthening the capacity of national health systems, improving the national coordination of GF programmes and enhancing human resources and organisational skills, including at community level? The main frameworks are the new German global health strategy, including its gender aspects, GF's strategic mission and Agenda 2030, together with the most relevant SDGs.	Takes account of the new German global health strategy, GF's strategic mission and Agenda 2030, including the most relevant SDGs. Empirical methods: Analysis of programme documents (progress reports, strategy documents of BMZ, GIZ, GF and other organisations, as well as other publications). Semi-structured interviews with stakeholders to learn: <ul style="list-style-type: none"> • the structure and processes of GF and/or BACKUP, • individual projects at country level, • international and multilateral actors, and • German development cooperation. 	A considerable number of documents on the programme were made available. A large number of interviews were carried out with a wide range of stakeholders. An online survey had a limited response rate. The team was able to compare the responses of the people interviewed and the documentation available to them, but did not find significant discrepancies or radically different views. Rather, there was a large degree of coherence and compatibility amongst the various information sources.
Alignment with the needs and capacities of the beneficiaries and stakeholders	The main stakeholders were: BMZ, GIZ, GF, other countries (in particular the UK, Switzerland and France) and international NGOs such as ActionAid, Aidsplan, EANNASO, Frontline AIDS, IPPF, etc. Beneficiaries: The target countries' ministries, especially ministries of health, national AIDS programmes, etc. Civil society in the partner countries, in particular associations and NGOs that represent the most affected population groups. Implementers of GF activities: CCMS, PRs, etc. Indirectly, individuals in need of health services.	Evaluation design: As indicated in the previous column, the programme targets mainly ministries of health and related bodies, civil society organisations, especially those that represent underserved population groups and, indirectly, individuals in need of health services. Empirical methods: Please see above.	The extent to which the usual understanding of the term 'sustainability', in relation to bilateral development measures, could be applied to the form of BACKUP support provided during this phase of the programme was limited. The focus was not usually long-term capacity development, but rather concrete solutions to problems or the creation of practical preconditions for applying for and using GF funds.
Appropriateness of the design*		Please see the descriptions above.	
Adaptability – response to change		Evaluation design: Clear evidence of an awareness of the need to change and update the programme may be detected in the modified indicators that were introduced during the phase under evaluation. Empirical methods:	

		Please see above.	
* The project design encompasses the project's objective and theory of change (GIZ results model, graphic illustration and narrative results hypotheses) with outputs, activities, instruments and results hypotheses, as well as the implementation strategy (e.g. methodological approach, capacity development strategy and results hypotheses).			

4.3 Coherence

This section analyses and assesses the coherence of the project. It is structured according to the assessment dimensions in the GIZ project **evaluation matrix** (see Annex).

Summarising assessment and rating of coherence

In summary, BACKUP emerged as a highly coherent programme, despite its complexity as an active global initiative in more than 29 countries, with more than 105 listed interventions and a wide range of partners. Internally, BACKUP took account of interlinkages within GIZ and the interventions were fully consistent with the relevant international norms and standards to which BMZ subscribes. Externally, the programme pursued coherence in coordination and harmonisation with GF as a core partner, but also with other donor partners. Coherence appeared to be more easily achieved and more effectively managed in the pilot countries, where BACKUP had an onsite presence (referred to as focus countries in the new phase). Duplication of efforts was not mentioned during the interviews and at least a few synergies were mentioned. It should be noted that external coherence will improve further in the new phase with additional co-funding from the Foreign, Commonwealth & Development Office (FCDO) and Expertise France, and BACKUP will also have staff on site in some countries (Int_34 GIZ).

Table 6. Rating of OECD/DAC criterion: coherence

Criterion	Assessment dimension	Score and rating
Coherence	Internal coherence	47 out of 50 points
	External coherence	45 out of 50 points
Overall score and rating		Score: 92 out of 100 points Rating: Level 1: highly successful

In total, the coherence of the project is rated as Level 1: highly successful, with 92 out of 100 points.

Analysis and assessment of coherence

Coherence dimension 1: internal coherence

Following the position paper on Agenda 2030 (BMZ_2017), BMZ clarified its goals and approaches, which includes giving high priority to the fight against HIV, TB and malaria, as reflected in SDG 3 on health. BACKUP is fully coherent with these targets and the implicit international norms. The corresponding principles of German development policy, such as the orientation towards the integration of health services and resilient and sustainable systems for health (RSSH), gender equality, respect for sexual and gender identities and the participation of particularly vulnerable groups, are reflected in the BACKUP interventions. In addition, the project helps interlink technical cooperation with international financing mechanisms such as GF, in accordance with BMZ's documented position in this regard.

The German Ministry of Health also works on global health and universal health coverage (UHC), but no strong linkages to the Ministry of Health were reported. The GIZ Global Health section, which includes BACKUP, supports BMZ with advisory services on global health initiatives, including GF. In recent years, there has been a tendency towards having onsite personnel. In the period under evaluation, there were four pilot countries and the countries with onsite BACKUP presence in the new phase are called focus countries, which have a separate budget. The experts in question provide policy advice and guidelines and prepare strategy documents. These are coordinated with the bilateral GIZ teams (Int_21 GIZ).

BACKUP supports state and civil society organisations in using GF resources to strengthen national health systems. The project is thus contributing to the implementation of Germany's health systems strategy for developing countries within the UHC initiative. In this regard, BACKUP is also contributing to the implementation of GF's RSSH Roadmap, which was designed in 2019 (GFATM_2019a). The aim was to improve the quality of GF funding applications for the 2020-2022 allocation phase on the crosscutting issue of HSS. As with health systems planning, coherence with regard to community, rights and gender as a cross-cutting issue is more difficult to manage (Int_15 Partner). However, BACKUP has integrated these aspects successfully, mainly in the grant management and CCM modules.

BACKUP follows GIZ's human resources policy and BACKUP's onsite staff members are usually supervised by the local officer responsible for the commission (AV) of the bilateral team, at least in the new phase. The technical reporting line is to GIZ BACKUP in Germany. For instance, in Cameroon, which has onsite staff in the new phase, there is a close relationship between the bilateral team and the BACKUP team (i.e. Int_19 GIZ), since the former knows the country well and understands its specific needs in terms of HSS. The bilateral team supports BACKUP in its search for local structures it can support in the context of its work. In the four pilot countries with onsite GIZ staff during the phase under evaluation (i.e. Burkina Faso, Nigeria, Malawi and Kyrgyzstan), the relationship differed from country to country. As BACKUP is part of the Global Health section, the project tends not to have such a regional perspective as the bilateral programmes. In a few cases, the bilateral programme works on GF issues, as in Togo, where the embassy plays a role in the CCM (Int_21 GIZ).

BACKUP coordinates with SV Global Health to interlink policy advice and operational work on a regular basis. The mandate of SV Global Health is to provide BMZ with technical advice, whereas BACKUP as a global initiative is operational and dedicated to implementation (Int_31 GIZ). In 2018, BACKUP also initiated an exchange with KfW on content and geographical overlaps and synergy potential (GIZ_2017a).

On the whole, internal coherence exists and is managed highly successfully by the project team. Minor deductions were made for shortcomings such as the lack of linkages to the German Ministry of Health and internal coherence in project countries, depending on the staff on the ground.

Coherence dimension 1 – internal coherence – scores **47 out of 50 points**.

Coherence dimension 2: external coherence

The programme is closely aligned with existing GF policies, strategies and structures, including partners within the selected countries. The related GF position or concept papers, strategic roadmaps and performance criteria are fairly dynamic and have changed a lot over the years (e.g. the CCM roadmap and the HSS roadmap). BACKUP has adapted well to these changes and the challenges they pose to the provision of TA and GF programme support over time (see GIZ project change applications from 2015 to 2018).

According to various interviews, BACKUP met and continues to meet regularly with other donors and partners, at least in the countries with onsite BACKUP staff.

The evaluation detected no signs of a lack of coordination, but some key informants pointed out that every donor and partner also had their own agenda. There was no mention of duplication of efforts in the interviews, and at least a few examples of synergies (Int_20 Partner) and the use of the dashboards developed by other donor agencies were cited. One partner stated that communication with BACKUP had improved considerably over the last four years (Int_17 Partner).

Clearly, coordination and the resulting coherence function better in the countries with onsite BACKUP staff, where GIZ BACKUP staff can build their local networks and a great deal of informal exchanges take place. In practice, it may be impossible for BACKUP to properly judge coherence remotely in countries where they do not have a presence.

Notably, with respect to the core countries, coordination in Malawi has improved as part of the response to the Covid-19 pandemic (Int_23, Partner). Other donors (e.g. L'Initiative and Grant Management Solutions) confirmed (Int_20, Partner) that duplication or overlapping of support measures was largely avoided, without mentioning any specific synergies between the various efforts. Even project applications were shared in some countries. With Expertise France, a decision was made to focus jointly on HSS and to strive to avoid too much overlap in their interventions (Int_20 Partners). With SDC and France, BACKUP developed position papers for GF on the CCM's development (GIZ_2017d, 2017e).

As part of the Impact through Partnership (ITP) initiative, GF's bilateral and multilateral technical partners meet approximately every six months. Monthly telephone calls for short-term exchanges were also reintroduced in 2018 (GIZ_2018c) for GF's core group of partners. This group includes multilateral actors such as WHO, UNAIDS, STOP TB Partnership and Roll Back Malaria. The coordination of technical support was systematised in GF with the establishment of a responsible department (TA-Hub). The two GIZ secondments to GF were directly subject to GF policies and strategies.

Generally, the interventions complemented and supported the partners' own efforts. However, some interviewees (GIZ and partners) said that TA had replaced the partners' sense of ownership on several occasions (e.g. repetition of the same TA position on GF funding requests).

In Malawi, GIZ, FCDO and Norway also have their own bilateral funding streams and coordinate among themselves more frequently, including exchanges on BACKUP. The Ministries of Health, Labour, Finance, Education and Gender are all represented in the Malawian CCM, along with development partners, civil society, private sector and academia, and BACKUP coordinates its work closely with the CCM.

Overall, the project appears to be externally coherent and properly coordinated with external partners. Minor deductions were made, as external coherence depends to a great extent on the staff and circumstances in the individual countries. In relation to the Global Fund, external coherence is well managed.

Coherence dimension 2 – external coherence – scores **45 out of 50 points**.

Methodology for assessing coherence

Table 7: Methodology for assessing OECD/DAC criterion: coherence

Coherence: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
Internal coherence	Evidence of coordination within German health development sector, extent of interlinkages, possible synergies, avoidance of overlaps. Also, alignment with German policy and strategy.	1) A comprehensive desk review of existing quantitative and qualitative information about German development policies and strategy in the health sector and existing coordinating mechanisms and related project documents. 2) Remote semi-structured key informant and stakeholder interviews within GIZ and BMZ to collect qualitative information on existing coordinating mechanisms and interlinkages of GIZ BACKUP (MS Teams, Skype, Webex, by phone).	<ul style="list-style-type: none"> • Due to Covid-19, a physical workshop at GIZ, a visit to GF and a physical onsite mission had to be cancelled. • The depth of the remote workshop, mission and interviews was limited. • There was a lack of representation from specific stakeholders/groups (i.e. other German ministries). • Strength of the evidence (how effective was the coordination?).
External coherence	Evidence of coordination within GF, other donors, external partners, interlinkages, possible synergies, co-financing, avoidance of overlaps. Also, alignment with UN SDG/UHC and GF policies and strategies.	1) A comprehensive desk review of existing quantitative and qualitative information on GF and UN policies and strategies and existing coordinating mechanisms and related project documents. 2) Remote semi-structured key informant and stakeholder interviews within GF, other donors and cooperation partners at all levels and in all regions to collect qualitative information on existing coordinating mechanisms, interlinkages, co-financing, synergies and potential overlaps to GIZ BACKUP (MS Teams, Skype, Webex, by phone). A particular focus was on Malawi as one of the countries with BACKUP staff on site.	<ul style="list-style-type: none"> • Due to Covid-19, a physical workshop at GIZ, a visit to GF and a physical onsite mission had to be cancelled. • The depth of the remote workshop, mission and interviews was limited. • There was a lack of representation from specific stakeholder groups to cover a global intervention in 40 countries. • Strength of the evidence (how effective was the coordination?).

4.4 Effectiveness

This section analyses and assesses the effectiveness of the project. It is structured according to the assessment dimensions in the GIZ project evaluation matrix (see Annex 1).

Summarising assessment and rating of effectiveness

On the whole, the programme effectively accomplished what it set out to do, even though some indicators were not fully achieved. The Covid-19 pandemic had a considerable impact on effectiveness, as it slowed down implementation in 2020. The theory of change of the chosen intervention largely succeeded in achieving the desired outputs. The quality of implementation was given a high rating based on the assessment criteria. A bindingly communication strategy agreed with the partners was pursued (confirmed by partner interviews) and

the BACKUP team was closely coordinated with relevant actors. Several partners (i.e. Int_24,9 Partner) referred to BACKUP's degree of flexibility in adapting implementation so as to maximise the benefit of interventions. Lengthy and time-consuming administrative cycles were mentioned as obstacles to timelier implementation (Int_several GIZ staff). Generally, the high quality of the consultants and other assistance was reported by various stakeholders (i.e. Int_27), with some minor exceptions.

Few unintended positive or negative results were reported or observed. This was also due to the fact that BACKUP rarely works directly with the beneficiaries of GF grants (patients), apart from some civil society organisations. Conflict and fragility were discussed in the project and, in the case of Burkina Faso at least, a peace and conflict assessment matrix was established. Generally, conflict and fragility did not play a major role in implementation in the selected countries and were not mentioned as a particular focus.

Table 8. Rating of OECD/DAC criterion: effectiveness

Criterion	Assessment dimension	Score and rating
Effectiveness	Achievement of the (intended) objectives	26 out of 30 points
	Contribution to achievement of objectives	27 out of 30 points
	Quality of implementation	18 out of 20 points
	Unintended results	14 out of 20 points
Overall score and rating		Score: 85 out of 100 points Rating: Level 2: successful

Overall, the effectiveness of the project is rated Level 2: successful, with 85 out of 100 points.

Analysis and assessment of effectiveness

Effectiveness dimension 1: Achievement of the (intended) objectives

The assessment of this dimension is based on the achievement of indicators in the results matrix. Please note that interventions that were still in progress but will be completed were counted as achieved. Furthermore, the indicators were adjusted several times during the five-year extended period; the final indicators were significantly increased and considerably more ambitious than at start of the funding period.

Table 9: Assessed and adapted objective indicators for specific modules (outcome level)

Project's objective indicator according to the (last change) offer	Assessment according to SMART* criteria
<p>Module target 1: In 15 countries, after receiving BACKUP support, the GF CCMs show improved overall ratings (e.g. improvement in at least two work areas, as set out in the CCM policy).</p> <p>Base value: 0 Target value (Oct. 2018): 15 Current value (Sept. 2020): 9 plus 5 in implementation Achievement in % (Jan. 2020): 93.3% - partially achieved Source: GIZ Monitoring File and WoMS</p>	<p>Measurability: not easy to filter out the contribution of the BACKUP Initiative. The indicator depends on the GF surveys, the so-called Eligibility and Performance Assessments. As part of CCM Evolution, GF made significant changes to the content and converted many of the Eligibility and Performance Assessments into self-assessments, so that the objectivity of the assessments also decreased (GIZ progress report_2019).</p> <p>All other criteria are fine.</p>

Project's objective indicator according to the (last change) offer	Assessment according to SMART* criteria
<p>Module target 2: In six countries, implementation has begun on all HSS interventions specified in the funding requests.</p> <p>Base value: 0 Target value (Oct. 2018): 6 Current value (Sept. 2020): 7 plus 1 in implementation Achievement in % (Jan. 2020): 133.3% - achieved Source: Monitoring File GIZ and WoMS</p>	<p>Issue with the results model filtering out the contribution of the BACKUP initiative (measurability and specificity).</p> <p>All other criteria are fine.</p>
<p>Module target 3: In 12 countries, there has been a reduction in the defined risks associated with PRs and, where appropriate, SRs that potentially affect the implementation of GF programmes.</p> <p>Base value: 0 Target value (Oct. 2018): 12 Current value (Sept. 2020): 8 plus 1 in implementation Achievement in % (Jan. 2020): 75% partially achieved Source: Monitoring File GIZ and WoMS</p>	<p>Issue with the impact logic chain filtering out the contribution of the BACKUP initiative (measurability and specificity). Specificity could be linked to BACKUP.</p> <p>All other criteria are fine.</p>
<p>Module target 4: In three countries, the implementation of GF programmes was aligned with gender equality requirements (defined by GF policies).</p> <p>Base value: 0 Target value (Oct. 2018): 3 Current value (Sept. 2020): 5 Achievement in % (Jan. 2020): 166.7% - achieved Source: Monitoring File GIZ and WoMS</p>	<p>Potential issue with filtering out the contribution of the BACKUP initiative (measurability and specificity). Specificity could be linked to BACKUP.</p> <p>All other criteria are fine.</p>
<p>Output A.1: In each of 15 countries, CCMs have fulfilled at least one additional work area (oversight of grants, engagement of civil society, compliance with code of conduct, internal and external communication) accordance with GF assessment scales.</p> <p>Base value: 0 Target value (Oct. 2018): 15 Current value (Sept. 2020): 23 plus 2 in implementation Achievement in % (Jan. 2020): 166.7% - achieved Source: Monitoring File GIZ and WoMS</p>	<p>Specificity could be linked to BACKUP.</p> <p>All other criteria are fine.</p>
<p>Output A.2: Six countries have each introduced one concept for harmonising CCMs with health sector governance systems into the national sector dialogue on health.</p> <p>Base value: 0 Target value (Oct. 2018): 6 Current value (Sept. 2020): 4 plus 1 in implementation Achievement in % (Jan. 2020): 83.3% - partially achieved Source: Monitoring File GIZ and WoMS</p>	<p>Specificity could be linked to BACKUP. Difficult to measure.</p> <p>All other criteria are fine.</p>
<p>Output B.1: In six countries, the views of civil society organisations on HSS and gender issues, especially organisations that represent vulnerable sections of the population (e.g. because of their gender), are reflected in the implementation plans of GF programmes.</p> <p>Base value: 0 Target value (Oct. 2018): 6 Current value (Sept. 2020): 6 plus 2 in implementation Achievement in % (Jan. 2020): 133.3% - achieved Source: Monitoring File GIZ and WoMS</p>	<p>Specificity could be linked to BACKUP. Measurability: data was difficult to gather from GF (e.g. performance frameworks).</p> <p>All other criteria are fine.</p>
<p>Output B.2: In two countries, needs analyses and/or plans for HSS have been drawn up as part of the preparations for transition.</p> <p>Base value: 0</p>	<p>Specificity could be linked to BACKUP.</p> <p>All other criteria are fine.</p>

Project's objective indicator according to the (last change) offer	Assessment according to SMART* criteria
Target value (Oct. 2018): 2 Current value (Sept. 2020): 5 Achievement in % (Jan. 2020): 250% - achieved Source: Monitoring File GIZ and WoMS	
Output C.1: In nine countries, the PRs and, where appropriate, SRs have each used a monitoring instrument for GF funds twice a year. Base value: 0 Target value (Oct. 2018): 9 Current value (Sept. 2020): 11 Achievement in % (Jan. 2020): 122.2% - achieved Source: Monitoring File GIZ and WoMS	Specificity could be linked to BACKUP. All other criteria are fine.
Output C.2: In six countries, the PRs and, where appropriate, SRs have each begun to implement measures agreed with GF to reduce their specific risks. Base value: 0 Target value (Oct. 2018): 6 Current value (Sept. 2020): 9 Achievement in % (Jan. 2020): 150% - achieved Source: Monitoring File GIZ and WoMS	Specificity could be linked to BACKUP. Measurability: data was difficult to gather from GF. All other criteria are fine.
Output C.3: In two countries where a fiduciary agent has been assigned, measures agreed with GF have been implemented with a view to restoring financial responsibility for PRs. Base value: 0 Target value (Oct. 2018): 2 Current value (Sept. 2020): 2 Achievement in % (Jan. 2020): 100% - achieved Source: Monitoring File GIZ and WoMS	Specificity could be linked to BACKUP. All other criteria are fine.
* SMART: specific, measurable, achievable, relevant and time-bound	

The evaluation team concluded that project objective indicators 1 and 3 were partly achieved by the end of the project and project objective indicators 2 and 4 were fully achieved. Nevertheless, the scoring is rather high. It takes into account the negative impact of the Covid-19 pandemic, and the many adaptations (including indicators) during implementation, which limited effectiveness beyond the project team's management.

Effectiveness dimension 1 – Achievement of the (intended) objectives – scores **26 out of 30 points**.

Effectiveness dimension 2: Contribution to achievement of objectives

Module 1 CCM was chosen for contribution analysis, as it appeared to be a less obvious contributor to the overall project goal. It was also thought that more evidence for the CCM module could be added using the web-based survey, which did not materialise due to the limited response rate.

Selected hypotheses

Outcome hypothesis:

The BACKUP interventions contributed to improvement of the governance of CCMs in selected countries. Three hypotheses were selected for contribution analysis.

Evidence

The overall rating of CCM capacity performed by GF has improved in 12 countries due to interventions by BACKUP (module indicator 1). The GF rating cluster of the CCM hub clearly indicates how CCMs have improved. BACKUP has supported a great deal of short-term TA for the development of funding requests. It can be assumed that some funding requests would not have been submitted without BACKUP support, or at least not with the appropriate quality. As a consequence, there would have been no GF programmes at all, or only a partial programme, which would have had devastating consequences for the beneficiary population of the targeted countries.

In total, 42 BACKUP interventions in 29 countries are listed for the CCM Module (GIZ, BACKUP list of interventions 2020).

Hypothesis A. Control and monitoring functions of selected CCMs have improved through BACKUP support.

Two regional conferences (one for anglophone and one for francophone Africa) were held to assess the need for capacity building in the targeted CCMs. BACKUP has supported several TA measures to improve the control and monitoring functions of CCMs. It has developed STAGE, a module-based TA approach to support PRs and SRs. So far it has not been used for CCM support. The recipient organisations can choose the modules and segments they require. STAGE-based work has been funded and implemented in at least five countries. The TA recipients interviewed have confirmed (i.e. Int_12, 16 Partner) that capacity has been expanded and that the oversight tools introduced are still in use. BACKUP has also funded national oversight officers (e.g. in Malawi, Burkina Faso and Tanzania) to secure the oversight of selected CCMs. Through a grant agreement with Frontline AIDS, BACKUP developed an approach for long-term capacity building for CCM oversight committees. This support was delivered in multiple countries through small teams of consultants managed by Frontline. Through the same partnership with Frontline, countries were supported in the use of PR dashboards, which also streamlined reporting from PRs to oversight committees, thereby making it easier for the committees to focus on strategic questions. When working with CCMs, one-off TA was sometimes clearly insufficient, so BACKUP decided to provide a medium-term support package. BACKUP also provided technical support for oversight committees outside of Evolution and Frontline TA, typically through individual consultants.

This output and associated theory of change of the chosen interventions appear to be sound and the hypothesis is confirmed.

Hypothesis B. The contribution of the BACKUP interventions to the interests of civil society is reflected in the CCM, its membership and the strategies and policies developed.

Civil society also includes key populations, HIV-positive people and women, whose needs should be reflected within the membership and policies of the selected CCMs. BACKUP supported civil society, including through consultancies and financial support, in response to applications from national organisations. For example, BACKUP provided technical experts who facilitated the election of civil society representatives in the CCM and supported key population networks in setting up community-led monitoring to increase bottom-up accountability of GF-financed programmes. A substantial part of BACKUP's support for civil society engagement was implemented in partnership with three regional civil society networks: APCASO, EANNASO and RAME. These three organisations implemented comprehensive capacity-building projects for civil society and key populations across 12 countries in Asia-Pacific and in anglophone and francophone Africa, by working closely with national partner organisations in each country. They also delivered support for engagement in the three countries in which

BACKUP implemented CCM Evolution,¹ as well as additional Evolution-pilot countries, thus generating lessons that informed the evaluation and scaling-up of the Evolution pilot.

The three organisations also host the regional platforms through which TA of GF's Community, Rights and Gender Strategic Initiative is coordinated and, given that they know the partner countries well, they were able to identify and advise partners on opportunities for complementary TA from other development partners.

However, it should be emphasised that the GF CCM policy makes civil society participation an obligatory eligibility criterion for CCMs to take into account when considering funding requests, independently of BACKUP's support. The most important contribution to the objective comes from helping ensure meaningful participation and that the views of civil society organisations are reflected in funding requests and grant implementation plans (output B.1).

Summary: This output hypothesis is slightly less robust, and the theory of change appears, at least in some respects, to be somewhat vague.

Hypothesis C. The BACKUP interventions contributed to harmonising the CCM and management of the health sector, particularly across the three diseases addressed by GF.

BACKUP has also supported dialogue in some countries to strengthen harmonisation across the three diseases. BACKUP has mainly supported TA efforts (e.g. via Euro health groups) and commissioned a study on CCM integration in 2016 to achieve this goal.

In summary, the theory of change appears to be sufficiently appropriate regarding this hypothesis.

Internal and external factors impacting achievement

Since March 2020, the Covid-19 pandemic has caused travel restrictions and other implementation obstacles, and has therefore considerably slowed down the achievement of indicators. It hit the project during a phase when productivity had reached full speed. In Malawi, for instance, Covid-19 prevented some of the TA objectives from being achieved, as visits were no longer possible (Int_39 Partner).

Lengthy administrative cycles, particularly for contract management, were mentioned as especially time consuming (Int_GIZ, Int_39 Partner). Partners were concerned that the period of time between the request for support and the actual provision of TA was sometimes very long, in some cases between nine and 12 months (Int_27 Partners). In Malawi, one PR (NAC) actually lost funding for a proposed activity relating to transgender people because of the delays in getting to the implementation stage. The deadline unfortunately passed before the proposed study had been launched. In Malawi, the fact that none of the onsite GIZ staff were empowered to decide on contracts slowed down disbursement and project implementation (Int_36 Partner).

The indicators changed during the five-year period, partly due to changes in GF policies and strategies, but also internally because of increased funding. In 2017, for instance, project applications had to be re-examined to ensure that they were consistent with the new indicators. New indicators had to be formulated in the applications, or the latter had to be adapted to match the indicators, which was time consuming and slowed down implementation (Int_GIZ). The funding came in instalments, which resulted in several ramp-up phases instead of one continuous implementation cycle (Int_35 GIZ). CCM Evolution, which started in 2018, also required substantial adaptations of planned TA in several of BACKUP's partner countries, including Malawi (Int_39 Partner).

¹ The Global Fund Board approved a CCM **Evolution** Pilot in 18 countries in May 2018 to focus on sustainably to increase CCM performance across core health governance responsibilities (GFATM, 2020c).

For management within the various countries, it was important to find the right champions in the organisations concerned to secure local buy-in (Int_25 Partner). The quality and functionality of CCMs differ a lot across GF-supported countries. BACKUP chose CCMs for support where they had enough basic functionality to build on. Within the RSSH module, one challenge was the difficulty of achieving buy-in from some of the GF country management teams (Int_24 Partner), which tend to focus more on short-term outputs.

Overall, effectiveness is rated as successful since effectiveness was generally geared towards contribution of objectives.

Effectiveness dimension 2 – Contribution to achievement of objectives – scores **27 out of 30 points**.

Table 10: Selected results hypotheses for effectiveness

Hypothesis 1 (activity – output – outcome)	<p>Activities:</p> <ul style="list-style-type: none"> - capacity building for selected CCMs on oversight, gender equality and needs (project and consultancy mode), - support for improvement plans of the CCM (consultancy mode), - support for harmonisation with the steering of the health sector of the CCM (consultancy mode), - support for south-to-south learning with regional conferences, and - funding for local oversight officers. <p>Outputs:</p> <ul style="list-style-type: none"> a. Control and monitoring functions of selected CCMs have been improved through the support of BACKUP. b. The contribution of the BACKUP interventions to the interests of civil society is reflected in the CCM, its membership and the strategies and policies developed. c. The BACKUP interventions contributed to harmonising the CCM and management of the health sector, particularly across the three diseases addressed by GF. <p>Outcome:</p> <p>The BACKUP TA interventions contributed to improving the governance of the CCMs in selected countries.</p>
Main assumptions	<p>Within the framework of GF's broader strategy development, the relevance of the priorities selected by BACKUP remains high.</p> <p>The process for identifying technical support needs will be managed by the CCMs.</p> <p>The GF secretariat will assume the tasks created by the new requirements for CCMs to be approved by the GF board in spring 2018 and will make sufficient resources available.</p> <p>The countries selected, together with GF's CCM hub, will have sufficient capacity to involve civil society.</p>
Risks/unintended results	<p>The grants for combating various diseases may specify different and possibly conflicting objectives.</p>
Confirmed/partly confirmed/not confirmed	<p>Confirmed for the overall outcome. Confirmed for output A, partly confirmed for outputs B and C.</p>

Effectiveness dimension 3: Quality of implementation

Results-oriented monitoring was established and used, and resources and activities were managed accordingly. Data was disaggregated by gender and marginalised groups where relevant (WoMS). Unintended positive and negative results were monitored, at least in individual cases, but not systematically (interviews with project team). A binding communication strategy agreed with the partners was pursued (partner interviews) and the BACKUP team coordinated extensively with relevant actors. Several partners (e.g. Int_24,9 Partner) referred to BACKUP's

degree of flexibility in adapting implementation to maximise the benefit of the interventions. Context-specific adjustments were possible to suit the individual countries. Experience in one country could inform implementation in others. Lengthy and time-consuming administrative cycles were mentioned by several GIZ staff members, but also partners, as obstacles to more rapid implementation. Internal project processes had been established and contributed to the effectiveness. Generally, a high standard of BACKUP-contracted consultancy was reported by various stakeholders (e.g. Int_27). For example, the RSSH training at the Heidelberg Institute for Global Health was highly regarded and was co-funded by France in the new phase when BACKUP had no residual funds.

In the countries with onsite BACKUP presence, the possibility of enhanced coordination with partners in ongoing accompanying measures and of identifying the need for support has resulted in noticeably closer collaboration between BACKUP and GF partners. Thanks to its onsite presence, BACKUP could provide more targeted advice on the analysis of challenges and subsequent design and implementation of technical support. As a consequence, the quality of implementation improved (GIZ_2017a), according to various partner interviews (e.g. Int_20 Partner).

In summary, the quality of implementation was rated as successful based on the assessment criteria. The good quality of implementation was palpable throughout the documents and was reflected in the partners' interview responses.

Effectiveness dimension 3 – Quality of implementation – scores **18 out of 20 points**.

Effectiveness dimension 4: Unintended results

Few unintended positive or negative results were reported. This is also due to the fact that BACKUP rarely works directly with the beneficiaries of GF grants, apart from some civil society organisations. Conflict and fragility were discussed in the project but did not play a major role in implementation in the selected countries and were not mentioned as a focus. Typically, complex operating environments, such as Afghanistan, were not included in the selected countries. Burkina Faso, Niger and DR Congo, at least, fell into the category of fragile countries. For Burkina Faso, a peace and conflict assessment matrix was established.

The BACKUP team carried out some risk assessments with KOMPASS. Unintended results or acknowledged risks were taken into consideration when identified, and counteraction was taken when possible. The underlying monitoring and corresponding identification of unintended results may have fallen slightly short.

It should be noted that one of the Module 3 indicators was to reduce the risks listed in GF's risk register for the individual countries, which made it possible to identify trends (Int_27 Partner). These risk registers are updated at least twice a year.

Positive unintended results/effectiveness

- Covid-19 was an unexpected event for the project and led to both positive and negative results. One of the project's positive results was that BACKUP was ready to react flexibly to the new challenges facing the functioning of GF grants arising from the Covid-19 pandemic. The possibility of Covid-19 funding measures to support GF grants, as a complement to the other interventions, was another positive unintended result.
- BACKUP funded an Excel-based version of the PR dashboard, as the underlying software for the original version was no longer supported. The United Nations Development Programme is a PR in many countries and is now itself meeting the cost of switching its PR dashboards to the Excel version funded by BACKUP (Int_24 Partner).

Negative unintended results/effectiveness

- Covid-19 considerably slowed down the implementation of the BACKUP interventions at a time of maximum productivity. Covid-19 may not be a result of the project, but the unintended detrimental effect on effectiveness is.
- Repetitive short-term ad hoc measures may often substitute for local partners' sense of ownership and responsibility. In some countries, every GF funding request since 2005 has been supported with BACKUP TA. BACKUP is well aware of this issue and seeks to avoid it where possible.
- In some cases, promises to partners could not be kept due to long implementation cycles (Int_GIZ). Slow administrative cycles may result in a loss of trust of partners on the ground.

The rating (moderately successful) takes account of the fact that the unintended results were largely unmonitored according to interview responses and observations.

Effectiveness dimension 3 – Unintended results – scores **14 out of 20 points**.

Photo 1: BACKUP Workshop ExchangeForChange in Malawi in 2018 (photo: courtesy Kim Blumnau, GIZ)



Methodology for assessing effectiveness

Table 11: Methodology for assessing OECD/DAC criterion: effectiveness

Effectiveness: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
Achievement of the (intended) objectives	Please see Table 10 for the status of achievement of indicators.	Data analysis of latest status of indicator analysis and WoMS.	<ul style="list-style-type: none"> Interventions that are in the process of being implemented, but that will be finished, were counted as achieved. Availability of data.
Contribution to achievement of objectives	<p>Outcome: BACKUP TA interventions contributed to improving the governance of the CCMs in selected countries. Outputs (from the results model):</p> <ol style="list-style-type: none"> Control and monitoring functions of selected CCMs have been improved by the interventions of the BACKUP programme. The interests of civil society are reflected in the CCM, its membership and the strategies and policies developed. Civil society also includes key populations, HIV positive people and women (gender aspect), whose needs should be reflected in the membership and policies of the selected CCMs. The CCM and management of the health sector are harmonised, particularly across the three diseases. 	A contribution analysis for the CCM module. This theory-based evaluation approach allows plausible conclusions to be drawn about the programme's contribution to the results. This specific module was chosen, as it appears to be the least obvious contributor to the overall project goal.	<ul style="list-style-type: none"> Possible selection bias of key informant data. Limited responses to the web survey.
Quality of implementation	<ul style="list-style-type: none"> Results-oriented monitoring was established and used. Unintended positive and negative results are monitored. A binding communication strategy agreed with the partners is pursued. Involvement and cooperation of all relevant actors (including partners, civil society and the private sector) is sought. Steering: decisions influencing the project's results are made on time and are evidence-based. Decision processes are transparent. 	Key informant interviews among GIZ staff and Partners Desk study of documentation (e.g. GIZ progress reports); CCM web-based survey.	<ul style="list-style-type: none"> Possible selection bias of key informants for interviews. Limited responses to the web survey.
Unintended results	Extent of unintended positive/negative direct results.	Key informant interviews among GIZ staff and Partners Desk study of documentation (GIZ progress reports, Kompass, peace and conflict assessment matrix Burkina Faso).	<ul style="list-style-type: none"> Unintended results tend not to be recorded or monitored.

* SMART: specific, measurable, achievable, relevant and time-bound

4.5 Impact

This section analyses and assesses the impact of the project. It is structured according to the assessment dimensions in the GIZ project evaluation matrix (see Annex 1).

Summarising assessment and rating of impact

The underlying BACKUP theory of change aims to ‘improve a selected country’s ability to invest GF funding in an appropriate manner to increase the impact of GF programmes in that country’. Achieving a balance between a demand-driven programme (i.e. one that responds to the needs expressed by the various client groups) and a results-oriented programme (i.e. one that seeks to achieve the programme objectives) proved to be a delicate balancing act. Consequently, the latest phase of the project will seek to use a more collective approach to achieve a negotiated solution with a view to optimising this balance (Int_35 GIZ).

Overall, the theory of change was suitably designed to produce the intended impact according to the main objective. It should be emphasised that the formulation of more specific impact indicators is a major challenge, due to the heterogeneity of the individual measures and the fact that numerous decentralised measures are necessarily limited in their individual scope. Contributions are made to higher-level development changes. However, impact also depends on factors beyond the control of BACKUP, such as the quality of RSSH measures in the grants and the functionality of the organisational mix in individual CCMs. One dimension of impact is also linked to longer-term sustainability, which is not appropriate for all outcomes. The contribution of grant and financial management, as well as risk management, has the most obvious depth of impact. Unintended positive development changes include strengthening of vulnerable groups in some countries that goes beyond simply participating in the CCM. Unintended negative effects may occur in some cases when short-term TA replaces local actors (when it is easier for the partners to ask for external TA than for in-house capacity to be developed) and also GF’s own responsibilities. Finally, the additional co-funding by FCDO and Expertise France in the new phase is evidence of the positive perception of BACKUP’s contribution. It should be emphasised that results and impact orientation have improved significantly in comparison to the previous phase.

Table 12. Rating of OECD/DAC criterion: impact

Criterion	Assessment dimension	Score and rating
Impact	Higher-level (intended) development changes/results	24 out of 30 points
	Contribution to higher-level (intended) development results/changes	33 out of 40 points
	Contribution to higher-level (unintended) development results/changes	23 out of 30 points
Impact score and rating		Score: 80 out of 100 points Rating: Level 3: moderately successful

In total, the impact of the project is rated Level 3: moderately successful, with 80 out of 100 points.

Analysis and assessment of impact

Impact dimension 1: Higher-level (intended) development changes/results

There is no doubt about the direct contribution made by the GF programmes to Agenda 2030 (particularly SDG 3 on health and well-being) and also to various BMZ strategies (Health and Human Rights, BMZ_2009a, 2011; Fight Against HIV, BMZ_2012; Action for Gender Equality, BMZ_2016; and Global Health, BMZ_2019).

The overarching hypothesis of the BACKUP theory of change aims to ‘improve a selected country’s ability to invest GF funding in an appropriate manner to increase the impact of GF programmes in that country’. Achieving a balance between a demand-driven programme (i.e. one that responds to the needs expressed by the various client groups) and a results-oriented programme (i.e. one that seeks to achieve the programme objectives) proved to be a delicate balancing act. This is not an issue for outcomes, but rather for specifying what contributes to impact.

The formulation of more specific impact indicators is a major challenge due to the heterogeneity of the individual measures and the fact that numerous decentralised measures are necessarily limited in their individual scope.

Interventions to support selected CCMs aim to improve governance structures within the country. CCMs are national committees. On behalf of their countries, they coordinate the preparation and submission of their national requests for funding; they nominate PRs, oversee the implementation of approved grants, approve any reprogramming requests and ensure linkages and consistency between GF grants and other national health and development programmes.

As a consequence, if CCMs do not function as intended, the funding or reprogramming requests are not submitted or are of poor, unacceptable quality. Alternatively, there is no proper oversight, with risk consequences at all levels, or non-functioning linkages with the national health and development programmes. Hence, the functioning of CCMs is key to the implementation of GF grants. The consequences can range from suspension of grants (for instance, in the case of corruption) to mediocre functioning or misuse of funds and inefficiencies. Problems with measuring the impact on CCM support were mentioned in interviews, as it was not always possible to assess real outcomes in the short term (e.g. Int_25 Partners).

The HSS module aims to leverage GF investments to strengthen broader health systems at country level. This is achieved by building capacity to incorporate HSS and gender aspects into the policy debate, overall disease control programme planning, and funding applications for and implementation of GF programmes across the three diseases. Indicator B.2 in particular targets countries that are due to transition out of GF support in the next few years. RSSH formed part of the programme in eight selected countries. Five countries were supported for transition purposes and eight countries secured civil society participation in their GF grants. Overall, the impact logic is sound and directed towards longer-term development results, particularly for countries in transition. However, for the RSSH component, the impact of BACKUP also depends on the quality of health system interventions, which is often beyond BACKUP’s scope of influence.

The theory of change for the grant management module aimed to improve the capacity of the PRs and SRs executing the various measures in selected countries. There was a specific emphasis on financial management capacity in some countries. UN agencies and international partners that take on the role of PRs have been excluded from direct BACKUP support. It should be noted that the capacity of PRs and SRs within GF-supported countries is highly variable and, consequently, the needs are very different. The logic of measures such as capacity building for PRs and SRs, support for financial management and a focus on risk reduction, which GF has tracked through a risk matrix in each country, and so-called south-to-south learning, all have sound logic in results terms. In 2012, Germany even suspended GF funding due to corruption issues in some countries. There was a clear need for greater and improved oversight and better financial risk management. Of the three intervention areas, grant management probably has the most direct impact logic.

To involve civil society organisations in the CCMs, health planning and grant decisions, BACKUP has focused on a wide variety of vulnerable groups. Gender equality (module target 4), as a cross-cutting impact objective, formed part of five GF grants. Supporting people living with HIV and key populations such as particularly vulnerable groups lies at the core of all GF programmes and, therefore, of BACKUP support too. This was especially important, as key populations, such as men who have sex with men (MSM), sex workers and injecting drug users, are often poorly represented. The relatively low political weight of these population groups in the

CCMs might make it difficult for them to voice their problems. Sometimes this is the only forum where they can express their concerns. In Malawi, where they sit with senior government officials and representatives of development partners, they are likely to feel disadvantaged (Int_25 Partners). Civil society and key populations are nevertheless represented in the CCM in Malawi. The emphasis of the National AIDS Committee was on social behavioural change. To help empower key populations, a communications platform was developed with BACKUP support to serve female sex workers in difficulty and victims of gender-based violence. There is also an MSM platform. BACKUP has continued to work with female sex workers, MSM and transgender people in some districts (Int_38 Partner).

In summary, higher-level development results are rated as moderately successful for two main reasons. First, there is a large attribution gap in the impact at SDG level, which makes measuring the true impact at SDG level very difficult. Second, basic logical assumption is improving the capacity of CCMs and PRs (outcomes) will show benefits to the intended populations at impact level. The evaluation showed this can be shown in some cases, in others not.

Impact dimension 1 – Higher-level (intended) development changes/results – scores **24 out of 30 points**.

Impact dimension 2: Contribution to higher-level (intended) development results/changes

The contribution analysis is based on three selected hypotheses:

Hypothesis A. Improvement of the CCMs (through the BACKUP interventions) has contributed to a more effective use of the GF grant within the selected country.

In May 2018, GF adopted a CCM policy (GFATM, 2018a), which replaced the CCM Guidelines and Code of Conduct. Eighteen pilot countries were selected to receive a comprehensive TA package through GF's strategic initiative CCM Evolution. BACKUP financed and implemented CCM Evolution in three of the 18 pilot countries: Burkina Faso, Malawi and Tanzania. The initiative included support across four workstreams: strategic oversight, engagement of CCM members and constituencies (especially civil society), linkages between the work of CCMs and national health sector coordination, and the functionality of CCM operations.

After receiving BACKUP support, the CCMs in 14 countries showed improved overall ratings in at least two work areas, as set out in the CCM policy (GF rating). Twenty-five CCMs have fulfilled the requirements of at least one of the additional work areas (oversight of grants, engagement of civil society, compliance with the code of conduct, and internal and external communication) in accordance with GF assessment scales. BACKUP has therefore contributed considerably to CCM Evolution, but how far has this contributed to a more effective use of the GF grant in the countries?

There is at least anecdotal evidence that it has led to greater effectiveness. In Malawi, several sources reported improved effectiveness in the CCM as a result of BACKUP's support across the four workstreams in CCM Evolution (e.g. Int_39 Partner). BACKUP was the first organisation to support the CCM Secretariat and this represented a fairly new approach. No one else had quite appreciated the importance of having a strong secretariat. BACKUP was able to provide an additional two staff members, including an oversight officer, and this made a huge difference to the functioning of the CCM (Int_40 Partner). In addition, it provided consultants to assist the oversight activities. On the whole, it can be stated that the GF grant in Malawi has so far benefited from better CCM functioning, better CCM oversight and more engagement and participation among civil society organisations to some extent. One minor limitation, however, is that political issues in some countries may hinder information sharing and therefore the functioning of the CCM (Int_23 Partner).

In Kenya, the interviewees referred to better-data quality from the CCM, better-structured meetings, including protocols and improved reporting (Int 11_Partner). In Zambia, the feedback from the CCMs to the PRs improved in terms of oversight, and young people finally had a voice in the CCMs (Int 12 Partner).

BACKUP support for funding requests has quite possibly secured several grants (and related deadlines), which would otherwise probably not have been approved at all or only on a limited scale that would clearly have affected the likelihood of a successful outcome. In Zambia, for instance, a project with interpreters with sign language for deaf patients was incorporated into the GF grant, as well as condom distribution for HIV prevention with adolescents outside of hospitals (Int 12 Partner).

Summary: This hypothesis is partially confirmed. The theory of change is confirmed insofar as the capacity of the CCMs was improved by BACKUP. Beyond this, there is evidence that, in many cases, improved CCMs may contribute to a more effective use of the grant, although this is not necessarily the case.

Hypothesis B. Implementation of BACKUP-supported HSS interventions defined in the funding applications has contributed to a better use of GF grants in the selected countries.

BACKUP has helped ensure that HSS needs were defined in the grants and has also supported the implementation of HSS measures in several countries. This was particularly important for five countries, where needs analyses and/or HSS plans had been drawn up as part of the preparations for transition. As already noted, however, the subsequent impact of BACKUP also depends on the quality of interventions in the health systems concerned. It was mentioned in interviews that RSSH investments in GF grants are too often confined to cars, additional equipment and salary contributions. These may not necessarily lead to a better use of the GF grant. GF, and implicitly its PRs, are interested in spending the grant money. There is somewhat less interest in ensuring that the result is a long-term sustainable impact (e.g. Int_26 Partner). PRs and GF country teams are strongly focused on the standard performance indicators used to measure the three diseases. The impact of RSSH measures, in contrast, is often felt in the longer run. Hence, more complex, long-term impact support may fall short due to pressure for fast absorption and implementation. Nevertheless, funded developments relating to DHIS2 (district health information system), resources for health, integrated health service delivery and supply chain management may have contributed to a better use of GF grants (Int_Partner 6). It should be noted that RSSH has only formed part of GF grants since 2015, with Germany and Switzerland having lobbied for it. In Malawi, despite substantial funding of USD 523 million for 3.5 years, the amount available for RSSH is very limited (Int_23 Partner).

Summary: This hypothesis is partially confirmed. The theory is confirmed as far as the contribution of BACKUP to RSSH is concerned. Beyond this, there is evidence that RSSH measures have often contributed to improved grant use, but this is not necessarily the case.

Hypothesis C. The reduction in risks relating to PRs and, where applicable, SRs in relation to the implementation of GF programmes, as a result of BACKUP's support, has contributed to a better use of GF grants in the selected countries.

This hypothesis is sound, as the need for change was greatest due to problems in GF grants identified in the years prior to 2015. Some PRs and SRs lacked the capacity needed for financial management. Rather basic practices, such as purchasing rules and the need for receipts, may have been lacking (Int_30 Partner). There was also a problem for some PRs in engaging with SRs.

Several PRs confirmed that, after receiving support from BACKUP, they were still using the PR dashboard and tools (Int_16,12 Partner). Frontline AIDS supported CCM and PR dashboards in 16 countries (Int_24 Partners). In short, support in the form of risk and financial management has contributed to a better use of GF grants.

Summary: This hypothesis is confirmed.

Internal and external factors for achievement of the intended development objectives

The main factors that influence achievement of the objectives are within the scope of the GF grant but fall outside the remit of BACKUP. The quality of RSSH interventions and the basic quality (ability and motivation) of the CCMs largely determine whether and how the BACKUP interventions contribute to a better use of GF grants; BACKUP itself can only have an indirect impact.

Internally, a high level of BACKUP flexibility and an ability to react quickly to necessary changes were mentioned as positive contributions (e.g. Int_24 Partners). A good example was BACKUP's early response in 2020 to the Covid-19 pandemic's impact on GF programmes.

The contribution to higher-level development results is rated as moderately successful, as the contribution analysis shows that the contribution to impact was fairly obvious in some cases (e.g. countries and interventions), but less so in other cases. The contribution to impact depends largely on the specific context of the individual countries.

Impact dimension 2 – Contribution to higher-level (intended) development results/changes – scores **33 out of 40 points**.

Table 13: Selected results hypotheses for impact

Results Hypothesis (outcome – impact)	Outcome: The BACKUP interventions improved the capacity of CCMs in selected countries. Impact: Improvement of the CCMs has contributed to a more effective use of the GF grant within the selected country and a corresponding benefit for the population benefiting from GF programmes.
Main assumption	Building the CCM's capacity will lead to a more effective use of the GF grant in the selected country. Within the framework of GF's broader strategy development, the relevance of the priorities selected by BACKUP remains high. The process for identifying technical support needs was managed by the CCMs. Countries selected together with GF's CCM hub had sufficient capacity to involve civil society.
Risks	The precarious social and legal position of certain vulnerable groups in many target countries makes it more difficult or even impossible to achieve direct participation in programme-planning processes (including the CCM). The political and social climate may deteriorate to such an extent that even indirect forms of participation can no longer occur. Any deterioration of the social and legal position of certain vulnerable groups could make it more difficult or even impossible for them to exercise a control function.
Confirmed/partly confirmed/not confirmed	Partly confirmed.

Impact dimension 3: Contribution to higher-level (unintended) development results/changes

Some of the risks identified from the beginning were linked to the potential lack of opportunities for vulnerable groups to participate in programme-planning and CCM processes. The evaluation produced no information to suggest that the situation of vulnerable groups would unintentionally deteriorate further (e.g. MSM being exposed in countries where same-sex relationships are illegal). In Malawi, same-sex relationships are illegal, but a representative of a civil society organisation that represents this group can participate in the CCM meetings (Int_39 Partner).

Positive unintended results/impact

- In some countries, the general position and standing of vulnerable groups (e.g. associations of people living with HIV, adolescents and women) outside the CCMs were strengthened through the work of BACKUP in supporting the participation of civil society organisations in CCMs and funding requests.
- The human rights activities of Frontline AIDS in Uganda posed a considerable risk but turned out to be a great success. They secured national endorsement of a human rights policy within the overall HIV policy, from both the National AIDS Council and the Ministry of Health (Int_29, Partner).
- In Malawi, BACKUP invested heavily in improving communication channels, something that later became particularly important with the onset of the Covid-19 epidemic (Int_40 Partner).

Negative unintended results/impact

- Support for vertical systems is critical for countries in transition. The GF-induced structure (i.e. vertical systems for the three diseases and CCMs as steering bodies) is not the optimal structure for countries following transition. Hence, supporting PRs and CCMs in transitioning countries runs the risk of strengthening an inappropriate system that needs to be replaced or adapted after transition.
- The membership of many CCMs fluctuates considerably. This runs the risk that any capacity established will be lost relatively quickly and that, as a result, the impact of the interventions may not last.
- BACKUP acts as a substitute for GF, e.g. TA for the CCMs should be the responsibility of GF (Int_32 Donors).
- The BACKUP pilot countries in the old phase and the so-called focus countries in the new phase are selected where there are German bilateral development programmes (or now, also FCDO programmes) and, secondly, according to GF's priorities. Hence, the selected countries may not necessarily be those with the greatest needs in terms of GF grant support, although they include many GF 'high-impact' countries. Unlike bilateral programmes, BACKUP has not been requested and agreed upon by the partner countries as part of the German development cooperation package.
- One important aspect of the process concerned the strengthening of country ownership of CCM processes. Inevitably, there were obstacles and impediments to be overcome and, given the fact that the CCM is a multi-stakeholder structure, it included high-level government officers and other people in positions of authority. CCMs sometimes make use of these high-level positions to pull strings. Sometimes the development partners in the CCM intervene. Despite these links, however, there seemed to be no 'ideal' approach to resolving certain problems faced by the CCM. Many of the discussions are data driven and, in the end, the solutions tend to be ad hoc rather than systemic, especially as there tends to be a high member turnover (Int_25 Partners).
- In a few countries, the project team found itself in sensitive situations during policy discussions. In some countries, for instance, the CCM is highly politicised (Int_34 GIZ) and imbalanced, which can affect both effectiveness and the impact of interventions.
- Capacity building for PRs who unexpectedly change in the next grant cycle has little impact. Staff members of ActionAid in Malawi, for instance, were trained on monitoring and evaluation capacity and DHIS2. ActionAid then ceased to be the PR in the next grant period (ActionAid, 2020a), although it later played a role as an SR.

Contribution to (unintended) higher-level development results are rated as moderately successful. Unintended results are not monitored systematically and much of the contribution of BACKUP's impact depends on what happens within partner organisations (e.g. fluctuation after capacity building). The contribution to (unintended) impact results depends largely on the specific context of the individual countries and the particular BACKUP response to each.

Impact dimension 3 – Contribution to higher-level (unintended) development results/changes – scores **23 out of 30 points**.

Methodology for assessing impact

Table 14: Methodology for assessing OECD/DAC criterion: impact

Impact: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
Higher-level (intended) development changes/results	The extent to which the BACKUP activities have been designed and executed to take account of the SDGs, especially SDG 3 on health and well-being and SDG 5 on gender equality, as well as BMZ policies and strategies.	Contribution analysis of selected hypotheses. Key informant interviews among GIZ staff and Partners Desk study of documentation (e.g. GIZ progress reports).	<ul style="list-style-type: none"> • Possible selection bias of key informants. • No direct access to CCM ratings by GF. • Details of RSSH integration were beyond the scope of the study.
Contribution to higher-level (intended) development results/changes	a. Improvement of the CCMs has contributed to a more effective use of the GF grant in the selected country. b. Implementation of BACKUP-supported HSS interventions defined in the funding applications has contributed to a better use of GF grants in the selected countries. c. The reduction in risks relating to the PRs and, if applicable, SRs in relation to the implementation of GF programmes has contributed to a better use of GF grants within the selected countries.	Contribution analysis of selected hypotheses. Key informant interviews among GIZ staff and Partners Desk study of documentation (e.g. GIZ progress reports).	<ul style="list-style-type: none"> • Possible selection bias of key informants. • No direct access to CCM ratings by GF.
Contribution to higher-level (unintended) development results/changes	The extent to which the intervention contributed to foreseeable/identifiable unintended (positive and/or negative) results.	Key informant interviews among GIZ staff and Partners Desk study of documentation (e.g. GIZ progress reports).	<ul style="list-style-type: none"> • Possible selection bias of key informants. • Unintended results not regularly monitored.

4.6 Efficiency

This section analyses and assesses the efficiency of the project. It is structured according to the assessment dimensions in the GIZ project evaluation matrix (see Annex 1).

Summarising assessment and rating of efficiency

Efficiency is defined as the extent to which economic resources or inputs (funds, expertise, time, etc.) are converted into results. In summary, BACKUP was managed efficiently, based on its outputs and objectives. Various factors, some based on anecdotal evidence, contributed to production efficiency, and some to inefficiencies. However, cost effectiveness for the outputs was still successful.

Allocation efficiency was adequately managed. Allocations were made bottom-up, based on the interventions needed to achieve the objectives. Resources were actively managed and reallocated when necessary to maximise outputs. GIZ should encode (categorise) accounting entries according to the module outputs (which is reportedly the case in the new phase), so that cost overviews per intervention area can easily be carried out.

Table 15. Rating of OECD/DAC criterion: efficiency

Criterion	Assessment dimension	Score and rating
Efficiency	Production efficiency (Resources/Outputs)	60 out of 70 points
	Allocation efficiency (Resources/Outcome)	26 out of 30 points
Efficiency score and rating		Score: 86 out of 100 points Rating: Level 2: successful

In total, the efficiency of the project is rated **Level 2: successful**, with **87 out of 100 points**.

Analysis and assessment of efficiency

Table 16. 'Cockpit of Efficiency' tool (data status as of Dec. 2020, not final)*

Module objective indicators	1. In 15 countries, after receiving BACKUP support, the country coordinating mechanisms (CCMs) of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), show improved overall ratings (i.e., improvement in at least two work areas as set out in the CCM	2. In 6 countries, implementation has begun on all the health-system strengthening interventions specified in the funding requests.	3. In 12 countries, there has been a reduction in the defined risks that are associated with the principal recipients and, where appropriate, sub-recipients and that potentially affect the implementation of GF programmes.	4. In 3 countries, the implementation of GF programmes is in line with gender equality requirements.
Achievement	93%	133%	75%	167%

	Output A	Output B	Output C	Output D
Outputs	The governance of selected national coordination bodies of the Global Fund is improved.	The implementation plans of GF programmes have incorporated health-system-strengthening and gender-related interventions with the involvement of public and civil society organisations.	In selected countries, the management capacity of principal recipients and any sub-recipients of the GF are strengthened.	0
Costs incl. commitment (Obligo)	6.785.159,10 €	7.572.633,48 €	7.745.483,43 €	0,00 €
Co-financing	1.687.306,80 €	0,00 €	0,00 €	0,00 €
Partner inputs	0,00 €	0,00 €	0,00 €	0,00 €
Total costs	8.472.465,90 €	7.572.633,48 €	7.745.483,43 €	0,00 €
Total costs in %	36%	32%	33%	0%
BMZ total costs in % without co-financing	31%	34%	35%	0%

* Output D on gender equality was covered financially in the three other outputs, as gender equality was inherent in the interventions of all outputs.

Efficiency dimension 1: Production efficiency

On an aggregated level, the project's use of resources was appropriate with regard to the outputs achieved.

Some factors contributing to efficiency were:

- BACKUP supported the implementation of the PR dashboard and the CCM dashboard on several occasions. Grant Management Solutions had already developed the PR dashboard and it was therefore already available. It was developed with SAP software (outdated licences and versions) and Adobe Flash player (Adobe stopped support at the end of 2020). BACKUP has invested in moving the PR dashboard to Excel, a very efficient investment to ensure that the original investment by Grant Management Solutions and BACKUP remains valid. In addition, United Nations Development Programme, as a PR in several countries, has asked Frontline AIDS to have the Excel-based version of the PR dashboard developed with its own funding, thus demonstrating that other

development partners appreciate the value of the tool. This multiplier effect makes the investment even more cost efficient.

- Staff presence in the countries concerned may involve higher personnel costs. However, as the outputs and impact in the countries with onsite BACKUP staff increased significantly, there were more potential synergies with other partners, duplications or misuse of funds were more likely to be avoided and cost-output efficiency and cost-benefit (impact) efficiency increased. The result was leveraged value for money.
- Processes for contracts are largely standardised. The few non-standardised processes are associated with increased transaction costs.
- Consulting fees are based on GIZ's standard scales, thereby leading to transparent cost planning.
- Duplication of efforts and double funding were avoided thanks to coordination with other donors. BACKUP has been agreeing all measures with the relevant French, US and UN support mechanisms (e.g. progress report 2016, various interviews). No duplication of efforts or double funding was mentioned during interviews. On some occasions, project applications were even shared e.g. WHO and UNAIDS (Int_10 GIZ).
- Harmonisation of efforts between GF, German development (e.g. SV Profile) and other donors had some leverage effect.
- Cost savings were made for GF and other partners due to BACKUP interventions, e.g. BACKUP-supported risk management or CCM-supported oversight helped reduce misuse and misallocation of funds. Hence, production efficiency has increased for GF and local partners.
- Direct benefits through efficiency gains at partner level; within the HSS module, activities are performed more efficiently if the directorate-general of health planning and health services of the ministries of health are members of the CCM, since they are usually more interested in HSS. Measures can be harmonised across all three diseases, e.g. by combining sample transport (Int_6 Partners), but there are also cost savings for monitoring and evaluation, based on BACKUP-funded DHIS2 efforts.
- Through the use of national short-term experts, BACKUP was able to remove bottlenecks and achieve sustainable effects with a comparatively small use of funds (GIZ_2017a).

Some factors contributing to inefficiency were:

- A demand-based approach; too many project applications resulted in a time- and resource-intensive selection process for the project team. In one year, only 12 out of 60 project applications were chosen. Hence, for every project chosen, five more had to be reviewed without implementation.
- Lengthy administrative cycles and under-resourced administrative departments in GIZ contributed to slower implementation (getting contracts out) and reduced process efficiency (several interviews with GIZ staff).
- The STAGE modules received high satisfaction ratings from the recipient partners (e.g. Int_8, 12, 16_Partners). If the STAGE modules are no longer used, the money spent on developing them will have been quite costly for the outcome so far. If the modules/tools could still be used and adapted to the new phase, this would increase cost efficiency. The project team is considering ways of meeting demand for STAGE modules in the focus countries without expensive external consultants in the new phase.
- Firefighting interventions with little sustainability effect, e.g. repetitive TA for funding requests may be necessary for the functioning of grants, but arguably have a lower cost-benefit ratio.
- Capacity building for PRs, which eventually represented low value for money due to unforeseeable changes in the next grant cycle (change of PR). ActionAid in Malawi, for instance, was trained using monitoring and evaluation capacity and DHIS2 and then was no longer PR in the next grant period (ActionAid, 2020a), but was later used as an SR.

In summary, production efficiency is rated as successful, as the positive contributors outbalance the negative factors. The project team actively managed production efficiency.

Efficiency dimension 1 – Production efficiency – scores **60 out of 70 points**.

Efficiency dimension 2: Allocation efficiency

On the whole, the project's allocation of resources was appropriate with regard to achieving its objectives. Financial resources were allocated almost equally to the three intervention areas (and corresponding outputs). As of December 2020 (information not final, as grant agreements were still not completely finalised), the CCM module had received 36%, the HSS module 34% and the grant management module 33% of programme resources, including the co-financing of SDC (Annex: Efficiency tool). It should be noted that GF funding requests were categorised in the HSS module, although they arguably belonged to grant management. This is because HSS integration into the grants and the corresponding funding requests were the main drivers to support funding requests and the most effective means of promoting HSS efforts. Furthermore, module output D on gender was linked mainly to the CCM and grant management modules. In Malawi, a project to support the Ministry of Health's strategic human resource plan was funded with the grant management module, whereas arguably it belonged to the HSS module.

Resources were allocated bottom-up rather than top-down. The interventions were planned with a view to achieving the indicators and then costed. The total cost of interventions per module objective therefore evolved. In terms of allocation efficiency, this is the more appropriate approach. The allocation efficiency is rather high due to the leverage effect of many BACKUP measures and cost savings for the GF grant and partners achieved by the BACKUP measures, e.g. cost savings from avoiding the misuse of funds, thanks to BACKUP financial risk support. BACKUP actively managed resources and reallocated them when necessary to maximise outputs. There have been no major deviations between the planned and actual figures. A limited number of individual consulting interventions were slightly costlier than projected, but were offset by savings in others. Within the cost categories, there was overspending in some minor lines, e.g. travel of the project-financed staff, but this were offset by other lines in the same overall category, e.g. travel of expatriate staff (GIZ_Obligo report, Dec 2020).

In the absence of final numbers (EUR 23.8 million out of EUR 31.2 million allocated), the cost per module objective indicator (cost per module divided by achieved module indicator) was approximately:

Module A: EUR 606,000 per country with improved overall CCM capacity (based on GF rating);

Module B: EUR 947,000 per country for HSS efforts;

Module C: EUR 861,000 per country with significantly reduced risk.

The amount for HSS appears rather high, although the starting point for HSS efforts was perhaps more difficult.

In summary, allocation efficiency is rated as successful. Resource allocations are made bottom-up, based on interventions needed to achieve the objectives. Resources are actively managed and reallocated when necessary to maximise outputs. There were no major actual or budget deviations. It should however be noted that, in some cases, the evaluation team differed in how some interventions were grouped (allocated) to the specific outputs.

Efficiency dimension 2 – Allocation efficiency – **scores 26 out of 30 points.**

Methodology for assessing efficiency

Table 17: Methodology for assessing OECD/DAC criterion: efficiency

Efficiency: assessment dimensions	Basis for Assessment	Evaluation design and empirical methods	Data quality and limitations
Production efficiency (Resources/Outputs)	<p>1) The analysis of this assessment dimension is based on the efficiency tool in which costs are retrospectively assigned to outputs, as well as the Obligo report outlining the cost of individual measures.</p> <p>2) Factors contributing to efficiency or inefficiency based on reports and key informant interviews among both GIZ and partners.</p>	<p>1) Desk review based mainly on quantitative data from the Obligo report and the efficiency tool.</p> <p>2) Remote semi-structured key informant and stakeholder interviews within GIZ and also with partners, including the Finance Department, on the production of funds.</p>	<ul style="list-style-type: none"> Evidence strength: The project administered more than 105 interventions. To fully judge production efficiency, all interventions would need to be reviewed. Therefore, the analysis was based on a few projects and anecdotal evidence. The project expenses were not final at the time of the evaluation, as some major grant agreements were outstanding.
Allocation efficiency (Resources/Outcome)	<p>The analysis of this assessment dimension is based on the efficiency tool in which costs are retrospectively assigned to outputs, as well as the Obligo report outlining the cost of individual measures.</p>	<p>1) Desk review based mainly on quantitative data from the Obligo report and the efficiency tool.</p> <p>2) Remote semi-structured key informant and stakeholder interviews within GIZ, including the Finance Department, on the allocation of funds.</p>	<ul style="list-style-type: none"> The efficiency tool is partially based on time sheets. Those were not available in the project, so the tool was filled with a workaround. Expenses could be coded to outputs (which will happen in the next phase). The project expenses were not final at the time of the evaluation, as some major grant agreements were outstanding.

4.7 Sustainability

This section analyses and assesses the sustainability of the project. It is structured according to the assessment dimensions in the GIZ project evaluation matrix (see Annex 1).

Summarising assessment and rating of sustainability

Assessing sustainability in the specific framework of BACKUP and its support for GF activities is complicated insofar as long-term capacity development is not the main objective. BACKUP focuses instead on practical solutions to problems or the creation of suitable preconditions for applying for and using GF funds. In addition, it is difficult to separate the sustainability of BACKUP measures from the sustainability of GF measures.

Evaluating sustainability in the face of a plethora of TA interventions, combined with the very considerable heterogeneity of the assistance offered, is no easy task. The support offered is specifically tailored to the precise needs and circumstances of the target country so that no two interventions are the same.

Strengthening civil society representation has been a major objective, which aims to increase the level of participation in national dialogue and in the preparation of funding applications. The decision to employ BACKUP staff on the ground in a number of countries was highly significant with respect to strengthening the role of civil society.

Table 18. Rating of OECD/DAC criterion: sustainability

Criterion	Assessment dimension	Score and rating
Sustainability	Capacities of the beneficiaries and stakeholders	17 out of 20 points
	Contribution to supporting sustainable capacities	28 out of 30 points
	Durability of results over time	38 out of 50 points
Sustainability score and rating		Score: 83 out of 100 points Rating: Level 2: successful

In total, the sustainability of the project is rated Level 2: successful, with 83 out of 100 points.

Analysis and assessment of sustainability

Sustainability dimension 1: Capacities of the beneficiaries and stakeholders

Sustainability dimension 2: Contribution to supporting sustainable capacities

As already observed in an earlier section of this report, the approach to assessing sustainability in the specific framework of BACKUP and its support for GF activities cannot be the same as in the context of a bilateral aid programme. Some years ago, GIZ indicated that, in view of the generally short- to medium-term horizon of the impact of most BACKUP measures, sustainability, as understood in terms of standard development programmes, is not really appropriate in the context of BACKUP. In effect, capacity development over the longer term has not generally been the main focus, even though this position has started to change in the most recent phase. Until recently, BACKUP tended to focus on the creation of practical (instrumental and/or organisational) solutions that enabled interested parties to apply for and use GF funds. BACKUP's monitoring process focused on the sustainability of results at output rather than outcome level.

It is also difficult to separate the sustainability of BACKUP measures from the sustainability of GF measures. In general terms, BACKUP's monitoring captures the durability of results at output level rather than outcome level.

One of the major impediments to the effective analysis of sustainability in this setting is the plethora of TA interventions, combined with the heterogeneity of the assistance offered. Examples drawn from two of the target years will help illustrate this point.

The first example is drawn from the annual progress report for the period between October 2015 and September 2016 (GIZ, 2016). BACKUP carried out 25 bilateral support measures in 14 countries (Ethiopia, Burkina Faso, Guinea, Cameroon, Kyrgyzstan, Liberia, Malawi, Nepal, Pakistan, Peru, Rwanda, South Africa, Tanzania and Togo). This included 16 examples of TA in project mode in the following fields of action: six in CCM, six in HSS and four in grant management. There were nine examples of consultancy mode approaches: five in CCM, three in HSS and one in grant management.

The second example concerns the reporting period between October 2015 and September 2019, whose annual progress report reveals the following results:

BACKUP carried out 84 bilateral measures in 26 countries (Angola, Ethiopia, Burkina Faso, Ivory Coast, Guinea, Cameroon, Colombia, Kenya, Kyrgyzstan, Lesotho, Liberia, Malawi, Namibia, Nepal, Niger, Pakistan, Peru, Rwanda, Zambia, Sierra Leone, Zimbabwe, South Africa, Tajikistan, Tanzania, Togo and Uzbekistan). TA in project mode was delivered to 34 countries: 12 in CCM, 15 in HSS and seven in grant management. There were

40 examples of consultancy mode approaches: eight in CCM, 14 in HSS and 18 in grant management. Flexible support was offered in consultancy mode in nine cases and in project mode in one case.

Carrying out an appraisal of the capacities of beneficiaries and stakeholders in 60 target countries at various points of the implementation process (even given the overlaps in terms of the recipient countries) would require, in terms of cost, time and sheer organisation, a disproportionate level of investment.

The assessment of sustainability is further complicated by the fact that the TA offered is demand oriented. The support offered is specifically tailored to the precise needs and circumstances of the target country so that no two interventions are the same. In addition, since GF's funding cycle is short (three years) and the time limits for spending grant money are similarly restricted, the possibility of taking a longer-term view is, to some extent, ruled out. Again, many of the measures are rather short term in nature and involve tackling a very specific problem such as improving the design of a particular grant application or improving data management within a specific context or organisation. There are also examples of the successful strengthening of partner organisations, particularly in connection with project mode funding. This has enabled partners to acquire other funding and to continue and further expand activities initiated with BACKUP support (e.g. regional approaches to cooperation, usually with the support of an international NGO).

One of the strengths of BACKUP support appears to be its demand-oriented approach, which enables local associations and NGOs to obtain help and support in relation to the promotion of particular interests, for example, of sexual minorities and other disadvantaged population groups in civil society. This seems to have a very positive effect in that it helps develop a sense of partner ownership and facilitates participation in the activities of the CCM and the design of grant applications.

One of the main focuses of the BACKUP measures has been strengthening civil society representatives, especially with regard to the improvement of national monitoring systems to strengthen governance processes in the health sector. A further objective was to increase the participation of civil society representatives in national dialogue and in the preparation of funding applications for GF. Through collaboration with two civil society actors, RAME and Le Centre d'Information, de Conseils et de Documentation sur le Sida et la Tuberculose (CiCDoc), in Burkina Faso and the consulting firm Internationale Projekt Consult GmbH (IPC), BACKUP was able to reach more than 140 community-based organisations in this context.

Telephone interviews with GF personnel, staff from international NGOs and GIZ personnel (including BACKUP staff), both on site and in Germany, all appear to confirm that the new orientation, which puts much greater emphasis on in-country support for the various stakeholders in the four pilot countries in the evaluation phase, has provided a significant boost to at least medium-term sustainability. It also appears from the evaluation team's online interviews that short-term, demand-based TA offered to countries with no onsite BACKUP staff has mostly been both effective and appreciated.

Sustainability dimension 1 – Capacities of the beneficiaries and stakeholders – scores **17 out of 20 points**.

Sustainability dimension 2 – Contribution to supporting sustainable capacities – scores **28 out of 30 points**.
(dimensions interlinked)

Sustainability dimension 3: Durability of results over time

The GF ecosystem gives rise to complex coordination processes between GF's different working units and departments, a situation that may sometimes be exacerbated by the turnover of staff in senior positions. These factors can disrupt the continuity of the strategic implementation process. As an example, the Technical Review Panel's 'Lessons Learned Window 2' (25 August 2020) revealed that 'the Technical Review Panel advises GF to focus even more on national programme results over grant performance driven by absorption'. This is a rather

clear illustration of the goal conflicts that exist between the Grant Management Division and other units such as HSS and the Community, Rights and Gender Strategic Initiative.

In this context, it is very interesting to note that, during the phase under evaluation, there appears to have been a significant shift in terms of the BACKUP approach towards increasing the effort invested in HSS. It is obvious that the development of vertical disease control programmes has led to the appearance of consolidated structures with significant powers and budgets within ministries, such as the National AIDS Commission. Increasingly, the tendency of BACKUP has been to use HSS as a means of consolidating the benefits of GF funds in such a way that they enhance the country's health system in a more general, less disease-specific manner. More recently, in the latest phase of BACKUP, there has also been a move towards using a joint approach to interact on the same basis with several global health financing institutions, notably GF, GFF and GAVI. In Nigeria, for example, BACKUP has reached an agreement with the Bill & Melinda Gates Foundation to promote a coordinated and collaborative national approach to dealing with these three organisations.

Perhaps the most significant change in terms of placing emphasis on HSS was the decision to employ BACKUP staff on the ground in a number of countries during the phase under evaluation. This enables BACKUP to provide much more direct support to the ministries of health and to the various local associations and NGOs that promote the particular interests of sexual minorities and other disadvantaged population groups. In this way, BACKUP is able to promote regular exchanges on the ground, which helps their staff better understand local needs so that they may, in turn, help the country teams articulate their needs more clearly.

It seems obvious that promoting this type of interchange between the personnel of national administrations and representatives of civil society helps strengthen national health systems, including capacity building in the areas of planning and policy development. The support offered can also include other dimensions, such as developing and enhancing both human resources management and organisational skills.

Another interesting dimension of this activity lies in the multi-country grant agreement between BACKUP and the regional organisations EANNASO, RAME and APCASO. To strengthen the involvement of civil society and affected populations in CCMs and country dialogue, the three organisations supported a total of 12 countries in anglophone and francophone Africa, Southeast Asia and the Pacific. The actions agreed upon were implemented in partnership with national organisations and seem to hold considerable promise in terms of sustainability.

Sustainability dimension 3 – Durability of results over time – scores **38 out of 50 points**.

Photo 2: BACKUP Workshop ExchangeForChange in Malawi in 2018 (Source: courtesy Kim Blumnau GIZ)



Methodology for assessing sustainability

Table 19: Methodology for assessing OECD/DAC criterion: sustainability

Sustainability: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
Capacities of the beneficiaries and stakeholders	The analysis is based on interviews with a wide variety of partners and stakeholders, including a limited number of beneficiaries. However, given that the phase under consideration had 105 activities, it was obviously not possible to carry out a full analysis of each one. The information provided in the report is therefore based on documentary evidence (project documentation in particular) and on interviews with a selected sample of partners and stakeholders.	<p>Design: Examination of the type of activities supported by BACKUP; analysis of the annual progress reports; interviews with stakeholders at BMZ and GIZ, in the BACKUP programme, in ministries and civil society organisations.</p> <p>Methods: Analysis of programme documents (progress reports, strategy documents of BMZ, GIZ, GF and other organisations, as well as other publications). Semi-structured interviews with stakeholders.</p>	The approach to assessing sustainability in the specific framework of BACKUP and its support for GF activities cannot be the same as in the context of a bilateral aid programme since, to a large extent, long-term capacity development is not the main focus. BACKUP focuses instead on practical solutions to problems or the creation of suitable preconditions for applying for and using GF funds. It is also difficult to separate the sustainability of BACKUP measures from the sustainability of GF measures. In general terms, BACKUP's monitoring captures the durability of results at output rather than outcome level.

Sustainability: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
Contribution to supporting sustainable capacities	The extent to which the interventions contributed to the beneficiaries and stakeholders (individuals, groups and organisations, partners and executing agencies) with the institutional, human and financial resources and the willingness (ownership) required to sustain the positive results of the intervention over time and to limit the impact of any negative results.	Evaluation design and methods: Please see above.	In addition, this phase of the programme covers 105 separate measures, so it was not possible to carry out a full assessment within the timeframe and with the resources available.
Durability of results over time	The extent to which the continued use of the results by partners and beneficiaries can be foreseen. Reference to conditions and their influence on the durability, longevity and resilience of the effects.	Evaluation design and methods: Please see above.	The impact horizon for most BACKUP measures varies from short to medium term. However, the move towards greater emphasis on HSS activities promises to shift the focus, so it might be easier to identify elements of sustainability that correspond more to classic definitions of this concept in the most recent funding cycle.

4.8 Key results and overall rating

In summary the BACKUP project is rated as successful.

Relevance and coherence were evaluated as highly successful, as there was no doubt the BACKUP programme is highly relevant to GF, Agenda 2030 and German development strategies. There is also a great deal of effort to coordinate and synchronise the interventions with external partners. Effectiveness was rated as successful, despite the fact that some indicators only partially achieved. By contrast, some indicators were considerably overachieved, and all indicators were ambitiously increased over the implementation funding period. Finally, an unforeseen event in the form of the Covid-19 pandemic significantly slowed down implementation beyond the responsibility of the BACKUP team.

Impact was still scored as moderately successful, close to successful, although impact orientation and drive have greatly improved with respect to the preceding phase. One of the main factors is that impact remains difficult to measure due to the nature of the theory of change. There is a large attribution gap, as the true impact lies beyond BACKUP's systemic border. For HSS, the quality of interventions, which is usually outside BACKUP's scope of influence, plays a crucial role. Some CCMs in selected countries have improved through BACKUP support. However, the impact at SDG level through the CCMs in some countries is questionable. Efficiency was rated as successful. Allocation efficiency was appropriate and, for production efficiency, the positive measures still outweighed the inefficiencies.

Table 20. Overall rating of OECD/DAC criteria and assessment dimensions

Evaluation criteria	Dimension	Max	Score	Total (max.100)	Rating
Relevance	Alignment with policies and priorities	30	30	100	Level 1: highly successful
	Alignment with the needs and capacities of the beneficiaries and stakeholders	30	30		
	Appropriateness of the design*	20	20		
	Adaptability – response to change	20	20		
Coherence	Internal Coherence	50	47	92	Level 1: highly successful
	External Coherence	50	45		
Effectiveness	Achievement of the (intended) objectives	30	26	85	Level 2: successful
	Contribution to achievement of objectives	30	27		
	Quality of implementation	20	18		
	Unintended results	20	14		
Impact	Higher-level (intended) development changes/results	30	24	80	Level 3: moderately successful
	Contribution to higher-level (intended) development results/changes	40	33		
	Contribution to higher-level (unintended) development results/changes	30	23		
Efficiency	Production efficiency	70	60	86	Level 2: successful
	Allocation efficiency	30	26		
Sustainability	Capacities of the beneficiaries and stakeholders	20	17	83	Level 2: successful
	Contribution to supporting sustainable capacities	30	28		
	Durability of results over time	50	38		
Mean score and overall rating		100	88		Level 2: successful *

* the knock-out criterion 'effectiveness/impact/sustainability' is rated level 4 or lower; therefore, the overall rating is level 4, even though the mean score may be higher.

Table 21: Rating and score scales

100-point scale (score)	6-level scale (rating)
92–100	Level 1: highly successful
81–91	Level 2: successful
67–80	Level 3: moderately successful
50–66	Level 4: moderately unsuccessful
30–49	Level 5: unsuccessful
0–29	Level 6: highly unsuccessful
<p><u>Overall rating:</u> The criteria of effectiveness, impact and sustainability are knock-out criteria: if one of the criteria is rated at level 4 or lower, the overall rating cannot go beyond level 4, even though the mean score may be higher.</p>	

5 Conclusions and recommendations

5.1 Key findings and factors of success/failure

Findings regarding 2030 Agenda

BACKUP is fully aligned with the targets of Agenda 2030 (UN, 2015 a, b) and indirectly aligned with the international norms underlying the fight against HIV, TB and malaria, as reflected in SDG 3 on health and well-being. BACKUP has contributed directly to SDG 5 on gender equality through its interventions. Healthy populations are critical to sustainable development and to end poverty, promote peaceful and inclusive societies and protect the environment. Health is both an outcome and an indicator of progress that reflects the success of many other SDG goals and, indeed, the 2030 Agenda as a whole (WHO, 2018). In total, nearly 50 targets spread across 14 SDGs are critical to ensuring health and well-being for all. One of the key aims of BACKUP is UHC. Along with the SDGs, this goal encourages a comprehensive and coherent approach to health by focusing on HSS, including at community level. The buy-in of both FCDO (in the new phase) and SDC to the co-funding of BACKUP and the close collaboration with Expertise France reflects their confidence in the fact that the project is delivering added value and impact.

As noted elsewhere in this report, the tendency within this phase has been for BACKUP to use HSS as a means of consolidating the benefits of GF funds in such a way that they enhance the target country's health system in a more general, less disease-specific manner. There has also been a move towards using a joint approach to interact on the same basis with several global health financing institutions, notably GF, GFF and GAVI. This approach on the part of the four European partners appears particularly positive and seems to offer very real prospects of a more coherent approach to HSS in terms of design, scale and sustainability.

Universality, shared responsibility and accountability

BACKUP aims to promote a high degree of ownership in terms of local governance and strong partnerships. The

general hypothesis on which it is based, i.e. that improving a selected country's ability to invest GF funding appropriately will increase the impact of the GF programme, can be at least partially confirmed. However, since the contribution of BACKUP does not cover the entire GF programme, this leaves a considerable attribution gap. It is obviously difficult to specifically assess the impact of BACKUP's interventions and separate its contribution from that of GF. This is not a question of outcomes, but rather reveals a need to filter out the available information to assess the precise impact of the contribution of BACKUP more accurately. In particular, the formulation of more specific impact indicators represents a major challenge due to the heterogeneity of the individual measures.

Interplay of economic, environmental and social development

The BACKUP interventions strongly reflect German development policy, including its emphasis on integrated health services, resilient and sustainable health systems, gender equality, respect for sexual and gender identities and the participation of particularly vulnerable groups. In addition, the project strongly supports the idea of an underlying link between technical cooperation and international financing mechanisms such as GF, in harmony with an important aspect of BMZ policy. The effects of health on development are clear. Health impacts economic growth in a number of ways. For example, it reduces productivity loss due to worker illness, it increases the productivity of adults, and it lowers absenteeism rates and improves learning among school children. Health also allows for the use of natural resources that used to be totally or partially inaccessible due to illnesses. Finally, it allows financial resources that might normally be destined for the treatment of ill health to be used differently. Hence, good health is a precondition for social development and poverty reduction.

Inclusiveness / leave no one behind

By integrating civil society organisations and promoting community participation in CCMs, health planning and grant decisions, BACKUP focuses on a range of vulnerable groups and shows a strong commitment to inclusiveness. Support for HIV-positive people and key populations, who constitute particularly vulnerable groups, lies at the core of all GF programmes and, thus, of the BACKUP interventions. This is especially important, as key populations (e.g. MSM, sex workers and injecting drug users) are often rather weakly represented. The relatively low political weight of these population groups within CCMs can still represent an obstacle with respect to their ability to voice their problems. In relation to at least five grants in which gender equality (module target 4) was a cross-cutting objective, the desired impact, in terms of project indicators, was achieved.

Findings regarding follow-on project

The intrinsic interest in selecting **pilot countries** and providing them with an **in-country, onsite presence** of BACKUP staff (referred to as focus countries in the new phase) was clearly confirmed by the evaluation. Having people on the ground is very important because they develop a much greater awareness of the local situation and of local needs, and are able to be much more reactive. Discussions that would otherwise take place virtually can be organised directly, on a face-to-face basis, which promotes much greater comprehension on both sides. In this way, it is easier to reach a consensus and be on the same wavelength. Otherwise, the decisions taken seem to be less firmly anchored and are sometimes not even adhered to. GF has no onsite presence in its target countries. The local fund agents, GF's 'eyes and ears', may not work full time for GF and may not be consistently present in some countries. Furthermore, their task is strictly restricted to supervision and monitoring. They do not fulfil an implementation role and their technical advisory role is rather limited. Therefore, there is a significant gap in some countries, which is effectively filled by onsite BACKUP staff. Having countries with onsite BACKUP staff also made the BACKUP project's impact in the relevant countries considerably more palpable and visible, compared to the implementation of many small projects in a large number of countries. The portfolios have a broader scope and the impact is much deeper. In addition, having a presence on the ground improves programmatic and financial oversight and reduces the operational risks related to funding. Coordination with

other in-country actors also facilitates the direct monitoring of results. In summary, having onsite BACKUP staff offers clear cost-benefit advantages.

Secondments to GF (one in HSS and one in health financing) have generally fulfilled their intended function as an information and communication bridge. It was obvious, however, that the staff members seconded were fully occupied with their GF tasks and, probably as a result of this, there was a certain degree of fluctuation with regard to the lines of communication and the frequency of exchanges. A planned secondment within the GF CCM hub did not materialise. To optimise the benefit of such secondments, there is a need to re-examine their potential in coordination with GF. This should include a review of both the lines of communication and the frequency of exchanges with BACKUP/BMZ.

So far as the organisation of secondments is concerned, it has been suggested that one person could be placed in environmental management (e.g. waste management, medical waste, lab waste and plastic bags from bed nets) and one in the field of private sector activity (including private-public partnerships). Both would fall under GF's RSSH Department.

The **STAGE** investment appears to have been quite costly (estimated at EUR 300,000 to 400,000 for one PR) but it was also very successful according to partner interviews. Theoretically, it would be easy to adapt it and scale it up. It was intended as a longer-term investment similar to the PR dashboard created by Grant Management Solutions. However, STAGE was not followed up during the period covered by this evaluation. There has been no formal analysis of lessons learned, nor is any information available about the extent to which other donors adopted or adapted this approach. To make the most effective use of the work carried out in the context of STAGE, the project team should look for opportunities to continue or re-use the modules. The most cost-effective approach might be to do this in the countries with onsite BACKUP staff using a mixture of GIZ staff and local and international consultants.

The **combination of instruments** (project mode, consultancy mode and secondments) appears to be a useful and adaptable approach. However, the lines between project and consultancy mode can be blurred and the distinctions between the categories are not always entirely clear. Achieving a balance between a demand-driven programme (i.e. one that responds to the needs expressed by the various client groups) and a results-oriented programme (i.e. one that seeks to achieve the programme objectives) proved to be a delicate balancing act. Consequently, the latest phase of the project will seek to use a more collective approach to achieve a negotiated solution to optimise this balance (Int_35 GIZ). Another problem in this context was that BACKUP staff ended up feeling as though they were merely administering contracts and were losing their own implementation capacities. However, the move to place BACKUP staff on the ground in four pilot countries is improving their competences in relation to the delivery of TA.

One issue raised by the evaluation team was that there were some grey areas in which BACKUP appeared to **substitute** rather than **complement** GF. In an example from Malawi, BACKUP supported behavioural change in relation to the use of bed nets in collaboration with the PR World Vision in the context of HSS. Since this constitutes an integral part of a mosquito net distribution campaign, it should logically be funded by the GF grant. This is in itself not a problem but should be clarified within the BACKUP strategy.

Impact: The large attribution gap makes the achievements regarding impact difficult to filter out. The respective 'selling' of impact or internal and external marketing becomes a constant issue. Hence, the continuous communication of successes and achievements will remain an important task for BACKUP.

If the project seeks to actively manage allocation efficiency, the **cost per intervention area / output** should be available from the system. To that end, the cost should be coded or categorised to outputs or intervention areas

within the accounting system. General cost should be allocated by an agreed distribution key, so that cost per output can be created.

Some of the output indicators relied on **data from GF databases**. When the indicators were set up, the assumption was made that the BACKUP team would have constant access to this data, but this was not always the case in some instances.

5.2 Recommendations

Recommendations

To the GIZ BACKUP project team:

The evaluators would recommend looking for pathways to **use STAGE further**. As it is quite expensive to implement it fully in consultancy mode, consideration should be given to using it with a combination of internal and external human resources, which may be the most cost-efficient way of continuing it. It may limit its use to the GIZ and FCDO focus countries, but it could possibly be adapted and scaled up by other donors with relevant experience. Some modules and segments may no longer be of use for grant management, but in relation to HSS and management and organisational development, the tools available appear to be quite easily adaptable and scalable.

In future, **output indicators** should be developed using internal and external data and monitoring tools to which the project team has **constant access**.

An internal and an external communication strategy should be developed in relation to the programme's successes and impact, but also with regard to implementation challenges. This would mainly be directed towards BMZ, but should also target SDC, FCDO and Expertise France. The performance base of GF consists largely of health programme indicators, such as the number of TB patients treated. Within BACKUP, when it comes to CCM support, RSSH, human rights and gender equality, achievements become harder to define and quantify in numerical terms. They are therefore harder to transmit and publicise.

Another recommendation would be to revisit the expectations, roles and responsibilities of the **two secondments** to GF, so as to reap the full benefits of these positions. This should be done in collaboration with GF's RSSH Department, to which the current positions report. Defining regular feedback calls or meetings is paramount to securing an appropriate level of information flow from the secondments to GIZ and BMZ. It will also be important to fully inform the people seconded about recent developments within GIZ and BMZ.

On a number of occasions, BACKUP has tended to act as a substitute for GF rather than complementing it. The evaluation team recommends that BACKUP clarify its position and strategic direction on this issue by indicating: a) the cases in which substitution for GF is acceptable to support the stated objectives, and b) the situations in which the BACKUP interventions should be purely complementary.

To GIZ Finance and GIZ Evaluation:

It is recommended that **costs be coded to outputs** or intervention areas within the accounting system at the time of posting. General costs should be allocated using an agreed distribution key, so that it is possible to create a cost per output report from the financial system. This type of cockpit overview report, which the Evaluation Department needs as an efficiency tool, should be obtainable from the system on a regular basis, instead of being produced manually through a time-consuming process that only produces the desired report at the time of an evaluation.

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Annex: Evaluation matrix

OECD-DAC Criterion RELEVANCE (max. 100 points)					
Assessment dimensions	Evaluation questions	Evaluation indicators	Data collection methods (e.g. interviews, focus group discussions, documents, project/partner monitoring system, workshop, survey, etc.)	Data sources (list of relevant documents, interviews with specific stakeholder categories, specific monitoring data, specific workshop(s), etc.)	Evidence strength (moderate, good, strong)
The project concept (1) is in line with the relevant strategic reference frameworks. Max. 30 points	Which strategic reference frameworks exist for the project? (e.g. national strategies incl. national implementation strategy for 2030 agenda, regional and international strategies, sectoral, cross-sectoral change strategies, if bilateral project especially partner strategies, internal analysis frameworks e.g. safeguards and gender (2))	Existence of frameworks	Interviews with project staff , document collection policies and strategies	Policies and strategies, interviews	strong
	To what extent is the project concept in line with the relevant strategic reference frameworks?	Project concept is in line with the relevant strategic reference frameworks	Interviews with project staff and external key informants, document study: policies and strategies	BMZ and GF policies and strategies, interviews	strong
	To what extent are the interactions (synergies/trade-offs) of the intervention with other sectors reflected in the project concept – also regarding the sustainability dimensions (ecological, economic and social)?	Evidence of synergies/trade-offs) of the intervention with other sectors in the project concept	Interviews with project staff and external key informants, also during Malawi visit	Interviews	good
	To what extent is the project concept in line with the Development Cooperation (DC) programme (If applicable), the BMZ country strategy and BMZ sectoral concepts?	Project concept is in line with the Development Cooperation (DC) programme (If applicable), the BMZ country strategy and BMZ sectoral concepts	Interviews with project staff and external key informants, document study: policies and strategies	BMZ and GF policies and strategies, interviews	strong
	To what extent is the project concept in line with the (national) objectives of the 2030 agenda? To which Sustainable Development Goals (SDG) is the project supposed to contribute?	Project concepts in line with the (national) objectives of the 2030 agenda	Agenda 2030	Agenda 2031	strong
	To what extent is the project concept subsidiary to partner efforts or efforts of other relevant organisations (subsidiarity and complementarity)?	Any evidence the project concept is subsidiary to partner efforts	Interviews with partners, partner documents	Interviews with partners, document study	moderate
	To what extent does the project complement bilateral or regional projects? To what extent does it complement other global projects?	Evidence for complementarity in selected countries	Interviews with project staff and external key informants in Malawi, document study	Interviews, documents of bilateral or regional projects	moderate
	To what extent is the measure geared towards solving a global challenge that cannot only be effectively addressed bilaterally/ regionally?	Extent to which the measure is geared towards solving a global challenge	Interviews with project staff and external key informants document study	Interviews, GF policies	strong
The project concept (1) matches the needs of the target group(s). Max. 30 points	To what extent is the chosen project concept geared to the core problems and needs of the target group(s)?	Extent to which the chosen project concept is geared to the core problems and needs of the target group(s)?	Interviews with project staff and external key informants, CCM survey	Interviews, CCM survey	strong
	How are the different perspectives, needs and concerns of women and men represented in the project concept?	Evidence different perspectives, needs and concerns of women and men are represented in the project concept	Interviews with project staff and external key informants/civil society groups, CCM survey	Interviews, CCM survey	good
	To what extent was the project concept designed to reach particularly disadvantaged groups (LNOB principle, as foreseen in the Agenda 2030)? How were identified risks and potentials for human rights and gender aspects included into the project concept?	Evidence the project concept was designed to reach particularly disadvantaged groups	Interviews with project staff and external key informants, document study: project planning documents	Interviews, planning documents	good
	To what extent are the intended impacts regarding the target group(s) realistic from today's perspective and the given resources (time, financial, partner capacities)?	Intended impacts regarding the target group(s) are realistic from today's perspective and the given resources (time, financial, partner capacities)	Interviews with project staff and external key informants, contribution analysis, theory of change	Interviews, result models and matrices	strong

OECD-DAC Criterion RELEVANCE (max. 100 points)					
Assessment dimensions	Evaluation questions	Evaluation indicators	Data collection methods (e.g. interviews, focus group discussions, documents, project/partner monitoring system, workshop, survey, etc.)	Data sources (list of relevant documents, interviews with specific stakeholder categories, specific monitoring data, specific workshop(s), etc.)	Evidence strength (moderate, good, strong)
<p>The project concept (1) is adequately designed to achieve the chosen project objective.</p> <p>Max. 20 points</p>	<p>Assessment of current results model and results hypotheses (theory of change, ToC) of actual project logic:</p> <ul style="list-style-type: none"> - To what extent is the project objective realistic from today's perspective and the given resources (time, financial, partner capacities)? - To what extent are the activities, instruments and outputs adequately designed to achieve the project objective? - To what extent are the underlying results hypotheses of the project plausible? - To what extent is the chosen system boundary (sphere of responsibility) of the project (including partner) clearly defined and plausible? - Are potential influences of other donors/organisations outside of the project's sphere of responsibility adequately considered? - To what extent are the assumptions and risks for the project complete and plausible? 	<p>Assessment of current results model and results hypotheses (theory of change, ToC) of actual project logic</p>	<p>Contribution analysis, Theory of change, interviews with project team and external key informants</p>	<p>Interviews, result models and matrices, GF risk matrix for Malawi</p>	<p>strong</p>
	<p>To what extent does the strategic orientation of the project address potential changes in its framework conditions?</p>	<p>Extent to which the strategic orientation of the project address potential changes in its framework conditions</p>	<p>Interviews with project staff and external key informants, document study: project reports</p>	<p>Interviews, progress reports, 'Änderungsanträge'</p>	<p>good</p>
	<p>How is/was the complexity of the framework conditions and guidelines handled? How is/was any possible overloading dealt with and strategically focused?</p>	<p>Project Management regarding complexity of the framework conditions and possible overloading</p>	<p>Interviews with project staff and external key informants</p>	<p>Interviews</p>	<p>moderate</p>
<p>The project concept (1) was adapted to changes in line with requirements and re-adapted where applicable.</p>	<p>What changes have occurred during project implementation? (e.g. local, national, international, sectoral, including state of the art of sectoral know-how)?</p>	<p>Listing of changes</p>	<p>Interviews with project staff and external key informants, document study: reports</p>	<p>Interviews, progress reports</p>	<p>good</p>
	<p>How were the changes dealt with regarding the project concept?</p>	<p>Project Management regarding changes</p>	<p>Interviews with project staff and external key informants</p>	<p>Interviews, 'Änderungsanträge'</p>	<p>good</p>

OECD-DAC Criterion Coherence - How well does the intervention fit? (max. 100 points)

This criterion refers to the intervention's compatibility with other interventions in a country, sector or institution as well as with international norms and standards. **Internal coherence** addresses the synergies and division of tasks between the intervention and other interventions of German development cooperation and also the intervention's consistency with the relevant international norms and standards to which German development cooperation adheres. **External coherence** considers the intervention's complementarity, harmonisation and coordination with the interventions of other partners, donors and international organisations. The 'coherence' criterion relates both to the intervention's design as well as to the results it achieves.

Assessment dimensions	Evaluation questions	Clarifications	Basis for Assessment / Evaluation indicators (e.g. Modulziel-/Programmindikatoren, ausgewählte Hypothesen, oder allgemeiner eine Definition der Aspekte, die zur Bewertung herangezogen werden)	Evaluation Design and empirical methods (Design: e.g. Contribution analysis, Follow-the-Money Approach) (Methods: e.g. interviews, focus group discussions, document analysis, project/partner monitoring system, workshop, online survey, etc.)	Data sources (e.g. list of relevant documents, interviews with stakeholder category XY, specific data, specific monitoring data, specific workshop(s), etc.)	Data Quality and limitations (Description of limitations, assessment of data quality: <i>very moderate, good</i>)	Data Quality Assessment (weak, moderate, good, strong)
Internal coherence	Within German development cooperation, to what extent is the intervention designed and implemented (in a sector, country, region or globally) in a complementary manner, based on the division of tasks?	• Also analysis of whether the project takes the necessary steps to fully realize synergies within German development cooperation	Extent to which the programme is designed and implemented globally in a complementary manner, based on the division of tasks?	Interviews with project staff and internal key informants, document study	GIZ, BMZ policy documents, interviews with key informants, project strategy documents		moderate
	To what extent are the instruments of German development cooperation (Technical and Financial Cooperation) meaningfully interlinked within the intervention (in terms of both design and implementation)? Are synergies leveraged?	• If applicable, also take into account projects of different German ressorts/ministries	Extent to which the instruments of German development cooperation are meaningfully interlinked, if. Synergies?	Interviews with project staff and internal key informants, document study	GIZ, BMZ policy documents, interviews with key informants, project strategy documents	No linkage to other German ministries	good
External coherence	To what extent is the intervention consistent with international and national norms and standards to which German development cooperation is committed (e.g. human rights)?		Extent to which the intervention is consistent with international and national norms and standards to which German development cooperation is committed (e.g. human rights), UHC.	Interviews with project staff and internal key informants, document study	GIZ, BMZ policy documents, interviews with key informants, project strategy documents, international norm documents		strong
	To what extent does the intervention complement and support the partner's own efforts (principle of subsidiarity)?		Extent to which the intervention complement and support the partner's own efforts.	Interviews with project staff and external key informants (GF, MoH, partners), document study, interviews with other donors	Partner policy and strategy documents, interviews with key informants		
	To what extent has the intervention's design and implementation been coordinated with other donors' activities?	• Also: To what extent could synergies be achieved through co-financing (where available) with other bilateral and multilateral donors and organizations and how did co-financing contribute to improved donor	Extent to which the intervention's design and implementation has been coordinated with other donors' activities	Interviews with project staff and external key informants (GF, MoH, partners), document study, interviews with other donors	Partner policy and strategy documents, interviews with key informants		
	To what extent has the intervention's design been designed to use existing systems and structures (of partners/other donors/international organisations) for implementing its activities? To what extent are these systems and	• Also analysis of whether the project is taking the necessary steps to fully realize synergies with interventions of other donors at the impact level	Extent to which the intervention has been designed to use existing systems and structures (of partners/other donors/international organisations) for implementing its activities.	Interviews with project staff and external key informants (GF, MoH, partners), document study, interviews with other donors	Interviews with key informants		
	To what extent are common systems (together with partners/other donors/international organisations) used for M&E, learning and accountability?		Extent to which common systems (together with partners/other donors/international organisations) are used for M&E, learning and accountability.	Interviews with project staff and external key informants (GF, MoH, partners), document study, interviews with other donors	Interviews with key informants		

OECD-DAC Criterion Effectiveness - Is the intervention achieving its objectives? (max. 100 points) 'Effectiveness' refers to the extent to which the intervention has achieved, or is expected to achieve, its objectives (at outcome level), including any differential results across beneficiary and stakeholder groups. It examines the

Assessment dimensions	Evaluation questions	Clarifications	Basis for Assessment / Evaluation indicators (e.g. Modulziel-/Programmindikatoren, ausgewählte Hypothesen, oder allgemeiner eine Definition der Aspekte, die zur Bewertung herangezogen werden)	Evaluation Design and empirical methods (Design: e.g. Contribution analysis, Follow-the-Money Approach) (Methods: e.g. interviews, focus group discussions, document analysis, project/partner monitoring system,	Data sources (e.g. list of relevant documents, interviews with stakeholder category XY, specific data, specific monitoring data, specific workshop(s), etc.)	Data Quality Assessment (weak, moderate, good, strong)
Achievement of the (intended) objectives¹	To what extent has the intervention achieved, or is the intervention expected to achieve, the (intended) objectives as originally planned (or as modified to cater for changes in the environment)?	<ul style="list-style-type: none"> Assessment based on the project objective indicators (agreed with BMZ) Check whether more specific or additional indicators are 	Extent to which project outcomes are achieved according to the last result matrix in time.	Checking the status of indicators in the WoMs system, cross check with reports from GF	WoM system, GF reporting systems	strong
	For projects with FS1 or FS2 markers: To what extent was the project able to strengthen deescalating factors/ connectors ^{22,4}		The project itself has no FS1 or FS2 marker. Some selected countries fall under the category "fragile contexts". There is evidence the project contributed to conflict mitigation.	Interviews and reports for fragile selected countries	Reports by the project team or by the Global Fund for selected countries "with fragile" categorisation. Achievements by the GF program.	moderate
Contribution to achievement of objectives	To what extent have the intervention's outputs been delivered as originally planned (or as modified to cater for changes in the environment)?		Extent to which the intervention's outputs been delivered as originally planned.	Checking the status of indicators in the WoMs system, cross check with reports from GF	WoM system, GF reporting systems	strong
	To what extent have the delivered outputs and increased capacities been used and equal access (e.g. in terms of physical, non-discriminatory and affordable access) guaranteed?		Extent to which have the delivered outputs and increased capacities been used and equal access guaranteed.	Reports plus key informant interviews, plus survey (web based), country visit	Progress reports, interview results, context analysis and reflections on assumptions and risks	moderate
	To what extent has the intervention contributed to the achievement of objectives?	<ul style="list-style-type: none"> Assessment based on the activities, TC-instruments and outputs of the project (contribution-analysis as focus of this assessment dimension and minimum standard, see annotated reports) 	Extent to which the intervention contributed to the achievement of objectives.	Contribution analysis, relevant documents plus key informant interviews, plus survey for CCM members (web based)	Results Matrix and result models, contribution analysis	good
	To what extent has the intervention contributed to the achievement of objectives at the level of the intended beneficiaries?		Extent to which the intervention contributed to the achievement of objectives at the level of the intended beneficiaries.	Contribution analysis, relevant documents plus key informant interviews, plus survey for CCM members (web based)	Results Matrix and result models, contribution analysis	good
	To what extent has the intervention contributed to the achievement of objectives at the level of particularly disadvantaged or vulnerable groups of beneficiaries and stakeholders? (These may be broken down by age, income, gender, ethnicity, etc.)?		Extent to which the intervention contributed to the achievement of objectives at the level of particularly disadvantaged or vulnerable groups of beneficiaries and stakeholders.	Contribution analysis, relevant documents plus key informant interviews, plus survey for CCM members (web based)	Results Matrix and result models, contribution analysis	good
	Which internal factors (technical, organisational or financial) were decisive for achievement/non-achievement of the intervention's intended objectives?	<ul style="list-style-type: none"> Internal factors = within the project's sphere of responsibility / system boundary. The project is implemented jointly by GIZ and the official partner(s). 	Internal factors (technical, organisational or financial) decisive for achievement/non-achievement	Reports plus key informant interviews, plus survey (web based), country visit	Progress reports, interview results, context analysis and reflections on assumptions and risks	good
	Which external factors were decisive for achievement/non-achievement of the intervention's intended objectives (taking into account the anticipated risks)?	<ul style="list-style-type: none"> External factors = outside the project's sphere of responsibility / system boundary. The project is implemented jointly by GIZ and the official partner(s). 	Which external factors were decisive for achievement/non-achievement of the intervention's intended objectives.	Reports plus key informant interviews, plus survey (web based), country visit	Progress reports and other reports, interview and survey results, contribution analysis	good

OECD-DAC Criterion Effectiveness - Is the intervention achieving its objectives? (max. 100 points) 'Effectiveness' refers to the extent to which the intervention has achieved, or is expected to achieve, its objectives (at outcome level), including any differential results across beneficiary and stakeholder groups. It e

Quality of implementation	<p>What assessment can be made of the quality of steering and implementation of the intervention in terms of the achievement of objectives?</p> <p>What assessment can be made of the quality of steering and implementation of, and participation in, the intervention by the partner/executing agency?</p>	<p>Capacity Works considerations:</p> <ul style="list-style-type: none"> - Results-oriented monitoring (RoM / WoM) is established and used, e.g. for evidence-based decisions, risk management. Data are disaggregated by gender and marginalized groups. unintended positive and negative results are monitored. Conflict-sensitive monitoring and explicit risk-safety monitoring are particularly important for projects in fragile contexts. - A bindingly communicated strategy agreed with the partners is pursued - Involvement and cooperation of all relevant actors (including partners, civil society, private sector) - Steering: decisions influencing the projects's results are made in time and evidence-informed. Decision processes are transparent. - Processes: Relevant change processes are anchored in the cooperation system; project-internal processes are established and regularly reflected and optimised. - Learning and innovation: There is a learning and innovation-friendly work culture that promotes the exchange of experience; learning processes are established; context-specific adjustments are possible 	<p>Quality of implementation as per:</p> <ul style="list-style-type: none"> - Results-oriented monitoring (RoM / WoM) is established and used, e.g. for evidence-based decisions, risk management. Data are disaggregated by gender and marginalized groups. unintended positive and negative results are monitored. Conflict-sensitive monitoring and explicit risk-safety monitoring are particularly important for projects in fragile contexts. - A bindingly communicated strategy agreed with the partners is pursued - Involvement and cooperation of all relevant actors (including partners, civil society, private sector) - Steering: decisions influencing the projects's results are made in time and evidence-informed. Decision processes are transparent. - Processes: Relevant change processes are anchored in the cooperation system; project-internal processes are established and regularly reflected and optimised. - Learning and innovation: There is a learning and innovation-friendly work culture that promotes the exchange of experience; learning processes are established; context-specific adjustments are possible 	<p>Reports plus key informant interviews, plus survey (web based), country visit, contribution analysis and context analysis</p>	<p>Progress reports and other reports, interview results, contribution analysis and context analysis</p>	strong
Unintended results	To what extent can unintended positive/negative direct results (social, economic, environmental and among vulnerable beneficiary groups) be observed/anticipated?	<ul style="list-style-type: none"> • The focus is on the outcome level, but for the analysis the unintended effects can also be included on the output level 	Extent to which the unintended positive/negative direct results could be observed/anticipated	Reports plus key informant interviews, plus survey (web based), country visit, contribution analysis and context analysis	Progress reports and other reports, interview results, contribution analysis and context analysis	weak
	To what extent was the project able to ensure that escalating factors/dividers ³ have not been strengthened (indirectly) by the project ⁴ ? Has the project unintentionally (indirectly) supported violent or 'dividing' actors?		Extent to which risks of conflict, fragility and violence in the selected fragile countries have been monitored.	Interviews and reports for fragile selected countries, document study	Risk monitoring file by the GF in each country, progress reports GIZ	moderate
	What potential benefits/risks arise from the positive/negative unintended results? What assessment can be made of them?	<ul style="list-style-type: none"> • also check whether the risks were already mentioned and monitored in the design phase 	Potential benefits/risks which arise from the positive/negative unintended results and their assessment.	Relevant reports and analyses plus key informant interviews, plus survey, country visit	Gender Analysis, politico economic analyses, "Kompass" if available	moderate
	How has the intervention responded to the potential benefits/risks of the positive/negative unintended results?	<ul style="list-style-type: none"> • Check if positive results at the outcome level have been monitored and set in value 	How the intervention has responded to the potential benefits/risks of the positive/negative unintended results	Relevant reports and analyses plus key informant interviews, plus survey, country visit	Risk monitoring file by the GF in each country, progress reports GIZ, WoMS (outcome indicator)	moderate

OECD-DAC Criterion Impact (higher-level development results) - What difference does the intervention make? (max. 100 points) Based on recognisable higher-level development changes (at impact level), the criterion of "higher level development results (at impact level)" relates to the extent to which the intervention has achieved

Assessment dimensions	Evaluation questions	Clarifications	Basis for Assessment / Evaluation Indicators (e.g. Modulziel-/Programmindikatoren, ausgewählte Hypothesen, oder allgemeiner eine Definition der Aspekte, die zur Bewertung herangezogen werden)	Evaluation Design and empirical methods (Design: e.g. Contribution analysis, Follow-the-Money Approach) (Methods: e.g. interviews, focus group discussions, document analysis, project/partner monitoring system, workshop, online survey, etc.)	Data sources (e.g. list of relevant documents, interviews with stakeholder category XY, specific data, specific monitoring data, specific workshop(s), etc.)	Data Quality Assessment (weak, moderate, good, strong)
Higher-level (intended) development changes¹	To what extent can the higher-level development changes (social, economic and environmental dimensions and the interactions between them) to which the intervention will/is designed to contribute be identified/foreseen? (Specify time frame where possible.)	<ul style="list-style-type: none"> Consider module proposal for suggested impact and program objective indicators (program proposal), if it is not an individual measure Potential basis for assessment: program objective indicators, identifiers, connection to the national strategy for implementing 2030 Agenda, connection to SDGs 	The project contributes to overarching development results (2030 Agenda, SDGs).	Interviews with project staff and external key informants, document study	BMZ and GF policies and strategies, results model and matrix, contribution analyses, interviews	strong
	To what extent have the IZR criteria contributed to strengthening overarching development results?	<ul style="list-style-type: none"> Please use CPE factsheet on SV / GV / IZR 		Interviews with key informants, contribution analysis, document study, country visit	BMZ and GF policies and strategies, results model and matrix, contribution analyses, interviews	
	To what extent can the higher-level development changes (social, economic, environmental dimensions and the interactions between them) be identified/foreseen at the level of the intended beneficiaries? (Specify time frame where possible.)		Extent to which higher-level development changes (social, economic, environmental dimensions and the interactions between them) be identified/foreseen at the level of the intended beneficiaries.	Interviews with project staff and external key informants, document study	BMZ and GF policies and strategies, results model and matrix, contribution analyses, interviews	moderate
	To what extent can higher-level development changes to which the intervention will/is designed to contribute be identified/foreseen at the level of particularly disadvantaged/vulnerable groups of beneficiaries and stakeholders? (These may be broken down by age, income, gender, ethnicity, etc.) (Specify time frame where possible.)		Indirect marginalised target groups of population (such as women, children, young people, elderly, people with disabilities, indigenous peoples, refugees, IDPs and migrants, people living with HIV/AIDS and the poorest of the poor) have been reached by the project.	Interviews with key informants, contribution analysis, country visit	BMZ and GF policies and strategies, results model and matrix, contribution analyses, interviews	good
Contribution to higher-level (intended) development changes	To what extent has the intervention actually contributed to the identified and/or foreseeable higher level development changes (social, economic, environmental dimensions and their interactions, taking into account political stability) that it was designed to bring about?	<ul style="list-style-type: none"> Contribution analysis (evaluation design) as minimum standard and focus of this assessment dimension, further approaches are possible and welcome, see also annotated reports Evaluation of the project's contribution to impacts based on an analysis of the results hypotheses from outcome to impact level 	Extent to which the intervention actually contributed to the identified and/or foreseeable higher level development changes (social, economic, environmental dimensions and their interactions, taking into account political stability) :	Contribution analysis, interviews with key informants, document study	BMZ and GF policies and strategies, results model and matrix, contribution analyses, interviews	moderate
	To what extent has the intervention achieved its intended (original and, where applicable, revised) development objectives?	<ul style="list-style-type: none"> This question can already be assessed in Dimension 1 Question 1, the contribution to impact is assessed in Dimension 2, Question 1 	Extent to which the intervention achieved its intended (original and, where applicable, revised) development objectives?	Contribution analysis, interviews with key informants, document study	BMZ and GF policies and strategies, results model and matrix, contribution analyses, interviews	moderate
	To what extent has the intervention achieved its (original and, where applicable, revised) development objectives at the level of the intended beneficiaries?		Extent to which the intervention achieved its development objectives	Contribution analysis, interviews with key informants, document study	BMZ and GF policies and strategies, results model and matrix, contribution analyses, interviews	good
	To what extent has the intervention contributed to higher-level development changes/changes in the lives of particularly disadvantaged or vulnerable groups of beneficiaries and stakeholders that it was designed to bring about? (These may be broken down by age, income, gender, ethnicity, etc.).		Extent to which the intervention contributed to higher-level development changes/changes in the lives of particularly disadvantaged or vulnerable groups of beneficiaries and stakeholders	Contribution analysis, interviews with key informants, document study	BMZ and GF policies and strategies, results model and matrix, contribution analyses, interviews, progress reports	good
	Which internal factors (technical, organisational or financial) were decisive for achievement/non-achievement of the intervention's intended development objectives?	<ul style="list-style-type: none"> Internal factors = within the project's sphere of responsibility / system boundary. The project is implemented jointly by GIZ and the official partner(s) 	Internal factors (technical, organisational or financial) decisive for achievement/non-achievement of the intervention's intended development objectives	Contribution analysis, interviews with key informants, document study	Results model and matrix, contribution analyses, interviews, progress reports	good
	Which external factors were decisive for the achievement/non-achievement of the intervention's intended development objectives?	<ul style="list-style-type: none"> External factors = outside the project's sphere of responsibility / system boundary. The project is implemented jointly by GIZ and the official partner(s). Take into account the activities of other actors or other policies, framework conditions, other policy areas, strategies or interests (German ministries, bilateral and multilateral development partners) 	External factors (technical, organisational or financial) decisive for achievement/non-achievement of the intervention's intended development objectives	Contribution analysis, interviews with key informants, document study	Results model and matrix, contribution analyses, interviews, progress reports	good
	To what extent has the intervention achieved structural or institutional changes (e.g. for organisations, systems and regulations)?		Extent to which the intervention achieved structural or institutional changes (e.g. for organisations, systems and regulations)	Contribution analysis, interviews with key informants, document study	Results model and matrix, contribution analyses, interviews, progress reports	good
	To what extent did the intervention serve as a model and/or achieve broad-based impact?	<ul style="list-style-type: none"> Scaling-up is a consciously designed process to anchor changes in organisations and cooperation systems (e.g. concepts, approaches, methods) to generate broad impact There is vertical scaling-up, horizontal scaling-up, functional scaling-up or a combination of these² also analyse possible potential and reasons for not exploiting it 	Extent to which the intervention serve as a model and/or achieve broad-based impact.	Contribution analysis, interviews with key informants, document study	Results model and matrix, contribution analyses, interviews, progress reports	moderate
	To what extent has the project made an innovative contribution (or a contribution to innovation)? Which innovations have been tested in different regional contexts? How are the innovations evaluated by which partners?	<ul style="list-style-type: none"> Please use CPE factsheet on SV / GV / IZR 	How would the situation have developed without the intervention?	Contribution analysis, interviews with key informants, document study		
	How would the situation have developed without the intervention?	<ul style="list-style-type: none"> usually qualitative reflection, quantitative approaches welcome 	Situation without the intervention?	Contribution analysis, interviews with key informants, document study	Results model and matrix, contribution analyses, interviews, progress reports	moderate

OECD-DAC Criterion Impact (higher-level development results) - What difference does the intervention make? (max. 100 points) Based on recognisable higher-level development changes (at impact level), the criterion of "higher level development results (at impact level)" relates to the extent to which the intervention has achieved

Contribution to higher-level (unintended) development changes	To what extent can higher-level, unintended development changes (social, economic and environmental dimensions and their interactions, taking into account political stability) be identified/foreseen? (Specify time frame where possible.)		Extent to which higher-level, unintended development changes (social, economic and environmental dimensions and their interactions, taking into account political stability) were identified/foreseen	Interviews with project staff and external key informants, document study	Project and change/adjustment applications, interviews, progress reports	moderate
	To what extent did the project have (unintended) negative or escalating effects on the conflict or the context of fragility (e.g. conflict dynamics, violence, legitimacy of state and non-state actors/institutions)? To what extent did the project have positive or deescalating effects on the conflict or the context of fragility (e.g. conflict dynamics, violence, legitimacy of state and non-state actors/institutions)?					
	To what extent has the intervention brought about foreseeable/identifiable unintended (positive and/or negative) higher-level development results?	<ul style="list-style-type: none"> Analyse whether the risks were already known in the design phase Check how the assessment of risks in connection with (unintended) negative or (not formally agreed) positive results at the impact level in the monitoring system has been carried out (e.g. use of 'compass') measures taken to avoid or counteract the risks/ negative effects/ trade-offs³ Determine relevant framework conditions for negative results and the project's reaction to them Examine to what extent potential (not formally agreed) positive results and synergies between the ecological, economic and social development dimensions have been monitored and exploited 	<p>Risks already known in the design phase</p> <p>Assessment of risks in connection with (unintended) negative or (not formally agreed) positive results at the impact level in the monitoring system</p> <p>Measures taken to avoid or counteract the risks/ negative effects/ trade-offs³</p> <p>Relevant framework conditions for negative results and the project's reaction to them</p> <p>Extent to which potential (not formally agreed) positive results and synergies between the ecological, economic and social development dimensions have been monitored and exploited</p>	Interviews with project staff and external key informants, document study	Project and change/adjustment applications, interviews, progress reports	good
	To what extent has the intervention contributed to foreseeable/identifiable unintended (positive and/or negative) higher-level development results at the level of particularly disadvantaged or vulnerable groups of beneficiaries and stakeholders? (These may be broken down by age, income, gender, ethnicity, etc.)		Extent to which the intervention contributed to foreseeable/identifiable unintended (positive and/or negative) higher-level development results at the level of particularly disadvantaged or vulnerable groups of beneficiaries and stakeholders	Interviews with project staff and external key informants, document study	Project and change/adjustment applications, interviews, progress reports	moderate

OECD-DAC Criterion EFFICIENCY (max. 100 points)					
Assessment dimensions	Evaluation questions	Evaluation indicators (pilot phase for indicators - only available in German so far)	Data collection methods (e.g. interviews, focus group discussions, documents, project/partner monitoring system, workshop, survey, etc.)	Data sources (list of relevant documents, interviews with specific stakeholder categories, specific monitoring data, specific workshop(s), etc.)	Evidence strength (moderate, good, strong)
The project's use of resources is appropriate with regard to the outputs achieved.	To what extent are there deviations between the identified costs and the projected costs? What are the reasons for the identified deviation(s)?	Das Vorhaben steuert seine Ressourcen gemäß des geplanten Kostenplans (Kostenzeilen). Nur bei nachvollziehbarer Begründung erfolgen Abweichungen vom Kostenplan.	Financial reporting, interview with Finance Manager and one country team	Progress reports, Obligobericht, interview with Finance Manager and one country team	strong
[Production efficiency: Resources/Outputs] Max. 70 points	Focus: To what extent could the outputs have been maximised with the same amount of resources and under the same framework conditions and with the same or better quality (maximum principle)? (methodological minimum standard: Follow-the-money approach)	Das Vorhaben reflektiert, ob die vereinbarten Wirkungen mit den vorhandenen Mitteln erreicht werden können.	Financial reporting, interview with Finance Manager and one country team	Tool for efficiency analysis, Contribution analysis	strong
		Das Vorhaben steuert seine Ressourcen gemäß der geplanten Kosten für die vereinbarten Leistungen (Outputs). Nur bei nachvollziehbarer Begründung erfolgen Abweichungen von den Kosten. Die übergreifenden Kosten des Vorhabens stehen in einem angemessenen Verhältnis zu den Kosten für die Outputs. Die durch ZAS Aufschriebe erbrachten Leistungen haben einen nachvollziehbaren Mehrwert für die Erreichung der Outputs des Vorhabens.	Financial reporting, interview with Finance Manager and one country team; => the bookings are not coded in the accounting system, but will manually categorized as good as possible by the evaluators based on the booking descriptions	Progress reports, Obligobericht, interview with Finance Manager and one country team, Tool for efficiency analysis	strong
		Die übergreifenden Kosten des Vorhabens stehen in einem angemessenen Verhältnis zu den Kosten für die Outputs.	Financial reporting, interview with Finance Manager and one country team, efficiency tool => => the bookings are not coded in the accounting system, but will manually categorized as good as possible by the evaluators based on the booking descriptions	Progress reports, Obligobericht, interview with Finance Manager and one country team	strong
		Die durch ZAS Aufschriebe erbrachten Leistungen haben einen nachvollziehbaren Mehrwert für die Erreichung der Outputs des Vorhabens.	Interviews with project team, ZAS reports (as far as available) => information status: only some other GIZ departments have done ZAS	ZAS info as available	good
	Focus: To what extent could outputs have been maximised by reallocating resources between the outputs? (methodological minimum standard: Follow-the-money approach)	Das Vorhaben steuert seine Ressourcen, um andere Outputs schneller/ besser zu erreichen, wenn Outputs erreicht wurden bzw. diese nicht erreicht werden können (Schlussevaluierung).	Financial reporting, interview with Finance Manager, other project staff and one country team	Progress reports, Obligobericht, interview with Finance Manager and one country team	good
	Were the output/resource ratio and alternatives carefully considered during the design and implementation process – and if so, how? (methodological minimum standard: Follow-the-money approach)	Das im Modulvorschlag vorgeschlagene Instrumentenkonzept konnte hinsichtlich der veranschlagten Kosten in Bezug auf die angestrebten Outputs des Vorhabens gut realisiert werden.	Financial reporting, interview with Finance Manager, other project staff and one country team, efficiency tool	Progress reports, Obligobericht, interview with Finance Manager, project staff and one country team, Tool for efficiency analysis	strong
		Die im Modulvorschlag vorgeschlagene Partnerkonstellation und die damit verbundenen Interventionsebenen konnte hinsichtlich der veranschlagten Kosten in Bezug auf die angestrebten Outputs des Vorhabens gut realisiert werden.	Financial reporting, interview with Finance Manager and one country team, efficiency tool	Progress reports, Obligobericht, interview with Finance Manager, project staff and one country team, Tool for efficiency analysis	good
		Der im Modulvorschlag vorgeschlagene thematische Zuschnitte für das Vorhaben konnte hinsichtlich der veranschlagten Kosten in Bezug auf die angestrebten Outputs des Vorhabens gut realisiert werden.	Financial reporting, interview with Finance Manager and one country team, efficiency tool	Progress reports, Obligobericht, interview with Finance Manager, project staff and one country team, Tool for efficiency analysis	strong
		Die im Modulvorschlag beschriebenen Risiken sind hinsichtlich der veranschlagten Kosten in Bezug auf die angestrebten Outputs des Vorhabens gut nachvollziehbar.	Financial reporting, interview with Finance Manager and one country team, efficiency tool	Progress reports, Obligobericht, interview with Finance Manager, project staff and one country team, Tool for efficiency analysis	good
		Die im Modulvorschlag beschriebene Reichweite des Vorhabens (z.B. Regionen) konnte hinsichtlich der veranschlagten Kosten in Bezug auf die angestrebten Outputs des Vorhabens voll realisiert werden.	Financial reporting, interview with Finance Manager and one country team, efficiency tool	Progress reports, Obligobericht, interview with Finance Manager, project staff and one country team, Tool for efficiency analysis	good
		Der im Modulvorschlag beschriebene Ansatz des Vorhabens hinsichtlich der zu erbringenden Outputs entspricht unter den gegebenen Rahmenbedingungen dem state-of-the-art.	Financial reporting, interview with Finance Manager and one country team	Progress reports, Obligobericht, interview with Finance Manager and one country team	good
	For interim evaluations based on the analysis to date: To what extent are further planned expenditures meaningfully distributed among the targeted outputs?	n/a	n/a	n/a	

OECD-DAC Criterion EFFICIENCY (max. 100 points)					
Assessment dimensions	Evaluation questions	Evaluation indicators (pilot phase for indicators - only available in German so far)	Data collection methods (e.g. interviews, focus group discussions, documents, project/partner monitoring system, workshop, survey, etc.)	Data sources (list of relevant documents, interviews with specific stakeholder categories, specific monitoring data, specific workshop(s), etc.)	Evidence strength (moderate, good, strong)
<p>The project's use of resources is appropriate with regard to achieving the projects objective (outcome). [Allocation efficiency: Resources/Outcome]</p> <p>Max. 30 points</p>	<p>To what extent could the outcome (project objective) have been maximised with the same amount of resources and the</p>	Das Vorhaben orientiert sich an internen oder externen Vergleichsgrößen, um seine Wirkungen kosteneffizient zu erreichen.	Financial reporting, interview with Finance Manager	Interview with Finance Manager and project staff	strong
		Das Vorhaben steuert seine Ressourcen zwischen den Outputs, so dass die maximalen Wirkungen im Sinne des Modulziels erreicht werden. (Schlussevaluierung)	Interview with Finance Manager and project staff	Interview with Finance Manager and project staff,	good
		Das im Modulvorschlag vorgeschlagene Instrumentenkonzept konnte hinsichtlich der veranschlagten Kosten in Bezug auf das angestrebte Modulziel des Vorhabens gut realisiert werden.	Interview with Finance Manager and project staff, efficiency tool	Interview with Finance Manager and project staff, Obligobericht, Tool for efficiency analysis	strong
		Die im Modulvorschlag vorgeschlagene Partnerkonstellation und die damit verbundenen Interventionsebenen konnte hinsichtlich der veranschlagten Kosten in Bezug auf das angestrebte Modulziel des Vorhabens gut realisiert werden.	Interview with Finance Manager and project staff, efficiency tool	Interview with Finance Manager and project staff, Obligobericht, Tool for efficiency analysis	strong
		Der im Modulvorschlag vorgeschlagene thematische Zuschnitte für das Vorhaben konnte hinsichtlich der veranschlagten Kosten in Bezug auf das angestrebte Modulziel des Vorhabens gut realisiert werden.	Interview with Finance Manager and project staff, efficiency tool	Interview with Finance Manager and project staff, Obligobericht, Tool for efficiency analysis	strong
		Die im Modulvorschlag beschriebenen Risiken sind hinsichtlich der veranschlagten Kosten in Bezug auf das angestrebte Modulziel des Vorhabens gut nachvollziehbar.	Interview with Finance Manager and project staff, efficiency tool, document study	Interview with Finance Manager and project staff, Obligobericht, Tool for efficiency analysis	good
		Die im Modulvorschlag beschriebene Reichweite des Vorhabens (z.B. Regionen) konnte hinsichtlich der veranschlagten Kosten in Bezug auf das angestrebte Modulziel des Vorhabens voll realisiert werden.	Interview with Finance Manager and project staff, efficiency tool, document study	Interview with Finance Manager and project staff, Obligobericht, Tool for efficiency analysis	good
		Der im Modulvorschlag beschriebene Ansatz des Vorhabens hinsichtlich des zu erbringenden Modulziels entspricht unter den gegebenen Rahmenbedingungen dem state-of-the-art.	Interview with project staff, document study	Interviews with project staff, progress reports, adjustment project applications, progress reports	good
	<p>To what extent were more results achieved through cooperation / synergies and/or leverage of more resources, with the help of other ministries, bilateral and multilateral donors and organisations (e.g. co-financing) and/or other GIZ projects? If so, was the relationship between costs and results appropriate or did it even improve efficiency?</p>	Das Vorhaben unternimmt die notwendigen Schritte, um Synergien mit Interventionen anderer Geber auf der Wirkungsebene vollständig zu realisieren.	Interview with project staff and other donors and key stakeholders, document study	Interview with project staff and other donors, document study, adjustment project applications, progress reports	strong
		Wirtschaftlichkeitsverluste durch unzureichende Koordinierung und Komplementarität zu Interventionen anderer Geber werden ausreichend vermieden.	Interview with Finance Manager and project staff, Obligobericht, document study	Interview with Finance Manager and project staff, Obligobericht, progress reports	strong
		Das Vorhaben unternimmt die notwendigen Schritte, um Synergien innerhalb der deutschen EZ vollständig zu realisieren.	Interview with project staff and other German development stakeholders, document study	Interview with project staff and other German development. stakeholders, progress reports	strong
		Wirtschaftlichkeitsverluste durch unzureichende Koordinierung und Komplementarität innerhalb der deutschen EZ werden ausreichend vermieden.	Interview with project staff and other German development. stakeholders, document study	Interview with project staff and other German development. stakeholders, progress reports	strong
		Die Kombifinanzierung hat zu einer signifikanten Ausweitung der Wirkungen geführt bzw. diese ist zu erwarten.	Interview with project staff and other international development. stakeholders, document study	Interview with project staff and other international development. stakeholders, progress reports	good
		Durch die Kombifinanzierung sind die übergreifenden Kosten im Verhältnis zu den Gesamtkosten nicht überproportional gestiegen.	Interview with project staff and other international development. stakeholders, document study	Interview with project staff and other international development. stakeholders, progress reports	good
		Die Partnerbeiträge stehen in einem angemessenen Verhältnis zu den Kosten für die Outputs des Vorhabens.	Interview with Finance Manager and project staff, document study	Interview with Finance Manager and project staff, progress reports, adjustment project applications, progress reports	good

OECD-DAC Criterion SUSTAINABILITY (max. 100 points)					
Assessment dimensions	Evaluation questions	Evaluation indicators	Data collection methods (e.g. interviews, focus group discussions, documents, project/partner monitoring system, workshop, survey, etc.)	Data sources (list of relevant documents, interviews with specific stakeholder categories, specific monitoring data, specific workshop(s), etc.)	Evidence strength (moderate, good, strong)
Prerequisite for ensuring the long-term success of the project: Results are anchored in (partner) structures. Max. 50 points	What has the project done to ensure that the results can be sustained in the medium to long term by the partners themselves?	Extent to which the results can be sustained in the medium to long term by the partners themselves	Interviews with project staff and external key informants (GF, MoH, partners), document study, GF statistics: risk matrices, CCM development and development of GF Key Perf. Indicators for selected countries, CCM survey, sustainability analysis	National strategies, GF changes in risk matrix and CCM judgement, GF performance indicators of selected countries , results model and matrix of new, contribution analyses, key informant interviews, CCM survey	good
	In what way are advisory contents, approaches, methods or concepts of the project anchored/institutionalised in the (partner) system?	Extent to which advisory contents, approaches, methods or concepts of the project are anchored/institutionalised in the (partner) system	Interviews with project staff and external key informants (GF, MoH, partners), document study	National strategies & policies, GF changes in risk matrix and CCM judgement key informant interviews, CCM survey	good
	To what extent are the results continuously used and/or further developed by the target group and/or implementing partners?	Extent to which the results are continuously used and/or further developed by the target group and/or implementing partners?	Interviews with project staff and external key informants (GF, MoH, partners), document study, CCM survey	National strategies & policies, key informant interviews, CCM survey	good
	To what extent are resources and capacities at the individual, organisational or societal/political level in the partner country available (long-term) to ensure the continuation of the results achieved?	Extent to which resources and capacities at the individual, organisational or societal/political level in the partner country are available (long-term) to ensure the continuation of the results achieved?	Interviews with project staff and external key informants (GF, MoH, partners), document study	National strategies & policies, key informant interviews	moderate
	If no follow-on measure exists: What is the project's exit strategy? How are lessons learnt for partners and GIZ prepared and documented?	Existence of a project exit strategy. Preparation and documentation (or not) of lessons learnt for partners and GIZ.	Follow-on measure exists	Interviews project team	strong
	To what extent was the project able to ensure that escalating factors/dividers (1) in the context of conflict, fragility and violence have not been strengthened (indirectly) by the project in the long-term? To what extent was the project able to strengthen deescalating factors/connectors (2) in a sustainable way?	Extent to which the project was able to ensure that escalating factors/dividers (1) in the context of conflict, fragility and violence were not been strengthened (indirectly) by the project in the long-term?	Interviews with project staff and external key informants (GF, MoH, partners), document study, GF risk matrices, CCM survey	National strategies & policies, GF changes in risk matrix , key informant interviews	moderate
Forecast of durability: Results of the project are permanent, stable and long-term resilient. Max. 50 points	To what extent are the results of the project durable, stable and resilient in the long-term under the given conditions?	Extent to which the results of the project are durable, stable and resilient in the long-term under the given conditions.	Interviews with project staff and external key informants (GF, MoH, partners), document study, CCM survey, sustainability analysis	Key informant interviews	good
	What risks and potentials are emerging for the durability of the results and how likely are these factors to occur? What has the project done to reduce these risks?	Emergence of risks and potentials for the durability of the results and likelihood of these factors occurring. Actions by the project aimed at reducing these risks?	Interviews with project staff and external key informants (GF, MoH, partners), document study, GF statistics: risk matrices, CCM development indicators	GF risk matrix, key informant interviews	good

Predecessor project, follow-on project and further evaluation questions						
Assessment dimensions	Evaluation questions	Basis for Assessment / Evaluation indicators (e.g. Modulziel-/Programmindikatoren, ausgewählte Hypothesen, oder allgemeiner eine Definition der Aspekte, die zur Bewertung herangezogen werden)	Evaluation Design and empirical methods (Design: e.g. Contribution analysis, Follow-the-Money Approach) (Methods: e.g. interviews, focus group discussions, document analysis, project/partner monitoring system, workshop, online surveys, etc.)	Data sources (e.g. list of relevant documents, interviews with stakeholder category XY, specific data, specific monitoring data, specific workshop(s), etc.)	Data Quality and limitations (Description of limitations, assessment of data quality: poor, moderate, good, strong)	Data Quality Assessment (weak, moderate, good, strong)
Impact of the predecessor project (if predecessor project exists)	Which results were envisaged at the impact level of the predecessor project and which were achieved?				No results matrix available for predecessor project	
	Which results of the predecessor are still visible today at impact level?	Achieved results (output, outcome) from predecessor project(s) can (still) be observed.	Document study, key informant interviews	Predecessor's progress reports and project applications, current WoM and progress reports	No results matrix available for predecessor project	strong
	Which results of the predecessor are only visible today at impact level?	Achieved results (output, outcome) from predecessor project(s) can (still) be observed.	Document study, key informant interviews	Predecessor's progress reports and project applications, current WoM and progress reports	No results matrix available for predecessor project	strong
	To what extent are these results of the predecessor project(s) durable, stable and resilient in the long-term under the given conditions?	Extent of durability, stability and resilience of the results of the predecessor project(s) in the long-term.	Document study, key informant interviews, contribution analysis	Predecessor's progress reports and project applications, current progress reports, interviews		good
	How were changes in the framework conditions handled over time (including transition between different projects)? Which decisions in previous projects influence the impact of the predecessor as well as the current project until today?	Reaction to changes in the project context (including transition phases between projects/phases) and their consequences.	Document study, key informant interviews, survey to CCM members	Predecessor's progress reports and project applications, current progress reports, interviews		moderate
	What were factors for success / failure for the impact of the predecessor?				No results matrix available for predecessor project	
Sustainability of the predecessor project (if predecessor project exists)	Which results were envisaged at the outcome level of the predecessor project and which were achieved?				No results matrix available for predecessor project	
	Which results at outcome level (and important outputs) are still present or have been further developed by the partners? (without external funding vs. with external funding)	Achieved results (output, outcome) from predecessor project(s) can (still) be observed.	Document study, key informant interviews	Predecessor's progress reports and project applications, current WoM and progress reports	No results matrix available for predecessor project	strong
	How were the results of the predecessor anchored in the partner structure?	Results of predecessor projects are anchored/institutionalised in the (partner) system.	Document study, key informant interviews, survey to CCM members	Predecessor's progress reports and project applications, current WoM and progress reports		good
	How were changes in the framework conditions handled over time (including transition between different projects)? Which decisions in previous projects influence the sustainability of the predecessor and the current project until today?	Reaction to changes in the project context (including transition phases between projects/phases) and their consequences.	Document study, key informant interviews, survey to CCM members	Predecessor's progress reports and project applications, current progress reports, interviews		moderate
	What were factors for success / failure for the sustainability of the predecessor?	Identified factors of success and failure for the predecessor project(s).	Document study, key informant interviews, survey to CCM members	Predecessor's progress reports and project applications, current progress reports, interviews		good
	How much does the current project build on the predecessor project(s)? Which aspects (including results) were used or integrated in the current project (phase)?	Aspects (including results) used or integrated in the current project (period) the predecessor phase.	Document study, key informant interviews, survey to CCM members	Predecessor's progress reports and project applications, current progress reports, interviews		good

Predecessor project, follow-on project and further evaluation questions						
Assessment dimensions	Evaluation questions	Basis for Assessment / Evaluation indicators (e.g. Modulziel/Programmindikatoren, ausgewählte Hypothesen, oder allgemeiner eine Definition der Aspekte, die zur Bewertung herangezogen werden)	Evaluation Design and empirical methods (Design: e.g. Contribution analysis, Follow-the-Money Approach) (Methods: e.g. interviews, focus group discussions, document analysis, project/partner monitoring system, workshop, online)	Data sources (e.g. list of relevant documents, interviews with stakeholder category XY, specific data, specific monitoring data, specific workshop(s), etc.)	Data Quality and limitations (Description of limitations, assessment of data quality: poor, moderate, good, strong)	Data Quality Assessment (weak, moderate, good, strong)
Follow-on project: Analysis of the design and recommendations for implementation (if a follow-on project exists)	Evaluability and design of the successor: Are the results model for the follow-on project including the results hypotheses, the results-oriented monitoring system (WoM) and the project objective indicators plausible (and in line with current standards)? Are there - also based on the evaluation of the current project - recommendations for improvements in the further course of the follow-on project?	The results model including results hypotheses, the results-oriented monitoring system (WoM), and project indicators of the follow on project are plausible.	Checking the result model and hypotheses of the follow on project.	Results model of follow on project		good
	Based on the results of the evaluation of the current project: Which recommendations can be derived for the implementation of the follow-on project?					
	...					
Please add further knowledge interests /evaluation questions that cannot be assigned to any other assessment dimensions...	From BMZ: To what extent could German priorities be actively supported in the applications (health system strengthening, human rights, gender equality, national ownership including CCMs, community engagement and CSS, collaboration with other local organizations, etc.)?	Extent to which German priorities were actively supported in the applications (health system strengthening, human rights, gender equality, national ownership including CCMs, community engagement and CSS, collaboration with other local organizations, etc.)	Document study, key informant interviews	Interviews and grant applications		strong
	From BMZ: How can we improve the balance between demand orientation and support for our priorities (see above)?	Recommendation on how to balance improve demand orientation and support of BMZ priorities	Document study, key informant interviews	Key informant Interviews		moderate
	From BMZ: How can we make better use of the secondments of staff to the GFATM, especially for BMZ advice and information. What are any further postings or other postings that could make sense?	Possibility to improve the use of the secondments. Further postings to the GF useful?	Key informant interviews (secondments and GF secretariat)	key informant Interviews		moderate



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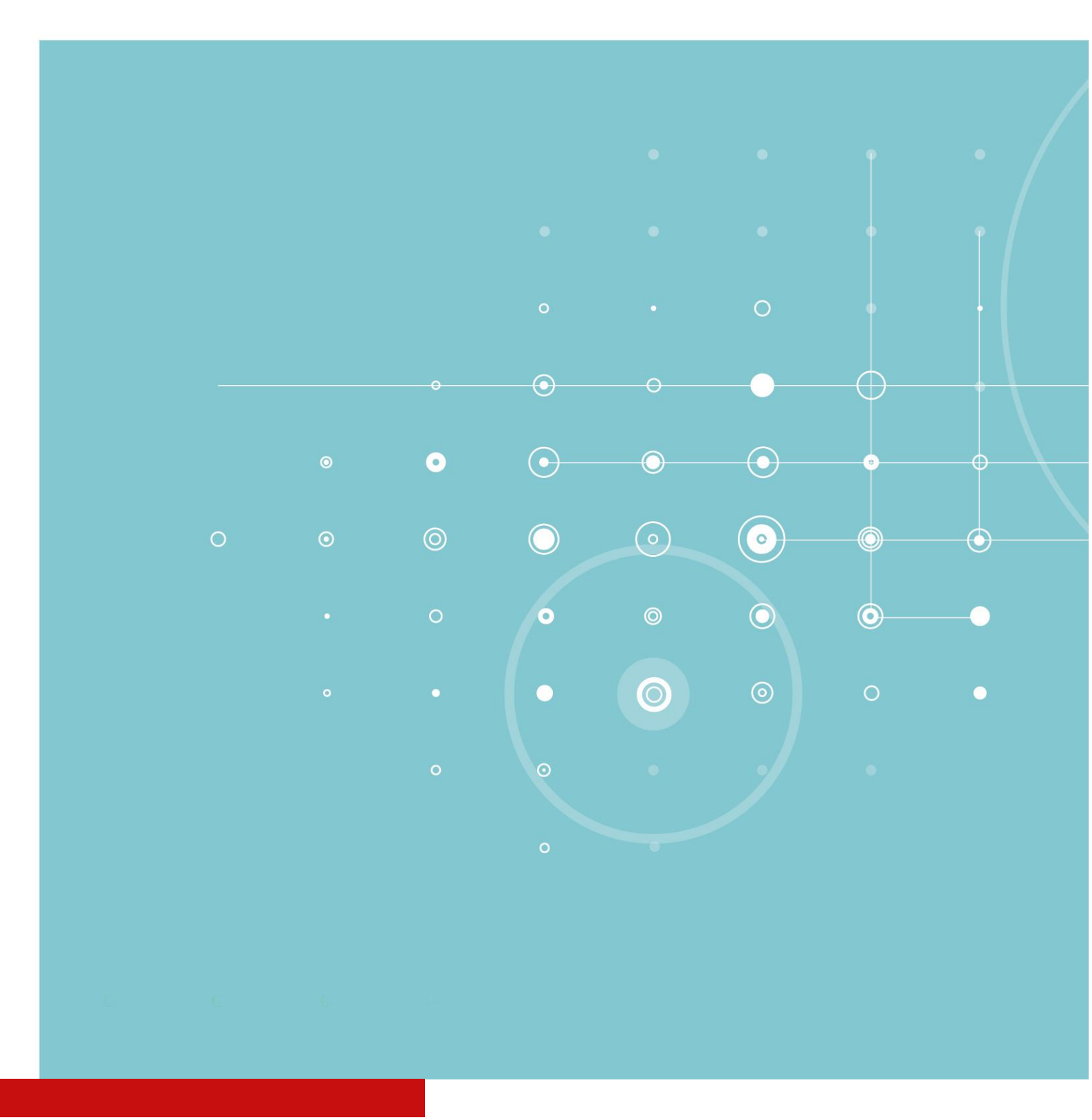
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Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

Registered offices
Bonn and Eschborn

Friedrich-Ebert-Allee 32 + 36
53113 Bonn, Germany
T: +49 228 44 60-0
F: +49 228 44 60-17 66

Dag-Hammarskjöld-Weg 1–5
65760 Eschborn, Germany
T: +49 6196 79-0
F: +49 6196 79-11 15

E: info@giz.de
I: www.giz.de