

Corporate Unit Evaluation

Central Project Evaluation

KNOWING WHAT WORKS

Central project evaluation

Multisectoral HIV Prevention (MHIVP) III, South Africa

Project number 2016.2213.3

Evaluation Report

On behalf of GIZ by Dr Eva Tezcan (GOPA Worldwide Consulting) and Thevan Naidoo (independent consultant)

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Abbreviations

AGYW	Adolescent girls and young women
AYFS	Adolescent and youth-friendly health services
BMZ	German Federal Ministry for Economic Cooperation and Development
CBO	Community-based organisation
CCM	Country Coordinating Mechanism
CDC	Centre for Disease Control
CHAI	Clinton Health Access Initiative
CoP	Community of practice
CSE	Comprehensive sexuality education
DAC	Development Assistance Committee
DBE	Department of Basic Education
DHET	Department of Higher Education and Training
DoH	Department of Health
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe public private partnership
DSD	Department of Social Development
DTT	District task team
FGD	Focus group discussion
GDC	German Development Cooperation
GFATM	Global Fund to fight Aids, Tuberculosis and Malaria
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
ISHP	Integrated School Health Policy
KfW	Kreditanstalt für Wiederaufbau, German Development Bank
m4h	Management for health
MHIVP	Multisectoral HIV prevention
MoU	Memorandum of Understanding
NGO	Non-governmental organisation
NSP	National Strategic Plan for HIV, TB and STIs
NTT	National task team
OECD	Organisation for Economic Co-operation and Development

PCA	Peace and conflict assessment
PEPFAR	The US President's Emergency Plan for AIDS Relief
PfP	Partnerships for the Prevention of Violence Against Women and Girls in Southern Africa
PTT	Provincial task team
RBM	Results-based monitoring
SANAC	South African National AIDS Council (SANAC)
SCSA	Save the Children South Africa
SDG	Sustainable Development Goal
SGB	School governing body
SMART	Specific, Measurable, Achievable, Realistic, Timebound
SPF	Small Projects Foundation
SRHR	Sexual reproductive health and rights
TC	Technical cooperation
ToC	Theory of change
ToR	Terms of reference
TVET	Technical and Vocational Education and Training
UNAIDS	The Joint United Nations Program on HIV/AIDS
USAID	US Agency for International Development
VCP	Violence and crime prevention



The project at a glance

South Africa: Multisectoral HIV Prevention (MHIVP) III

Project number	2016.2213.3
Creditor reporting system code(s)	13040 – Combating sexually transmitted diseases including HIV/AIDS (90%) 12110 – Health policy and administration of health care (10%)
Project objective	Structural and institutional preconditions to implement national strategies that lead to improved, extended and more comprehensive HIV prevention measures for young people (10–24 years) have improved
Project term	January 2018 - June 2021
Project value	EUR 6,170,000
Commissioning party	German Federal Ministry for Economic Cooperation and Development (BMZ)
Lead executing agency	National Department of Health
Implementing partner organisations (in the partner country)	<ul style="list-style-type: none"> • National Integrated School Health Policy task team (officials from the departments of basic education, health, and social development) • National Department of Higher Education and Training • National Treasury • South African National AIDS Council (SANAC) • Provincial departments of health, education and social development in the Eastern Cape and their district offices in Buffalo City Metropolitan Municipality, Alfred Nzo und Nelson Mandela Bay Municipality • Beyond Zero, Small Projects Foundation and other non-governmental organisations (NGOs) • Five TVET colleges in the Eastern Cape • m4h/Save the Children consortium and other contracted service providers
Other development organisations involved	Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM) Clinton Health Access Initiative (CHAI)
Target group(s)	<p>Direct target group: Members of the Task Teams for the Integrated School Health Policy (ISHP, 2012) in the Eastern Cape province and selected target districts, educators in primary and secondary schools in the Eastern Cape, lecturers in the five public TVET colleges in the target districts, members of school support teams and school governing bodies</p> <p>Indirect target group: Boys and girls, adolescents and young adults aged 10–24 years in the target districts of Buffalo City (201,362 persons; 2016), Nelson Mandela Bay (300,984 persons; 2016) and Alfred Nzo (291,936 persons; 2016) in the province of Eastern Cape. This included students in five selected TVET colleges</p>
Development cooperation (DC) programme	Multisectoral HIV Prevention
Implementing organisations of the DC programme	Kreditanstalt für Wiederaufbau (KfW), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
Organisation responsible for implementing and coordinating the DC programme	GIZ

1 Evaluation objectives and questions

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

1.1 Evaluation objectives

Central project evaluations of projects commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ) fulfil three basic functions: (i) they support evidence-based decisions; (ii) promote transparency and accountability; and (iii) foster organisational learning within the scope of contributing to effective knowledge management. The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH 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). This is the final evaluation. The project has been selected as part of the Evaluation Unit's random sample.

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 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, the environment, conflict sensitivity and human rights. Also, aspects regarding the quality of implementation are included in all OECD/DAC criteria. Table 1 summarises knowledge interests of evaluation stakeholders as expressed by themselves during the inception phase of the evaluation.

Table 1: Knowledge interests by main evaluation stakeholder groups

Evaluation stakeholder group	Knowledge interests in evaluation/ additional evaluation questions	Relevant section in this report
GIZ	<ul style="list-style-type: none"> • Will the functions of the Liaison Officers and the community of practice of lecturers be integrated in national structures? • What happened to the material for comprehensive sexuality education (CSE)? • How did the project track its contribution to higher development goals and what did it contribute? • Are schools willing and ready to implement the Integrated School Health Policy (ISHP) • Is the ISHP a political priority and what traction does it have on the ground? • Are the results financially sustainable? What is the fiscal space to implement the ISHP with domestic funds? 	<ul style="list-style-type: none"> • Sustainability • Effectiveness, Impact • Effectiveness, Impact • Relevance, Impact, Sustainability • Relevance, Impact, Sustainability • Sustainability

Evaluation stakeholder group	Knowledge interests in evaluation/ additional evaluation questions	Relevant section in this report
BMZ	<ul style="list-style-type: none"> • Can the approaches be extended to other provinces? • What learning can be generalised for other projects in view of strengthening inter-ministerial cooperation for the ISHP? • How did the project track its contribution to higher development goals and what did it contribute? • Which synergies existed between financial and technical cooperation and with the multilateral contributions of GDC? • Are the results financially sustainable? What is the fiscal space to implement the ISHP with domestic funds? 	<ul style="list-style-type: none"> • Impact, Sustainability • Effectiveness, Sustainability • Effectiveness, Impact • Coherence, Efficiency • Sustainability
Partners	<ul style="list-style-type: none"> • How involved was the Department of Social Development? • Can the approaches be extended to other provinces? • What difference did the Liaison Officers make? • Will the functions of the Liaison Officers and the community of practice of lecturers be integrated in national structures? • What approaches for capacity building have been used? Did new models emerge? How many people were reached? • How do consultants work with GIZ vs other organisations? • Is more support needed to implement and improve the teaching material and resources? • How was the life skills/CSE included in the teaching? • Are teachers and lecturers interested in and willing to continue learning on CSE/life skills? • How did COVID-19 affect the implementation of activities? 	<ul style="list-style-type: none"> • Effectiveness • Impact, Sustainability • Effectiveness, Impact • Sustainability • Effectiveness • Efficiency • Sustainability • Effectiveness • Sustainability • All criteria
Other stakeholders	<ul style="list-style-type: none"> • Will the functions of the Liaison Officers and the community of practice of lecturers be integrated in national structures? • How was the quality of teaching CSE assured? • What can be learnt in view of strengthening inter-ministerial cooperation for the ISHP? • How did the project track its contribution to higher development goals and what did it contribute? • Are schools willing and ready to implement ISHP and what is the level of implementation on the ground? • Is the ISHP a political priority? Has it traction on the ground? • Which role did the school governing bodies play for the implementation of the ISHP? • Were GDC inputs integrated in provincial/district plans? • Which linkages between the project and relevant policies? 	<ul style="list-style-type: none"> • Sustainability • Effectiveness and Impact • Effectiveness, Sustainability • Effectiveness, Impact • Relevance, Impact, Sustainability • Relevance, Impact, Sustainability • Effectiveness, Sustainability • Sustainability • Relevance, Impact

2 Object of the evaluation

This chapter aims to define the evaluation object, including the theory of change, and results hypotheses.

2.1 Definition of the evaluation object

South Africa has the largest HIV epidemic in the world, with an estimated 7,800,000 people living with HIV in 2020 (UNAIDS [23.7.2021]). The HIV prevalence is 19% among those aged 15–49 years. Women experience a higher HIV burden. Gender disparity is most pronounced among adolescent girls and young women (AGYW) aged 15–24 years, whose HIV prevalence is three times greater than in their male peers: 10.2% compared to 3.4% (GFATM, 2021). Despite progress, it ‘remains a major challenge for the health system to provide effective HIV prevention measures to all South Africans’ (KfW and GIZ, 2021, p. 5). The ongoing COVID-19 pandemic

aggravated this challenging context for project implementation. The German Development Cooperation (GDC) has supported South Africa in the implementation of the National Strategic Plan for HIV, tuberculosis and sexually transmitted infections (NSP) since 2011 through a programme jointly implemented by GIZ and the Kreditanstalt für Wiederaufbau (KfW). GDC's funding on HIV is planned to phase out by 2023 with more emphasis on other cooperation topics 'such as the climate' (BMZ, 2020, p. 5). In addition, a project is planned to improve access of the South African population to high-quality vaccines (Int_1, 2 with stakeholder; Int_3, 7, 8 with GIZ).

The object of this evaluation is the GIZ project, 'Multisectoral HIV Prevention' (MHIVP III) specified by project number 2016.2213.3. It was implemented from January 2018 to June 2021 in three target districts in the Eastern Cape province and at the provincial level. It also included national-level advisory support. The project objective was to improve 'structural and institutional preconditions to implement national strategies that lead to improved, extended and more comprehensive HIV prevention measures for young people, 10–24 years of age' (MHIVP III, 2017a). The focus was on strengthening interdepartmental cooperation to implement the Integrated School Health Policy (ISHP) and capacity building for comprehensive sexuality education (CSE). This represented a strategic shift from earlier GIZ projects, which pursued multifaceted interventions including support to the provincial and district AIDS councils, workplace programmes with the private sector and various behaviour change interventions. The project worked closely with the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM) and the Country Coordinating Mechanism¹ (CCM). Gender-sensitivity and a human rights-based approach were operationalised along with the project interventions. The initial project value was EUR 5,000,000; this has been augmented by EUR 170,000 remaining funds from the predecessor project in 2019 and EUR 1,000,000 from BMZ's immediate Corona Response Plan in 2020 through two modification offers. With the second modification, the duration was extended by 6 months until June 2021. In addition, the project harnessed EUR 192,361 of the Study and Expert Fund and EUR 20,000 of GIZ's Innovation Fund and leveraged funding of the GFATM to achieve its objectives. The total monetary value of in-kind partner contributions was estimated at EUR 1,213,324.

While synergies within the GDC programme will be assessed in section 4.3, the module implemented by KfW as such is not part of the evaluation. The predecessor MHIVP II (PN 2012.2236.3), which was implemented from 01/2014 until 12/2017, and the follow-on project MHIVP IV (PN 2018.2130.5), which started in July 2021, will be taken into consideration but will not influence the grading of the project.

2.2 Results model including hypotheses

Overall project structure

The project had three **intervention areas**:

- improved intersectoral cooperation under the ISHP,
- better capacity to teach life skills including CSE,
- coordination of the national [She Conquers](#) campaign.²

An **overarching intervention area** was the project's interaction with the CCM to advance school health. The **lead executing agency** was the National Department of Health (DoH). **Other main partners** were the national and provincial departments of basic education (DBE) and social development (DSD) who share the responsibility with the national and provincial departments of health to implement the ISHP. The provincial offices in the Eastern Cape were closely involved with the implementation of the project in the three target districts.³ According to the ISHP, they are to establish provincial and district task teams (PTT and DTT) to implement the policy. The Department of Higher Education and Training (DHET) is responsible for overseeing

¹ The CCM is a partnership composed of all key stakeholders in the country's response to HIV and tuberculosis, which is responsible for submitting proposals to the GFATM.

² She Conquers is a national campaign aiming to improve the lives of adolescent girls and young women in South Africa.

³ Alfred Nzo District, Buffalo City and Nelson Mandela Metropolitan Municipalities.

teacher training in technical and vocational education and training (TVET) colleges. The South African National AIDS Council (SANAC) ensures the overall steering and coordination of the national HIV/AIDS response as outlined in the NSP. In terms of oversight and funding, the project engaged with the Office of the Premier in the Eastern Cape, the Office of the President and National Treasury, and the CCM. The project also partnered with selected non-governmental organisations (NGOs). The NGO Beyond Zero was a principal recipient of the GFATM and an implementing partner of KfW and GIZ. This NGO provided social mobilisation and advocacy services. It acted as the administrative financial conduct between GFATM and the Liaison Officers, who supported interdepartmental cooperation at provincial and municipality level in close cooperation with the project. The Small Projects Foundation (SPF) received a grant to implement community mobilisation around the ISHP. A consortium of Save the Children South Africa (SCSA) and the consultancy firm, management for health (m4h), was contracted to implement the capacity development interventions of the project.

Direct target groups of the project were the ISHP task team members, a reference group of schoolteachers and life skills lecturers at the five TVET colleges in the target districts. Through grant agreements with NGOs, the project also supported school support teams and school governing bodies in understanding and implementing the ISHP. **Indirect target groups/final beneficiaries** at impact level were boys and girls, adolescents and young adults aged 10–24 years in the selected schools and TVET colleges.

The following section explains the project's **theory of change** (ToC). The ToC is visualised in a results model (Figure 1). 'Results' are understood as changes in a situation or behaviour as the direct or indirect consequence of an intervention (GIZ, 2014a). The ToC contains the outputs and the project's objective as agreed with BMZ and additional results, which evolved during the project cycle. Causal relationships between results are called results hypotheses. All hypotheses are represented with grey or red arrows in Figure 1. Certain hypotheses (red arrows) were selected as the focus of the evaluation (see sections 4.4 and 4.5).

Output level

Outputs describe the changes and conditions achieved by the project's activities (GIZ, 2014a). The project encompassed the following four outputs:

- Output A: The ISHP task teams have commenced their work.
- Output B: Conditions for teachers to provide CSE to learners aged 10–19 years have improved.
- Output C: TVET lecturers have improved their skills and competences to address HIV, sexual and reproductive health and rights (SRHR) and gender diversity in the life skills lectures.
- Output D: The coordination platform for She Conquers is established and functioning in the Eastern Cape.

In addition, BMZ put the project in charge of supporting the South African response to COVID-19 in August 2020. The activities were partly integrated in the intervention areas but also included measures that were not part of the initial project design. There was no adjustment of the project design; the project infrastructure and staff competency were used rather as a 'vehicle' to strengthen the overall pandemic response (Int_1 with stakeholder). For evaluation purposes only, the evaluators created an added 'output E': strengthening lab capacities for COVID-19 mass testing and screening in Limpopo, Mpumalanga and Northwest provinces. Output E was only used to account for the costs of these additional activities in a transparent manner and to assess potential consequences of the additional workload for project staff in view of the efficiency of the project as outlined in section 4.6 of this report. In agreement with BMZ and GIZ, the evaluators did not assess or rate other aspects of these activities because there was no conceptual relation between the activities and the intended project objective. Therefore, no attempt was made to include output E in the updated ToC (see Figure 1).

Output A focused on establishing and strengthening the interdepartmental ISHP task teams. The GIZ project team included the m4h/SCSA consortium, four 'Liaison Officers', partner NGOs and contracted service providers. The main planned activities were capacity development, baseline, programming and budget studies, as well as support to and membership in the CCM. Capacity development was planned to be based on a capacity needs assessment and to consist of training, change management and community mobilisation.

Project support was intended to lead to initial meetings and the development of terms of reference (ToR) for the task teams (R1) so that (H1) they would be able to commence their work (output A). Community mobilisation (R2) aimed to help (H2) motivating the task teams to do their work. Support to the CCM aimed at the formulation of successful GFATM requests to include financial support for ISHP implementation (R3). This was expected to enable the recruitment of Liaison Officers possible (H3), who would then support interdepartmental coordination and cooperation (R4). Advisory services through the project's long-term advisor and the consulting firm, GFA, were expected to catalyse the signing of a Memorandum of Understanding (MoU) between the national departments of health, basic education and social development for the implementation of the ISHP (R5). The key underlying assumptions for output A were that the CCM would coordinate GFATM requests and allocation so that GFATM would allocate resources to support the ISHP and fund Liaison Officers. The most important risk for achieving output A was insufficient buy-in of the three concerned provincial departments in the Eastern Cape.

Output B focused on adapting existing CSE teaching materials for basic education to the local need and capacity. As main activities, the project planned to conduct a needs assessment and to facilitate and technically support the compilation and adaptation of existing material through a short-term development advisor. These activities were expected to allow the preparation of a standardised educator's teaching pack for CSE (R6) by a reference group of teachers and representatives of the provincial DBE with inputs of learners. The resource pack aimed (H4) to improve the conditions for teachers to provide CSE (output B). The main assumption was that the national DBE would accept the piloting of the teaching materials in the Eastern Cape. The main risks for achieving this output were that conflicting priorities would hinder the broad utilisation of the standardised training materials and different interveners (projects, NGOs) would continue to use their own materials when working with teachers in their intervention areas.

Output C focused on the capacitation of TVET lecturers for life skills and computer literacy subject area (formerly known as 'life orientation') to provide interactive training on HIV prevention, SRHR, gender diversity and inclusion. The project planned to fund the development of a training manual and to provide continued technical backstopping to a 'Technical Officer' funded by the GFATM through long-term advisors. The project also planned to fund monitoring and evaluation (M&E) (studies). The Technical Officer was expected to be instrumental (H5) for the roll-out of the training and capacity development in alignment with the national curriculum (R4). The activities aimed to increase skills and competencies of lecturers (output C). The main assumption was that DHET and TVET colleges would support the activities. Risks for the achievement of output C were external turbulences like student unrest or COVID-19 interfering with normal college life.

Output D focused on supporting coordination of the 'She Conquers' campaign in the Eastern Cape. Project long-term experts planned to advise on the creation of ToR for the coordination platform, to support the process and organisation of meetings between stakeholders and to backstop one Liaison Officer, funded by the GFATM (R4), who was working for the She Conquers campaign. The activities aimed to establish a platform for effective coordination of partner contributions to the She Conquers campaign (output D). In addition, cooperation between the Liaison Officer with CHAI aimed at the development of a geo-spatial and thematic partner-mapping tool (R7). The main underlying assumptions were that She Conquers would become the most relevant approach for all partners to facilitate a harmonious national youth HIV prevention campaign focusing on AGYW and that there would be a genuine interest in effective coordination by all partners. The most important risks were a lack of national leadership, clear governance structures for the campaign and a lack of specific resource allocation for the coordination, communication and monitoring of the campaign.

Across all outputs, the project team planned to feed lessons learnt from implementation gained through the various studies into the national policy-making process (R8) to support the achievement of the project objective.

Outcomes and impacts

Outcomes are results that occur because of the use of an intervention's outputs. They correspond to the achievement of the project objective and include both the use of the outputs delivered by the project by the intermediaries and target groups, and the direct benefit. The impacts are the higher-level development results to which the project plausibly contributed (GIZ, 2014a).

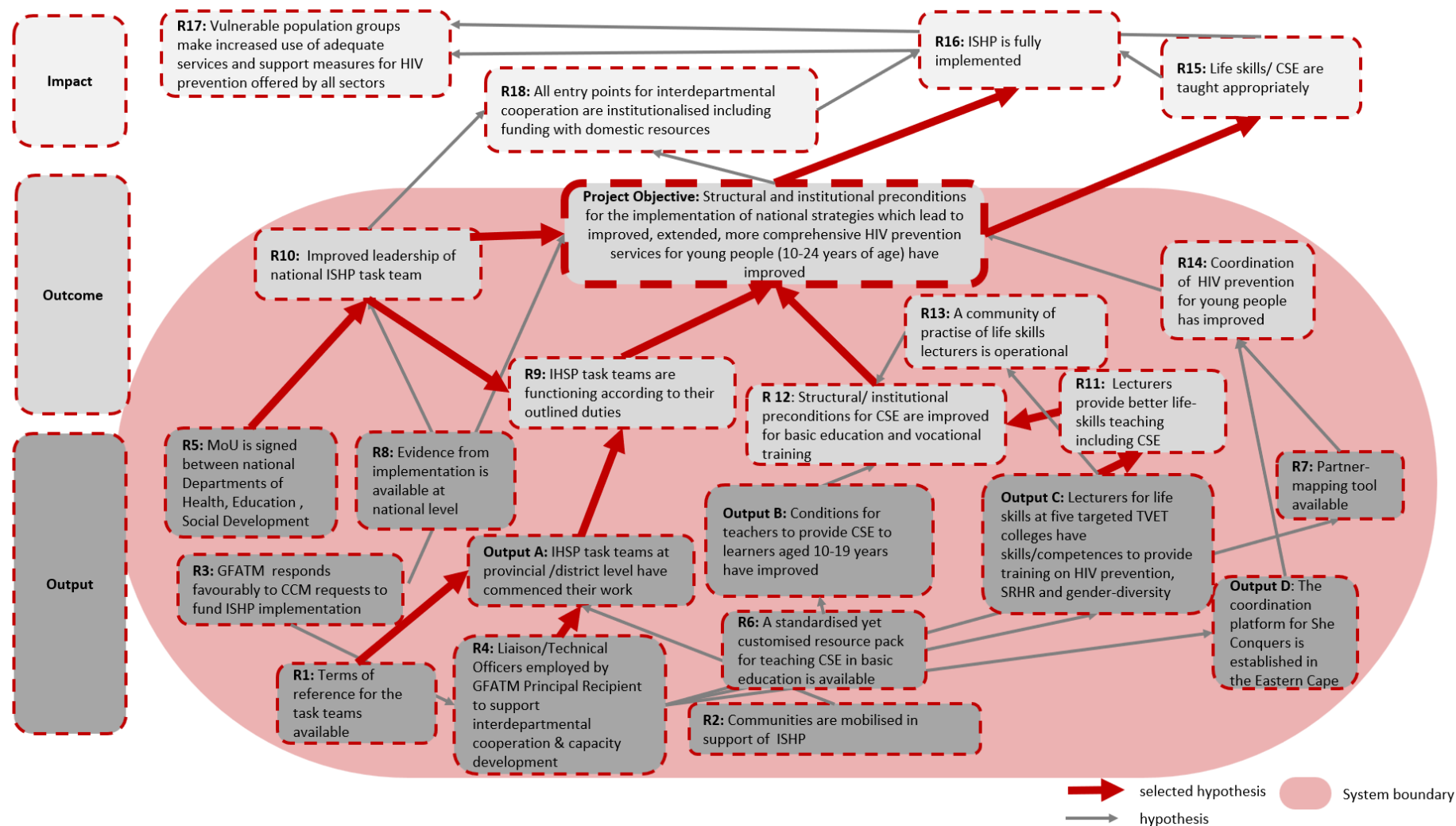
Outcome level: The use of the above-mentioned **output A** aimed to contribute (H6) to well-functioning ISHP PTT and DTT (R9). The MoU (R5) and the provision of evidence (R8) were expected to enable (H7) the national task team to provide better guidance for the provincial teams and ISHP-related national decision-making processes (R10). If TVET lecturers were to make systematic use of their skills (**output C**), they would (H8) provide better life skills/CSE teaching (R11). It was also expected that champions among the lecturers would establish a community of practice to assure the quality of the life skills teaching in colleges and to scale up skills development (R13). R11, R13, and **output B** together were intended (H9) to improve preconditions for CSE (R12). The sum of outcomes was expected to improve structural and institutional preconditions for the implementation of the ISHP as a national key strategy for improved, extended and more comprehensive HIV prevention measures for young people (**project objective**). In addition, the use of the partner-mapping tool (R7) and **output D** were expected to contribute (H10) to better coordination of HIV prevention measures for young people in general (R14). This would equally be an improved precondition in the sense of the project objective. The key **assumption** for achieving the project objective was sustained commitment of the government to the ISHP as a priority in the context of HIV prevention. The main **risk** was a lack of national leadership for ISHP.

Impact level: Achievement of the project objective was expected to contribute (H11) to appropriate teaching of life skills and CSE at school (R15) as an essential part of the ISHP and to the full implementation of the policy (R16). If fully implemented, the ISHP was expected to contribute (H12) to increased utilisation of adequate services and support measures for HIV prevention by vulnerable population groups (R17) as stipulated in the overall GDC programme objective. At the highly aggregated level, this would be a contribution to the Sustainable Development Goals (SDGs), mainly towards ending the AIDS epidemic (SDG 3.3). Achieving the project objective and especially R10 was expected to contribute (H13) to institutionalisation of all entry points for interdepartmental cooperation and funding with domestic resources (R18). This would be important for a sustainable impact of the project. There could be positive synergies with social and economic impacts in terms of gender equity and mitigation of the impact of HIV on the socio-economic development of South Africa and thus contributions to other SDGs, e.g. SDG 5 (gender equality) and SDG 1 (no poverty). This was also expressed through the DAC policy-markers for Gender Equality and Poverty Orientation in the project offer. Negative trade-offs were not anticipated. At the impact level, the project aimed towards a contribution to the human right to health; specific risks from a human rights perspective were not identified. The key **assumption** for impact achievement was the availability of the adolescent and youth-friendly health services (AYFS) including access to commodities such as information materials, condoms and contraceptives to learners. The main **risks** were the vulnerability of the health, education and social systems to external shocks.

System boundary

The module objective was clearly within the sphere of the joint responsibility of the project partners, i.e. GIZ and its implementing partners led by the National DoH as the lead executing agency. All intended impacts were beyond the direct sphere of influence because (i) they require higher-level political decisions including budget allocations, and (ii) the project only worked on *selected* preconditions for these impacts. The lines of responsibility for outputs A–C could be clearly traced by the evaluators. Inputs from other partners (e.g. funding of the Liaison Officers through GFATM) were clearly labelled. This was less the case for output D: functioning of the coordination platform for She Conquers depended essentially on steering and governance decisions beyond the project's sphere of influence which turned out to be a risk for achieving the related results and indicators during project implementation (MHIVP III, 2021a).

Figure 1: Current results model (June 2021, adapted during evaluation)



3 Evaluability and evaluation process

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

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.

Availability of essential documents

Essential project documents⁴ were made available by the project during the inception phase. Some gaps in contextual information (e.g. political economy analyses, conflict assessments, no health systems data) were largely covered through interviews, requests to project partners and internet research during the evaluation.

Monitoring and baseline data including partner data

An updated print-out of the GIZ online monitoring tool (MHIVP III, 2021d) included the achievement of outcome and output indicators as agreed with BMZ, as well as key activities/milestones, assumptions and risks. The baseline values related to output A were established using the 'Integrated School Health Policy Capacity Assessment Report Eastern Cape' (m4h/SCSA, 2019), tracked on the basis of the consortium's internal monitoring, and was transparently and comprehensively documented in the final report with annexes (GIZ MHIVP III, 2021c). The comprehensive capacity assessment report includes a clear explanation of the methodology used and plausible qualitative and quantitative data. For output C, baseline and endline values were established through baseline, midline and endline surveys representing all five TVET colleges supported by the project (Babatunde, 2017; Wessels-Ziervogel et al. 2019 and 2021). The surveys combined qualitative and quantitative analysis and covered all five supported TVET colleges. Qualitative data was collected through key informant interviews with GIZ and DHET, semi-structured interviews with trainers, TVET college management, representatives from the Student Support Service and college champions, focus group discussions (FGDs) with targeted lecturers and learners plus training and lesson observations of life skills' lectures. Quantitative data from life skills lecturers was obtained using semi-structured questionnaires. Response rates from lecturers were over 50% for all colleges. The data collection was designed as a panel study, due to respondent attrition, the sample size reduced from 80 respondents at baseline, to 73 at midline, and then to 66 at endline. Respondent attrition was not random by college which may have led to some biases in the survey results. Due to COVID-19 restrictions and student unrest in one college, the endline survey included only five lesson observations and four (instead of five planned) FGDs with students. The endline survey did not translate the survey data into a concrete measurement of project objective indicator M2, but the result was presented in a PowerPoint presentation during a close-out webinar (Semba, 2021).⁵ Baselines for indicators related to outputs B and D did not require survey-type data and were monitored by the project team with reference to meeting reports, established manuals and other project documents.

⁴ Including project offer and modification offers, annual reporting, baseline and endline surveys, operational plan and monitoring data, financial contracts and other documents.

⁵ The data in the presentation by Semba is rounded; therefore, there are minor differences in totals (98% in slide 20 vs 99% in slide 22 for competencies to teach HIV). The evaluators had also requested raw data, but the Excel tables provided included 69 instead of 66 respondents, which have been included in the survey according to the final report and all other sources. Despite email exchange it was not possible to clarify this discrepancy. The evaluators triangulated the three sources and opted for the data presented by Semba as the best available data for Indicator M2. Semba's analysis has been presented, discussed and approved in the virtual presence of project and national partners and the evaluators.

The GDC programme indicators were included in the project monitoring tool, but not updated because no new data was available for the original indicators and proxy indicators to bridge the time-gap between the national surveys were not used. Baseline data was from the South African HIV prevalence, incidence, behaviour and communication survey 2017 (HSRC, 2019); a follow-up survey is not yet available. Hypotheses for the contribution to overarching development goals were not formulated and monitored with the project monitoring system; these were formulated during the inception phase for assessment during the evaluation.

Secondary data

The evaluators used different types of secondary data after assessing the relevance and quality of the different sources. Quality was assessed in terms of size, methodology, clarity and plausibility. The available sources were of moderate to mainly good quality. There was

- good evidence from the surveys described under monitoring and baseline data,
- good evidence from a comprehensive external endline evaluation of the ISHP implementation in the Eastern Cape using a mixed-methods quasi-experimental evaluation design including comparison of intervention and non-intervention schools and a cost-effectiveness assessment (Odongo, 2021),
- moderate to good evidence from the close-out report 'Interdepartmental project steering exemplified with the Integrated School Health Policy South Africa, Situation Analysis and Project Close-out Report' (Njoko, 2021), which includes very detailed information including references on the policy context and implementation process of the advisory support,
- moderate to good qualitative and quantitative evidence from close-out reports of implementing partners from contracted NGOS (SPF, 2021; Beyond Zero, 2019) and the end-of-contract reports of the Liaison Officers (Mazwi, 2020; Mabangula, 2020; Mthethandaba, 2020; Pantshwa, 2020),
- good evidence from SANAC's rapid assessment of the She Conquers campaign (2020), which was based on analysis of an online survey questionnaire; semi-structured interviews with key Informants and facilitated FGDs with participants from 28 stakeholder organisations,
- presumably good evidence from data that was included in the draft request for HIV and TB funding to the GFATM. The data was assessed as 'presumably good' because the data sources in this report were partly not yet published, but the request was accessible for public review, and
- limited evidence from data that was formally requested and received from the Health Information Epidemiology, Monitoring and Evaluation Director with DoH on service utilisation, teenage deliveries and school health screening to use as proxy indicators for project impact (see section 4.5).

Case studies

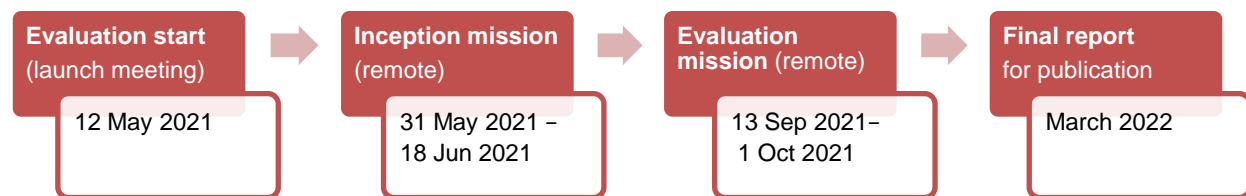
The purpose of the two case studies in this report is to broaden the base of the evaluation of the GIZ MHIVP III to include the voices of target groups from rural and urban-based schools in the target district that was supported by the project. These cases also serve to triangulate the findings from other sources at both district and school levels. Two district schools (one urban, one rural) were selected to provide insights into the local context from the ground, faced by learners, schools, parents and district task team members of the project. A total of 18 learners, four educators, one school governing body (SGB) member and five district task team members were interviewed for the purposes of the case studies. Their responses were also cross-referenced with district progress reports by the Liaison Officers of each of the respective target districts, namely Alfred Nzo District, Nelson Mandela Bay Municipality and Buffalo City Municipality.

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

Under COVID-19 restrictions, the evaluators used virtual means to integrate partners and target groups described in section 2.2. A good cross-section of stakeholders was already involved in the inception phase, the evaluation phase was used to increase the range and number of stakeholders through individual or group interviews and FGDs at national, provincial, district and school levels. The involvement of learners and school communities was limited because one day before the planned and approved⁶ visit to a school in Nelson Mandela Bay Metropolitan Municipality, the GIZ crisis management team decided that no travel would be allowed because of increasing COVID-19-related deaths in this district (verbal communication by project on 17.9.2021); the approaches needed for primary school children could not be applied through virtual means. Internet connectivity at district level was so bad that remote communication could only be established using cell phones. Only one site visit was conducted by a contracted local communicator and remotely facilitated by the national evaluator. The evaluators presented and discussed their preliminary findings with the project team and stakeholders during a virtual debriefing meeting on 5 October 2021.

Selection of interviewees

The selection of interviewees was non-random, purposeful to address individuals who were knowledgeable and available. It was based on document review plus recommendations from key informants including the project team. In some cases, interviewees were appointed by the respective organisational structure after the evaluators had contacted the supervisors with respect to national hierarchical standards. The final selection was made by the evaluators to ensure independence based on the following criteria:⁷

- role in the project (political partner, implementing partner, direct target group, indirect target group),
- purpose of the involvement in the evaluation (participation, gathering new information on project and/or context, triangulation of secondary data; knowledge/information transfer),
- importance of being part in the process (coverage of all central stakeholder groups, political context),
- stage of involvement (inception, data gathering, discussion of findings, utilisation of findings), and

⁶ By the national partners and GIZ's Risk Management Office.

⁷ The criteria were developed in consideration of the categories of the 'Stakeholder Analysis Matrix' of the 'United Nations Evaluation Group' (UNEG, 2014) on p. 63 ff).

- ways in which stakeholders can participate (interviews, video testimonials, FGDs, mini-workshops; social-media, email communication, sharing of documents, commenting drafts).

Lecturers and learners from TVET colleges were not selected because the evaluators could participate in the closing workshop for the activity during the inception phase and video testimonials were already available. A few selected interview partners who had been identified were not available for the evaluation because they were no longer working for the project and/or project partner structures and did not wish to participate or simply could not be reached. Table 2 lists all stakeholder groups and indicates the numbers of participants in interviews and FGDs. Interviewee details were not shared with the project. All interviewees received a code number and are not mentioned by name. Smaller interviewee subgroups (see Table 2) were regrouped and coded as 'stakeholders' to ensure that quotes cannot be attributed to individuals.

Table 2: List of evaluation stakeholders and selected participants

Organisation/company/ target group	Overall No. of persons involved in evaluation (incl. gender disaggregation)	No. of interview participants	No. of focus group participants	No. of workshop participants	No. of survey participants
Donors	3 (1f, 2m)	3			
BMZ					
GIZ	17 (12f, 5m)	17			
GIZ project team, GIZ headquarters Germany, other GIZ projects in the country/region					
Partner organisations (direct target group)	20 (16f, 4m)	16	4		
DoH, DBE, DSD at national, provincial and district level, SANAC, National Treasury					
Other stakeholders (e.g. public actors, other development projects)	7 (4f, 3m)	7			
KfW, GFATM, US Agency for International Development (USAID), Centres for Disease Control (CDC), m4h, GFA, independent consultants					
Civil society and private sector actors	8 (4f, 4m)				
SCSA, DG Murray Trust, Beyond Zero, Small Projects Foundation					
Final beneficiaries/indirect target groups (sum)					
Learners	15 (9f, 6m)	2	13		
Teachers	5 (5f)		5		
School governing bodies	1(m)	1			
Note: f = female; m = male					

Data analysis process

Semi-structured interviews were based on a generic interview guideline reflecting the evaluation questions. The interview guideline was individualised for each interview based on the actual function and experience of the interviewee and in view of triangulating information from earlier interviews. Where feasible and explicitly agreed by the interviewees, the interviews were recorded and transcribed verbatim. When this was not possible, evaluators took notes. If requested, interviewees received the transcripts/notes. Both evaluators read the interview transcripts/notes and gave each other feedback on the interview technique and adherence to the interview guidelines for internal quality assurance. For the case studies, FGD responses were recorded and transcribed (except for the secondary school where respondents were interviewed in isiXhosa and their responses needed to be translated into English). Responses were summarised according to the specific questions directed at each stakeholder group and captured on Excel, including verbatim responses. For the interviews with the DTT, these responses were also captured in Excel using the OECD/DAC criteria to depict the key findings. The other interviews were analysed with the help of the software '[MAXQDA](#)', which allows easy classification of the answers in relation to the evaluation criteria and questions and provided the opportunity for lexical search and comparison of segments for different groups of stakeholders. Documents were treated similarly after identification of relevant passages. The specific steps of the analytical process are the following:

- establishing codes based on the evaluation matrix,
- coding the data (text passages of interviews and documents),
- paraphrasing and generalising text passages and/or highlighting specific passages for verbatim quotes,
- reducing the data to core contents and main aspects,
- summarising results to answer the evaluation questions and identification of unclear information,
- possibly seeking additional information to clarify or triangulate unclear or surprising information, and
- interpretation and report writing.

Statistically representative quantitative data was not collected; therefore, no statistical methods were used, secondary data was quoted while taking care to assess and describe the comparability and potentially existing biases before doing so. Financial data was analysed using GIZ's Efficiency tool (section 4.6).

Roles of international and local evaluators

The evaluation team consisted of two persons: the international evaluator has over 20 years' experience working with GDC and knows GIZ's evaluation requirements and tools. She has a health systems background with working experience in HIV prevention and acted as the team leader. The national evaluator brought knowledge of the South African and regional civil society, public and donor sectors specialising in organisation development, M&E and action research. She led the case studies. This included the administrative and logistic preparation; and guidance for a local field researcher who conducted interviews and FGDs in isiXhosa. The division of work allowed for method, source, inter-evaluator triangulation and quality assurance through mutual feedback throughout the process including the reports. Assessment and rating reflect consensus between both evaluators.

Remote evaluation

Travel and physical contacts were severely restricted due to the COVID-19 pandemic. With the exception of a few interviews and focus groups in one district by a local field researcher, the evaluation has been implemented remotely. Load-shedding (power-cuts) over several hours per day and poor connectivity were a challenge and generated expenses and sometimes substantial additional level of effort from evaluators and participants (for repeated rescheduling meetings and splitting up planned FGDs in individual interviews). In some cases, the quality of interaction was impacted by poor connectivity and the virtual set-up. Age-specific interventions talking with young learners about sensitive issues related to HIV and SRHR and contact with beneficiaries at the community level were not possible or very limited in the remote evaluation format.

Context and conflict sensitivity within the evaluation process

In view of applying conflict sensitivity, the evaluators considered unintended consequences of the evaluation and managed potential risks along the following lines:

- Some respondents might have perceived the evaluation as 'control' and may therefore have not responded to the invitations or provided self-serving answers. In addition, SRHR may be considered as a 'sensitive' issue, on which interviewees would not speak openly. These risks were addressed by providing clear information on the mandate of the evaluators/scope of the evaluation. They ensured strict anonymity of all evaluation participants in their reports and presentations. Prior to the work in schools, risks were explored, and measures were agreed with the school principals. The FGDs were conducted in gender-sensitive spaces with clear terms of engagement including an opt-out at any time for FGDs. For interviewing students under the age of 18 years, written consent was obtained from parents/guardians. Strict COVID-19 protocols were adhered to in the face-to-face engagements.
- The evaluation questions included government priorities around the ISHP. Because of the budgetary constraints in the health and education sector, priority setting happened in the context of conflicting priorities. Concurrent with the evaluation and related to the 'digital vibes crises',⁸ the DoH was in a reshuffling process with a high level of uncertainty in the entire system. Therefore, the planned kick-off meeting was replaced by sending a letter to the key stakeholders. During the interviews, evaluators asked open questions regarding political priorities and anonymised all statements in reports and presentations.
- The project has not been implemented in a fragile context. However, prior to the evaluation unrest has occurred. Local government elections were planned for October 2021, posing a potential re-emergence of unrest.
- The evaluators complied with the instructions of the GIZ crisis management team regarding COVID-19.

4 Assessment according to OECD/DAC criteria

This chapter presents the assessment according to six OECD/DAC criteria following the questions from the evaluation matrix for each criterion in the Annex.

4.1 Impact and sustainability of predecessor projects

This section analyses impact and sustainability of the predecessor project MHIVP II (PN 122236.3), which was implemented from January 2014 to December 2017 and had a German contribution of EUR 13,250,000 (MHIVP II, 2018).

Summarising assessment of predecessor project

The predecessor project had aimed to contribute to a reduction of the HIV Incidence and HIV associated stigma, improved preventive behaviours among youth (15–24 years) and employees of private sector companies. It promoted AYFS and aimed to strengthen the performance of the provincial and district AIDS councils. The project was moderately successful in achieving these objectives. Deeply enrooted negative attitudes proofed to be an obstacle to effective HIV prevention and sexual and reproductive health. The predecessor contributed to broad impact and sustainability where it supported national strategies and legislation. On the basis of predecessor experiences and results, it appeared promising to strengthen the

⁸ <https://www.bbc.com/news/world-africa-58734557> [819.10.2021]

linkage between health services, health promotion and CSE in schools within an existing institutional framework as provided by the ISHP.

Analysis and assessment of predecessor project

The assessment of impact was based on the achievement of the predecessor's impact indicators today, and positive and negative factors influencing the achievement. The assessment of sustainability was based on the achievement of the predecessor's outcome (module objective) indicators at the end of the project and the durability of these outcomes from the perspective of today. The assessment also considers the use of lessons learnt from the predecessor in the design of the current project. The methodology is summarised in Table 5.

Impact of the predecessor

Table 3 shows the impact indicators of the predecessor and the findings regarding the situation at the time of the current evaluation. The assessment indicates that the expected higher-level development goals were not reached by 2021. Despite a reduction in HIV incidence, the current situation falls slightly short of the envisaged 50% reduction. Utilisation of HIV/TB testing and behaviour change did not improve as expected. The objective of the predecessor (changing behaviour of youth and employees) was 'one important pathway' (GIZ MHIVP II, 2017a, p. 25) to achieving these long-term objectives. However, the modest level of results achievement made the contribution to these overarching objectives 'questionable' (ibid.).

Table 3: Impact indicators of the predecessor and their status today

Impact indicators of predecessor (MHIVP II, 2017b)	Situation in 2021
50% reduction in the HIV incidence (new HIV Infections by 2017 compared to a Baseline in 2008)	According to UNAIDS [11.10.2021] the HIV incidence has changed by -45% since 2010 in 2020; the HIV incidence was 4.6 per 1,000 population all age groups with 220,000 new infections per year in the adult population (140,000 women and 77,000 men). Nearly one in three new HIV infections in South Africa occurs among AGYW aged 15–24 years (GFATM, 2021).
100% of men and women report condom use during last sexual intercourse by 2017	Condom use was low: 38.9% for the general population and 49.8% for young people in the last representative survey (HSRC, 2019); no recent data available.
50% reduction of self-reported stigma due to HIV	A 2018 household survey indicated most people reported positive attitudes (up from 85.8% to 91.7% of participants) towards people living with HIV. However, experiences of stigma are still 'all too common for key and vulnerable populations': 4.6% of the age group 15–19 and 13.6% of young persons, aged 20–24 years, experienced external stigma (GFATM, 2021).
At least 80% of the adult population in the programme intervention areas of GDC have been tested for HIV and TB in a qualified testing centre and know their results.	66.8% of the general population have been tested within the last 12 months in 2017. There was a slight increase between 2012 and 2017 (HSRC, 2019). The evaluators did not have access to current testing data, but there is evidence that limited access to health care services through lockdown measures resulted in 50% decrease in TB testing (Loveday, 2020).

Sustainability of predecessor

The predecessor achieved the outcome indicators only partly as summarised in Table 4 below. According to the final report, it achieved its indicators related to strengthening District and Provincial AIDS Councils and strengthening AYFS at least partly while it could not achieve its objectives in terms of increasing comprehensive knowledge on HIV and SRHR among young people (MHIVPII, 2018). In retrospect, partners did not relate the improved performance of the provincial and district AIDS councils to the predecessor intervention even upon probing (Int_3, 8, 12 with partner, Int_13 with stakeholder), but it can still be assumed that the project with its training, capacity building plans and interaction with SANAC might have contributed to the reported progress made today. In view of the private sector activities, the predecessor evaluation found that

key actors relied too heavily on project resources and failed to anchor the activities within the private sector systems and networks. In view of behaviour change and service provision for young people, the project achievements were modest. It had cooperated with NGOs such as loveLife who implemented the interventions; however, they failed to anticipate the end of external funding of their activities which had vast repercussions on their ability to perform (MHIVP II, 2017a). Negative attitudes towards SRHR of young people were identified as a 'major impediment to effective HIV prevention and sexual and reproductive health' (ibid., p. 31). Nevertheless, a focus on embedding efforts in existing partner programmes, establishing training expertise and result-based monitoring systems were seen as positive factors for sustainability. Activities 'have been implemented in close cooperation with the respective regional bodies in charge for nurses' and teacher's education' (ibid., p. 29). By supporting national strategies and legislation the project has contributed to prerequisites for broad impact and sustainability. One of the recommendations of the evaluation was to 'strengthen the linkage between health services, health promotion and CSE in schools and universities/TVET and the quality of their services for young people through strengthening the systematic implementation of the Integrated School Health Programme (ibid., p. 32).

Table 4: Outcome Indicators of predecessor, achievement and situation today

Outcome indicator of predecessor (MHIVP II, 2017b)	Level of achievement by end 2017 (MHIVP II, 2018)	Situation in 2021
The number of target districts in the Eastern Cape and Mpumalanga where steering NSP implementation is based on a meaningful, gender-disaggregated M&E system and based on gender-sensitive 'Know Your Epidemic' and 'Know Your Response' analyses has increased (Baseline: 0 districts; Target: 2 of 5 target districts)	Partly achieved: By end 2017, all target districts had based their multisectoral district implementation plans on current national, provincial, and locally available data sources. Gender-specific planning was not available for planning (MGIVP II, 2018)	This activity has not been pursued by the project under evaluation, data collection would have been beyond the scope of this evaluation. Secondary data was not available
The number of target districts in Eastern Cape and Mpumalanga where private sector and youth sector representation is actively involved in the work of the District AIDS council has increased (Baseline: 0. Target: 2 out of 5 target districts)	Achieved	Work of the Provincial AIDS Council in the Eastern Cape has greatly improved within the last years; the councils continue youth and private sector representation but there is still room for improvement. Before, international partners were not sufficiently guided from the national level on how to provide support. This has changed since about two years: SANAC is now clearly articulating what kind of capacity development is needed and is able to track progress (Int_10, 11, 12, 13 with stakeholder, 3, 8,11,12 with partner). An assessment of the AIDS councils was not part of this evaluation
The proportion of youth in target districts (15–24 years) with comprehensive knowledge of HIV and Sexual and Reproductive Health and Rights (SRHR) has increased. (Baseline: Alfred Nzo 28%, Cacadu 32%, Chris Hani 18%, Nkangala 18%, OR Tambo 27%. Target: 50% in 2 of 5 districts)	Not achieved: Not enough youth could be reached. Services offered by loveLife were reduced and access to the online magazine Choma was below expectations. There was no reliable data to measure the indicator	Despite campaigns comprehensive knowledge among AGYW remains insufficient (GFATM, 2021). 45.8% of young people 15–24 years had comprehensive knowledge on HIV prevention in 2016 (UNAIDS [11.10.2021]), no more recent secondary data available
The proportion of workers in the automotive and farm sectors in intervention regions with comprehensive knowledge of HIV and SRHR has increased. (Baseline: 20%. Target: 70% in 2 of 5 target districts)	Partly achieved: 44% of a company which participated in the workplace programme had comprehensive knowledge; representative data on this indicator was not available	The project under evaluation did not pursue workplace programmes

Outcome indicator of predecessor (MHIVP II, 2017b)	Level of achievement by end 2017 (MHIVP II, 2018)	Situation in 2021
The number of young people (10–24 years) per health facility perceiving sexual and reproductive health services in the two target districts in EC has increased	Achieved: Measuring the indicator through health centre registers was not feasible, the final report of the project counts the increased proportion of young people among the total number of patients and the increase in the number of services (not visits) used by young people (one person can receive several services)	Evaluators do not have new data for the two districts. According to data from the National Health Information System, ⁹ the primary care service utilisation rate for the age group 10–19 years was 0.68 at national and 0.82 for the Eastern Cape in 2020. The rate is higher in the Eastern Cape than at national level. Evaluators assess this rate as too low to cover the HIV and SRHR service-need for this age group. This view is supported through data on the high and increasing rate of teenage deliveries: about 18% of all deliveries in health facilities in the Eastern Cape are from 10–19 years old mothers

Methodology for assessing predecessor project

Table 5: Methodology for predecessor project

Predecessor project: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
Impact of the predecessor project	<ul style="list-style-type: none"> Status of the predecessors' impact indicators today Internal and external positive/negative factors for the achievement of impact by the predecessor 	<p>Evaluation design: No specific design, questions from evaluation matrix</p> <p>Empirical methods: Document review and interviews</p>	<ul style="list-style-type: none"> Secondary data partly available from the National Health Information System and unpublished data quoted in the draft TB-HIV funding request to the GFATM
Sustainability of the predecessor project	<ul style="list-style-type: none"> Achievement of predecessors' outcome (module objective) indicators at the end of the project Current situation regarding changes described in the outcome indicators Anchorage of AYFS and coordination structures Consideration of lessons internal and external positive/negative factors regarding sustainability Learnt regarding the achievement of impact in the design of MHIVP III 	<p>Evaluation design: No specific design, questions from evaluation matrix</p> <p>Empirical methods: Document review and interviews</p>	<ul style="list-style-type: none"> Most outcome indicators were project specific; the evaluators did not undertake quantitative data collection to reassess the indicators No data collected for workplace programmes Triangulation limited because a deeper dive into the predecessor was beyond the scope of the evaluation Moderate evidence

⁹ The data was formally requested by the evaluators and received via E Mail from the National Health Information System on 14.9.2021

4.2 Relevance

This section analyses and assesses the relevance of the project MHIVP III.

Summarising assessment and rating of relevance

Table 6: Rating of OECD/DAC criterion: relevance

Criterion	Assessment dimension	Score and rating
Relevance	Alignment with policies and priorities	28 out of 30 points
	Alignment with the needs and capacities of the beneficiaries and stakeholders	20 out of 30 points
	Appropriateness of the design*	14 out of 20 points
	Adaptability – response to change	19 out of 20 points
Relevance total score and rating		Score: 81 out of 100 points Rating: Level 2: successful

The assessment of relevance of the project was based on the alignment with policies and priorities as well as with needs and capacities of the beneficiaries and stakeholders. Further, the rating took the appropriateness of the design and the responsiveness to change into account. The strengths of the project are alignment with national strategies, namely the national AIDS Strategy and the ISHP, and a focus on strengthening the institutional preconditions to implement the school health policy in line with the capacities of the partners. This had been one of the recommendations of the evaluation of the predecessor. The project proved its adaptability to change during the COVID-19 pandemic by swiftly responding to partner needs and circumstantial constraints while safeguarding key results of the project. One of the fundamental assumptions of the project was that other actors would ensure AYFS health services and commodities. This turned out to be a high risk in view of the ability to respond to the concrete needs of young people ages 10–24 years for immediate improvements. Other risks included the lack of operationalisation and fragmented financing of the ISHP and a lack of clarity in view of the intended coordination framework for the national She Conquers campaign. Finally, there was a risk that the CSE resource package developed in the Eastern Cape would not receive ongoing national-level support for a later roll-out. Points were deducted because the mentioned risks were only partially considered in the design. **In total, the relevance of the project is rated as Level 2: successful, with 81 out of 100 points.**

Analysis and assessment of relevance

Relevance dimension 1: Alignment with policies and priorities

The assessment of this dimension considers the alignment of the project objectives with the political and institutional environment and the policies and priorities of the German Development Corporation with South Africa. Basis of the assessment are the national reference framework and the Joint Country Strategy.

The project was part of the GDC programme which supports the implementation of the National Strategic Plan (NSP) 2017–2022, namely ‘Goal 1: Accelerate prevention to reduce new HIV and TB infections and STIs’ (SANAC, 2017; BMZ and National Treasury, 2015). As NSP contributes to South Africa’s National Development Plan which is linked to the Agenda 2030 and the SDGs, the project is also aligned with the broader policy context for the South African and German governments. At a more granular level, the project objectives are aligned with the ISHP (DoH and DBE, 2012) and its reference framework. This includes the National Integrated Early Childhood Development Policy (DSD, 2015), the Policy on HIV, STIs and TB for learners, educators, school support staff and officials in all primary and secondary schools in basic education sector (DBE, 2017), the Policy on Screening, Identification, Assessment and Support (DBE, 2014), and the National Youth and Adolescent Health Policy (DoH, 2017). The ISHP document shows only the DoH and the

DBE on the cover; in the text it states that the policy aims to build on and strengthen existing school health services, albeit with some important changes which 'include a commitment to close collaboration between all role-players with DoH, DBE and DSD taking joint responsibility for ensuring that the ISHP reaches all learners in all schools' (ibid., p. 7). The conceptual importance of the ISHP as an entry point for a holistic approach to HIV prevention for learners was highlighted by many interviewees (Int_3, 5, 12 with GIZ, 3, 8, 14 with partner; 10–12, 14–17 with stakeholders). However, it is necessary to ask why the policy is not fully operationalised since it was launched in 2012. 'Underlying foundations for collaboration between the involved departments were not yet available' (Njoko, 2021, p. 1). The national task team (NTT) was established but had no decision-making powers (ibid., p. 7). There was no integrated progress tracking or annual reporting on the implementation of the ISHP (ibid., p. 8; Int_16 with partner; Int_6, 16 with stakeholder, contributions during the debriefing workshop). The annual performance plan of the national DBE (2021/22) states that target setting for the ISHP is 'determined by DoH as the budget sits with them' (p. 83). The evaluators did not find conclusive evidence to assess why exactly the policy was not fully implemented since its launch. However, it is good to note that the structural limitations for implementation of the ISHP might not only be a capacity limitation issue lending itself to technical cooperation, but also a reflection of choice over competing government priorities. If the latter were true, then the project design had a strong element of agenda-setting. This may be seen as less aligned to partner priorities, engendering risks for impact and sustainability. Two points are deducted in the rating to draw attention to these considerations. **Relevance dimension 1: Alignment with policies and priorities – scores 28 out of 30 points.**

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

The assessment is based on the match between the project objectives and the needs and capacities of the direct and indirect target group and other key stakeholders as presented in Box 1 below.

Box 1: Short target group analysis

Officials and technicians from DoH, DBE and DSD designated to implement the ISHP at provincial and district level faced challenges due to capacity gaps (m4h/SCA, 2019). At the individual level, the policy was not fully understood; at the institutional level, roles and responsibilities for the interdepartmental cooperation were not clear and resources were not leveraged for ISHP implementation. Also at the institutional level, schools were not ready for implementation. For example, they faced a lack of consent by parents especially for the SRHR-related aspects of the programme (ibid.; FGD 4). Interdepartmental cooperation was not institutionalised. There is no dedicated domestic funding for the ISHP and human resources are insufficient to provide the needed amount, quality and frequency of school health services (Int_17 with stakeholder; Odongo, 2021; Botes, 2020).

Teachers who are supposed to teach comprehensive sexuality education (CSE) in schools in the Eastern Cape, were often not sufficiently equipped to address sexuality issues in the context of CSE. An online in-service course was available to the teachers but in practice did not suit their needs (Int_3, 9, 12 with GIZ; Int_7, 9 with partners). Scripted lesson plans were piloted in other provinces, but not in the Eastern Cape ([online](#), 25.9.2021; Int_7, 9 with partners).

Life skills lecturers of five selected TVET colleges had a lack of formal training in teaching of topics related to HIV/AIDS, SRHR, gender diversity and inclusion of people with disabilities (Babatunde, 2017).

Young people aged 10–24 in the three target districts are at a high risk of adverse health and social effects of risky behaviour and insufficient access to adequate health services. In 2017, 36% of young people aged 15–24 years old were not attending or dropped out of school without completing Grade 12 (Department of Statistics, 2019). The needs of the indirect target group can be extrapolated from the analysis of the national DBE: 'A significant number of adolescents and youth, especially within the age group between 14 to 24, are losing their lives due to HIV/AIDS and TB. Female learners are dropping out of school before completing their studies

because of teenage pregnancy and a large number of female learners are victims of sexual gender-based violence' [DBE-CSE, 2.7.2021]. 'Recently we had a classmate who was pregnant, and her water broke in class – we didn't know how to handle that, and the teachers stood at a distance' (FGD 3).

Important **Stakeholders** included SANAC and DHET. SANAC needed partners to implement the NSP and DHET needed support to enhance the quality of the life skills teaching without making changes in the curriculum. During the inception interviews, both organisations flagged a high interest in the sustainability and scale-up of the project results. In view of implementing NSP, coordination continues to remain a major challenge despite significant progress (Int_1, 2 with partner). At the **civil society level**, the school communities, especially the school governing bodies (SGBs) played an important role in view of the project's results. They are composed of elected parents or guardians of learners, educators, learners and other school staff. The principal is always a member; other members can be co-opted [online, 2.7.2021]. The school governing bodies lacked knowledge and acceptance of the ISHP (Babatunde, 2017). Parents approved mainly of the general health services but not SRHR services and CSE (FGD 4; Int_19 with partner).

The project objective 'structural and institutional preconditions to implement strategies that lead to improved, extended and more comprehensive HIV prevention measures for young people national (10–24 years of age) have improved' (MHIVP III, 2017a) was fully aligned to the needs of the direct target group to strengthen (i) interdepartmental cooperation; (ii) the readiness of schools to implement the ISHP including CSE; (iii) the capacity of TVET colleges to deliver CSE-related content in life skills lectures; and (iv) the overall coordination needed to implement the NSP successfully.

The outputs of the project (see section 2.2) reflect increased national capacities and the 'South African government is very much interested to capacitate their own people' (Int_3 with GIZ). On the other hand, the project objectives do not cover the substantial needs to improve SRHR service delivery, instead it was assumed that 'staff at health facilities in proximity to the schools offer AYFS and that condoms and contraceptives are regularly distributed and easily available at school' (MHIVP III, 2021b, p. 2). This was not the case (Beyond Zero, 2019; Geza, 2020; Odongo, 2021; Int_16 with stakeholder; FGD 1–7). The annual budget of this project was only 62% of the annual budget of the predecessor. The project could therefore not continue to work simultaneously on service provision and organisational change in the administration and build capacity for CSE. However, the project's relevance for the indirect target group might have been augmented if partnerships to increase service availability had been more explicitly and extensively part of the project design and its operationalisation (see section 4.3 on Coherence). For some interviewees, easy access to AYFS or functioning youth zones according to the agreed national standards are equally or even more important than structural and institutional preconditions for the ISHP (Beyond Zero, 2019; Int_17 with stakeholder). Originally, the project included 'a platform for effective coordination of partners contribution to the She Conquers campaign' (MHIVP III, 2021b) as output D. From the evaluator's perspective, the planned approach focused too much on the functioning mechanism and not enough on the importance of concrete partnerships for ensuring that the project would more immediately contribute to the needs of young people for more and better SRHR and HIV prevention services. The needs of civil society stakeholders (e.g. school communities, school governing bodies) have been addressed through grant agreements with NGOs (see effectiveness criterion). However, this applied only to the selected pilot schools and the project design did not further align with the need to improve the structural and institutional preconditions for sustained civil society support. A second limitation in view of the partner needs and capacity came with the size of the project: after phasing out a contract with Beyond Zero in 2019,¹⁰ the project focused on supporting three out of eight districts of the Eastern Cape, whereas the provincial departments have to cater for the entire province. The challenge for the province

¹⁰ In the beginning of the project (November 2018 to June 2019) the project provided a grant to Beyond Zero who implemented social behaviour change interventions in 50 schools across eight districts.

is sometimes how to navigate between the requirements of various projects, which typically target selected districts and sometimes only very few schools in a district, with the need to establish similar levels of public services delivery across over 5,000¹¹ schools (Int_7 with partner).

While the project has certainly addressed needs and capacities of the direct target group to a high degree, the design was less well aligned to the immediate needs and capacities of young people and civil society stakeholders: **Relevance dimension 2: Alignment with the needs and capacities of the beneficiaries and stakeholders – scores 20 out of 30 points.**

Relevance dimension 3: Appropriateness of the design

The evaluators assessed if the project design was appropriate and if the system of objectives and underlying assumptions could be traced and verified. In addition, the extent to which the design reflected a holistic approach to sustainable development in view of linkages between economic, social and environmental factors was assessed.

The project had a clear strategic focus on fostering interdepartmental cooperation for implementing the ISHP and capacity building for CSE. TVET colleges were included to cater for CSE for the age group 20–24. This reflected a key recommendation of the predecessor evaluation (MHIVP II, 2017a). Compared to the predecessor project (see section 4.1), the focus was narrowed and sharpened to adjust to a lower budget,¹² to increase synergies across the components and to focus more on outcomes. The design also considered the anticipated end of GDC with South Africa on the HIV topic by 2023 (Int_3, 7 with GIZ; Int_2 with stakeholder). The plausibility of a focus on the ISHP as a key entry point for a holistic approach to HIV prevention among learners was confirmed by various stakeholders (Int_3, 5, 7, 12 with GIZ, Int_1–4, 7–14, 18 with partner; 1, 2, 6, 8, 10–12, 14–16 with stakeholder, FGD 5). The system of objectives is clear: all outcomes contribute to the project objective. Achievement of the project objective is a plausible contribution to higher-level impact via a longer results chain and assuming that comprehensive HIV service delivery will be sufficiently supported through other actors. It can be argued that the indicators have been rather conservative or ‘not very ambitious’ (Int_5, 12 with GIZ), but the evaluators acknowledge that for measuring direct effects, the design had to focus on tangible results and the indicators were therefore sufficiently relevant. The underlying assumptions are clearly stated in the results matrix and summarised in the project offer; however, assumptions were not systematically challenged and the resulting risks were not discussed in view of sustainability and impact. Therefore, two points are deducted. In addition, two other aspects influenced the rating:

Output B aimed at improving conditions for teachers to teach CSE to learners aged 10–19. Prior to the project, a CSE online course had been prepared in the context of the Eastern and Southern Africa (ESA) Declaration of Commitment to improve sexual and reproductive health and HIV prevention among young people in Eastern and Southern Africa.¹³ The project team informed the evaluators that the Eastern Cape Department requested the project to amend the training material for offline training and to produce printable material. In response to this request, the project developed a resource package with 20 educators from Buffalo City (Westendorp, 2019).¹⁴ It was assumed that national level will accept the package (MHIVP III, 2021b)¹⁵ but the project design did not include harmonisation with national plans for CSE or integration with the support of other donors.¹⁶ The assumption was not monitored and the design did not include interventions to foster national-level buy-in. In

¹¹ This number was a quick reference during an interview. According to the comprehensive school health directory, the Eastern Cape has 6,064 schools [online; 25.9.2021].

¹² MHIVP II had a budget of EUR 13.250.000 over four years (MHIVP II, 2018).

¹³ UNESCO, UNFPA, Johns Hopkins University/HC3 had contracted the Foundation for Professional Development (FPD) to design the course in the context of the Eastern and Southern Africa (ESA) Commitment of the Ministers of Education and Health from 21 ESA countries to improve and scale up young people's access to sexual and reproductive health services through quality and age-appropriate sexuality education; HIV prevention and youth friendly SRH services in December 2013. The local resource package was a response of the project to the need of the teachers in the Eastern Cape because they felt that the online course did not work for them (Int_3,9 with GIZ, Int_7,9 with partners). GIZ had promoted the UNESCO course in an earlier intervention.

¹⁴ The source was an interview but is not further specified here in order to protect anonymity; the document itself lists 17 educators as co-authors of the CSE resource pack.

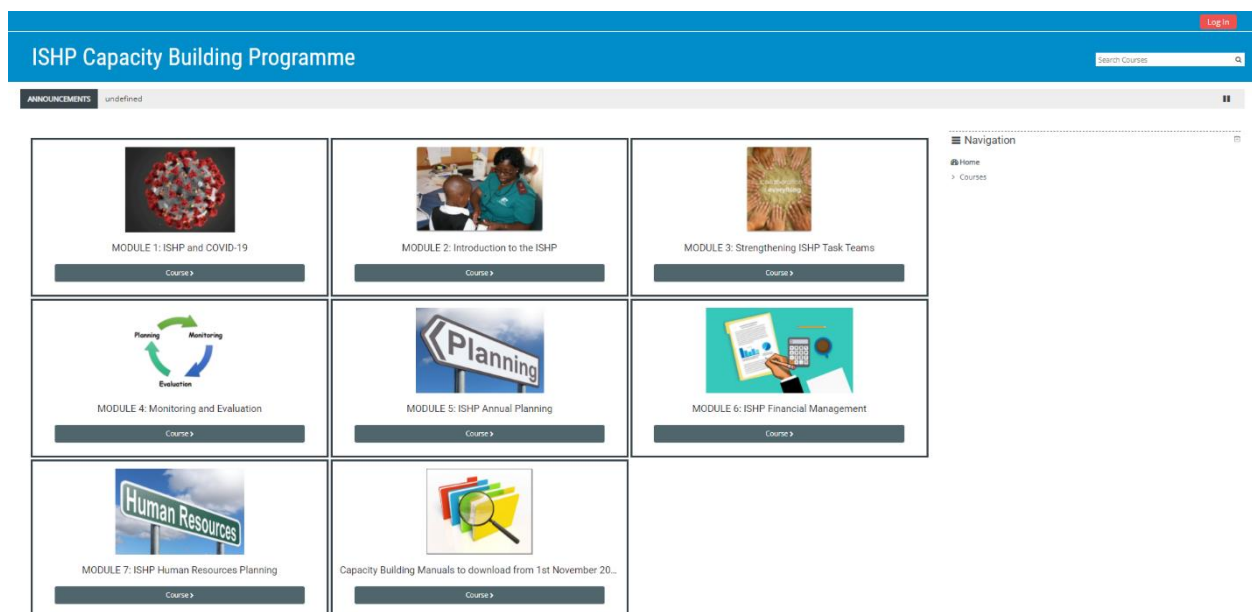
¹⁵ The assumption for output B in the results matrix reads as follows: ‘The national level accepts the piloting of standards, curricula, training modules and monitoring systems at provincial level.’

¹⁶ Led by the Education Development Center (EDC) and funded by PEPFAR through USAID.

addition, the institutional implications and cost of roll-out of the material were not considered. FGDs indicated that schools expect the province to supply them with teaching materials. The evaluators did not have access to financial data which would allow an objective assessment, but interviewees indicated that current budgets would not allow purchasing enough printed materials for CSE. Schools said that they have to purchase their own teaching material, which they sometimes cannot do (FGD 4, 6). This assessment indicates that the complexity of framework conditions for CSE was insufficiently addressed in the project design. Therefore 3 points are deducted.

Output D aimed at establishing a provincial coordination platform for the She Conquers campaign which includes educational, bio-medical, social and economic interventions and would therefore require multisectoral coordination. The campaign is seen as the ‘umbrella body for all AGYW programming in the country’ (Int_17 with stakeholder). Based on the limited success of the project predecessor (see section 4.1) in strengthening provincial and district AIDS councils, cooperation has been shifted from financial support to the provincial and district councils to working with the National DoH and SANAC in establishing and strengthening the She Conquers platform. However, the project offer (MHIVP III, 2017a) provides no information on how the lessons learnt would be applied to avoid failure when establishing a new coordination platform at the provincial level. A She Conquers-evaluation by SANAC (2020) highlighted that ‘the lack of formal communication regarding the governance and coordination led to a situation that individuals, rather than organisations, took responsibilities of aspects of the campaign rather than one centrally coordinated body coordinating the national campaign’ (p. 6). This was most likely not clear in the design phase of the project. Interviewees underline that the high-level political support for the campaign which was launched in 2016 by the Deputy President Cyril Ramaphosa would have indicated that supporting the campaign would have been an essential ingredient of any project aiming to improve HIV prevention for young people (Int_2 with stakeholder; Int_3, 12 with GIZ). Therefore, the rating is only reduced by one point. **Relevance dimension 3: Appropriateness of the design – scores 14 out of 20 points.**

Photo 1: The ISHP Capacity Building Programme Online



Source: MHIVP III on Moodle [Screenshot](#) [21.01.2022]

Relevance dimension 4: Adaptability – response to change

The basis for assessing dimension 4 were the project's responses to two important changes at global and national levels, namely the COVID-19 pandemic, and the protracted clarification process around stewardship and coordination of the She Conquers campaign.

The project responded to the COVID-19 pandemic based on partner needs at the conceptual and managerial levels. Not only were meetings and training immediately switched to remote formats, but the opportunity was also used to transform the learning content into digital material that could be used beyond the project duration and by an unlimited number of individuals (m4h/SCSA, 2021; <http://digitup.al/moodle/> [13.10.2021]). Very quickly, the project supported the NTT to prepare standard operating procedures and supportive materials on COVID-19 (GIZ MHIVP III, 2021c; DBE, 2020a and annexes), and project resources were replanned for purchasing data, so that partners could access the online formats (Int_7, 9, 10, 11, 14,15 with partner; Int_8, 10–12 with stakeholders; GIZ MHIVP III, 2021c, Wessels-Ziervogel, 2021). Also, at the TVET level the development of COVID-19 protocols to support the switch to working from home was supported. Guidance to the colleges via mail and phone was ensured (Wessels-Ziervogel, 2021). The project was also flexible enough in terms of management and deployment of human resources to mitigate delays due to COVID-19; for example, by providing contract extensions or follow-on consultant contracts and to implement additional COVID-19 funds as requested by BMZ (see the efficiency section 4.6). The responsiveness of the project under pandemic conditions accounts for 15 of the 20 points in the assessment of dimension 4.

In view of the She Conquers campaign, the project had conducted a strategic workshop early on (Stein, 2018) to exchange ideas on how to foster the implementation of the campaign. From then it was clear that a 'lack of clarity from national level was a "main challenge"' (ibid., p. 3). It was then concluded that the project should aim to link the campaign to existing cooperation platforms including the ISHP task teams and the decentralised AIDS councils and to map all actors in AGYW programming. To do so, the project seized the opportunity of GIZ's [Innovation Fund](#) [13.10.2021]. Jointly with the Clinton Health Access Initiative (CHAI) they won funds and used them to develop the prototype of an [online mapping tool](#) [13.10.2021]. In addition, the project had worked with the national level (National DoH and SANAC) to support the adjustment of the ToR of She Conquers, which would have transferred the campaign into a programme. The project anticipated that these changes would have created the preconditions for She Conquers to become an ideal platform for the division of labour among all stakeholders. This response to the constraints for implementing output D illustrates once more the project's responsiveness to changes. The project team argues that it had expected that the change from campaign to programme would solve the issues and that the indicator could still be achieved. Hence there was no need to adjust indicators from their perspective. From the evaluators' point of view, the response to change would have been even better if the output indicators and risk monitoring had been adjusted in good time to reflect the intended change, i.e. the adjustment of the ToR of She Conquers. This would have allowed for steering processes and reporting to be clearer and it would have been easier to learn from the experience for the future even beyond the project. Therefore, the rating is reduced by one point. **Relevance dimension 4: Adaptability – response to change – scores 19 out of 20 points.**

Methodology for assessing relevance

Table 7: 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	<ul style="list-style-type: none"> Most relevant strategic reference frameworks (ISHP, NSP, South African – German Development Cooperation Country, Strategy 2015–2020, Agenda 2030/SDGs) Expressed or assessed priorities as per interviews 	<p>Evaluation design: The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design</p> <p>Empirical methods: Document review, interviews, case studies</p>	<ul style="list-style-type: none"> Strategies, policies and essential project documents available Potential biases (incomplete information of the interviewee, self-interest) mitigated through source and method triangulation Good evidence
Alignment with the needs and capacities of the beneficiaries and stakeholders	<p>Needs and capacities of <i>Direct target group</i>:</p> <ul style="list-style-type: none"> DoH, DBE, DSD (at national, provincial and district levels) School teachers and TVET lecturers <p><i>Indirect target group</i>:</p> <ul style="list-style-type: none"> Learners <p><i>Other stakeholders</i>:</p> <ul style="list-style-type: none"> SANAC/CCM DHET School communities 	<p>Evaluation design: The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design</p> <p>Empirical methods: Document review, interviews, FGDs, case studies</p>	<ul style="list-style-type: none"> Short needs assessment done retrospectively by the evaluators Case studies provide indicative, not representative data Good evidence
Appropriateness of the design	<ul style="list-style-type: none"> Clear strategic focus Objectives match project resources Appropriate conceptual linkages and synergies Technically adequate Completeness and plausibility of the ToC Holistic approach to development 	<p>Evaluation design: The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design.</p> <p>Empirical methods: Document review, inception workshop on updating the results model, interviews, section on impact and sustainability of the predecessor</p>	<ul style="list-style-type: none"> Good triangulation of project and external documents with views of and information from stakeholders Strong evidence
Adaptability – response to change	<ul style="list-style-type: none"> Two modification offers (2019 and 2020) Response to COVID-19 restrictions Constraints related to She Conquers campaign 	<p>Evaluation design: The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design</p> <p>Empirical methods: Document review, online training material for output A, interviews</p>	<ul style="list-style-type: none"> The focus here was on conceptual response, the practical adaptation to changes will be further discussed for the criteria Effectiveness and Efficiency Good source triangulation Good evidence

4.3 Coherence

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

Summarising assessment and rating of coherence

Table 8: Rating of OECD/DAC criterion: coherence

Criterion	Assessment dimension	Score and rating
Coherence	Internal coherence	43 out of 50 points
	External coherence	42 out of 50 points
Overall score and rating		Score: 85 out of 100 points Rating: Level 2: successful

The assessment of coherence was based on the division of tasks and synergies within GDC, with national partner and other donors' activities, and utilisation of partner structures and systems including those for monitoring, learning and accountability. The project had regular exchange with the other projects in the GDC portfolio in South Africa and contributed to the GFATM oversight and coordination structures in South Africa. This helped to create synergies between Germany's bilateral and multilateral portfolio. GFATM-funded national experts were fully integrated in the project. The project also supported synergies with the German BACKUP Health Initiative. It was consistent with the standards of GDC in view of children's rights, gender equity, human rights and the inclusion of people with disabilities. The project complemented national policies, using and strengthening national systems and structures and avoided, parallel structures. The project also seized opportunities to work closely with other donors, e.g. CHAI. Only limited synergies were possible across the GDC portfolio. Despite systematic mapping of synergy potentials with KfW in the same programme, practical collaboration on the ground was very limited. There was also limited coordination with USAID and CDC for CSE whereas these agencies are key actors in AGYW programming and CSE in South Africa. **In total, the coherence of the project is rated as Level 2: successful, with 85 out of 100 points.**

Analysis and assessment of coherence

Coherence dimension 1: Internal coherence.

For this dimension, the evaluators assessed the complementarity within GDC, based on a division of tasks, meaningful linkages between financial and technical cooperation and the consistency of the project with standards for GDC such as human rights, child rights, inclusion, ending discrimination of women.

In principle, the design and implementation recognised the cross-cutting relevance of HIV for all development sectors in South Africa (BMZ/Treasury, 2015); however, the thematic focus limited concrete synergies with other projects of the GDC portfolio in South Africa. The project engaged in regular information sharing and exchange but concrete cooperation or joined results did not materialise (Int_2, 3, 7, 10–15 with GIZ). Interaction with the project 'Skills development for a green economy' (PN 2015.2006.3) can be cited as an example of coherence within a perspective of division of work where the two projects overlapped in two TVET colleges in the Eastern Cape. The TVET project focused on the technical/professional aspects of the education while the MHIVP focused on capacity development of the life skills lecturers. Both interventions benefited the same learners and were overseen by DHET. Both projects remained within their mandate and expertise. Exchange between the project teams and the respective national counterparts facilitated smooth implementation (Int_3, 13 with GIZ). The project also had a strong and continued relation with the GFATM, which is a major recipient of German multilateral cooperation. Project advisors were actively engaged with the national coordination and oversight bodies for the South African grant, communicated directly with the Grant

and Portfolio manager for South Africa and integrated expert facilitators for the implementation of the ISHP and capacity building for life skills educators in TVET colleges in the project team. These Liaison Officers were mainly paid through the GFATM principal recipient Beyond Zero (Int_3, 4 with GIZ; Int 1, 2, 8,12 with partner; Int_4, 6, 8, 9, 13 with stakeholder). The project also supported communication between the CCM and the German BACKUP Initiative. BACKUP provided several support missions to the CCM in the grant making process. It also supported the project partner SANAC at their own request. It was suggested that BACKUP might have been able to provide even more support if it were more proactively requested (Int 1, 2, 8 with partner, Int_3, 16, 17 with GIZ; Int_1, 6 with stakeholder; Obery, 2019; Johnson, 2019). The project was largely designed and implemented in a complementary manner, especially in view of Germany's multilateral engagement with GFATM. The project design focused less on leveraging synergies within the GDC portfolio in South Africa and it was therefore not realistic to expect more concrete shared results on the ground once every project had their specific mandate and scope defined. There was also regular exchange between KfW and GIZ to ensure synergies between financial and technical cooperation; a 'Synergy matrix' (KfW/GIZ, 2019) was developed to this end. This matrix stipulated that synergies would be achieved at three levels:

- increased coverage of schools in one district, which was a target district for both organisations. KfW and GIZ agreed that none of the schools covered by the implementing organisations would overlap,
- increased effectiveness of the KfW-funded interventions through GIZ support of the task teams, and
- other synergies through coordination and cooperation.

There was indeed no duplication. However, there were also no tangible synergies or joint results. COVID-19 was mentioned in comments in the synergy matrix as a reason that several activities which were supposed to reinforce synergies did not materialise. Interaction happened mainly in relation to joint reporting (Int_4, 5 with GIZ, Int_4, 9, 13 with stakeholder). Stakeholders expressed that MHIVP III and 'bumb' INGOMSO' funded by KfW had not been set up to reinforce each other practically and were therefore implemented without creating synergies. While the experience of the evaluators confirms that timing and funding mechanisms of GIZ and KfW make it difficult to achieve synergies, they suggest that in a longstanding joint GDC programme more concrete synergies may be expected. The points for internal coherence are therefore reduced by 7.

The project is consistent with the UN Convention on the Rights of the Child (UN, 1990) and the human right to health. At the impact level, it aims to contribute to reducing discrimination and stigmatisation and promoting gender equity as reflected in policy papers on human rights and gender equity (BMZ, 2011; 2014) and the UN Convention on ending all forms of discrimination against women (UN, 1979). Training for educators addressed gender diversity and the inclusion of persons with disabilities as reflected in BMZ's policy 'Inclusion of people with disabilities in GDC' (2019). The project reaches all points in view of consistency with national and international standards of GDC. **Coherence dimension 1: Internal coherence – scores 43 out of 50 points.**

Coherence dimension 2: External coherence

To assess this dimension the evaluators looked at the extent to which MHIVP III complemented and supported the partner's own efforts (principle of subsidiarity), coordination with other donors' activities, and the utilisation of existing structures and systems including those for monitoring, evaluation and learning.

The project complemented and supported partner efforts to implement the national strategy ISHP (see section 4.2 on relevance) in the Eastern Cape by improving the structural and institutional preconditions (MHIVP, 2017a). The facilitation of interdepartmental cooperation was subsidiary to core functions of the government. Of 20 national partners, 19 describe this organisational support as essential in advancing the ISHP which had already been in existence since 2012 but suffered from a lack of clarity on roles and responsibilities among the concerned departments (m4h/SCA, 2019; Njoko, 2021; Odongo, 2021). This is also illustrated by the significant partner contribution to the overall project resources (see section 4.6 on Efficiency). The project reaches all points regarding subsidiarity. This is a marked improvement based on lessons learnt from the predecessor (see section 4.5 on Impact and 4.1 for Sustainability of the predecessor).

The project worked closely with the GFATM as described above. It seized opportunities to cooperate with other development partners, e.g. CHAI. As discussed earlier, MHIVP III aimed to establish a provincial coordination platform for the She Conquers campaign but did not succeed in this. The 'Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe public private partnership' (DREAMS) is the largest project for AGYW and is funded from the US President's Emergency Plan for AIDS Relief (PEPFAR). It is managed by the United States Agency for International Development (USAID) and the United States' Centers for Disease Control and Prevention (CDC) and it is implemented by NGOs – the so-called PEPFAR partners. USAID is a key partner of the DBE for CSE. It supported the development and piloting of scripted lessons plans and other teaching materials that are now supposed to be rolled-out countrywide. There are no indications of proactive cooperation with DREAMS, therefore five points for cooperation with other development partners are deducted.

The project avoided creating new parallel structures and strengthened existing structures and systems, namely the ISHP task teams. In addition, it contributed to the GFATM-related structures (see section 2.1). However, the project did not work very closely with the decentralised structures of SANAC, or the provincial and district AIDS councils. This was partly based on lessons learnt from the predecessor's evaluation (see section 4.1) but has likely limited opportunities for direct contact with other implementing organisations. The lack of an integrated accountability framework for the ISHP (Mthethandaba, 2020) and even for the NSP (Int_6 with stakeholder) hindered the project to use routine data for monitoring project progress. The project's initial plan to strengthen partner monitoring systems (MHIVP III, 2017a), including an IT-based monitoring and project steering tool, was adjusted when it became 'evident that the underlying foundations for collaboration between the involved departments were not yet available' (Njoko, 2021 p. 1). The project then focused on strengthening the underlying foundations. In view of the provincial She Conquers coordination platform, the limited¹⁷ interaction between the project and the Provincial AIDS Council actually put the project into a dilemma: neither a parallel structure (Stein, 2018) nor further investment in the Provincial AIDS Councils (MHIVP II, 2017, Int_3 with GIZ, Int_2 with stakeholder) were an option likely to yield sustainable results, unless SANAC could provide clear guidelines (SANAC, 2020). The obstacles for common systems for M&E, learning and accountability were substantial and largely beyond the sphere of influence of the project. In view of the very limited use of common systems for M&E as one of the criteria for external coherence, the rating is reduced by 3 points because such systems barely exist. In contrast it is noted as a strength of the project that it contributed to the structural and institutional preconditions for improving the situation in the mid- to long-term (see Effectiveness and Impact sections). **Coherence dimension 2: External coherence – scores 42 out of 50 points.**

Methodology for assessing coherence

Table 9: Methodology for assessing OECD/DAC criterion: coherence

Coherence: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
Internal coherence	<ul style="list-style-type: none"> • Synergies with other GIZ projects: BACKUP Health, Setting up partnerships to prevent gender-based violence in Southern Africa (PfP), Inclusive violence and crime prevention (VCP), Centre for Cooperation with the Private Sector (CCPS) • Synergies with KfW • Consistency with standards for GDC 	<p>Evaluation design: The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design</p> <p>Empirical methods: Interviews, document review</p>	<ul style="list-style-type: none"> • In-depth analysis of the other GIZ programmes will not be part of the evaluation • Interviews from project, other GDC projects, partners and other stakeholders triangulated with each other and with documents • Good evidence

¹⁷ There was some interaction, for example were the Provincial and District AIDS councils informed about the existence of the ISHP task teams and their plans (Pantshwa, 2020; Mwazi, 2020)

Coherence: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
External coherence	<ul style="list-style-type: none"> • Subsidiarity • Coordination with other donors • Use of existing systems and structures for implementation, M&E and accountability 	Evaluation design: The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design. Empirical methods: Documents, interviews	<ul style="list-style-type: none"> • Progress-and evaluation-reports were triangulated with interviews • 'Partner-mapping tool' was accessed online • Good evidence

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

Table 10: Rating of OECD/DAC criterion: effectiveness

Criterion	Assessment dimension	Score and rating
Effectiveness	Achievement of the (intended) objectives	21 out of 30 points
	Contribution to achievement of objectives	30 out of 30 points
	Quality of implementation	16 out of 20 points
	Unintended results	17 out of 20 points
Overall score and rating		Score: 84 out of 100 points Rating: Level 2: successful

The assessment of effectiveness is based on the achievement of the project objective as per the agreed indicators, the verification of the project's key results hypotheses, the quality of implementation and the occurrence and management of unintended positive and negative results.

By the end of the project, indicators for the functioning of task teams and the knowledge and competence of TVET life skills lecturers for teaching SRHR and HIV-related topics were achieved. Comprehensive support to capacity development and change management were instrumental for improved interdepartmental cooperation at all levels. Key success factors were tailor-made approaches based on capacity assessments, an emphasis on clarifying roles and responsibilities and the use of dedicated personnel with a coordination function, the so-called Liaison Officers and a Technical Officer for the TVET activities. The project made a distinct contribution to better teaching of HIV and SRHR-related topics in TVET colleges through training and mainly through comprehensive post-training support. The project faced challenges because of COVID-19 but also because of prevailing systems issues including the lack of staff, staff turnover, a still existing negative attitude to SRHR of young people and lack of national guidance for AGYW programming and implementation. While the project in general was successful to mitigate the effect of challenges and unexpected results, it could not achieve its indicators related to effective coordination of the She Conquers campaign in the Eastern Cape. Key features of the quality of implementation were full participation of national partners and a high degree of ownership for the achieved results. However, the lack of a clearly defined strategy and processes for communicating results and decision-making led to a slight reduction in the overall rating.

In total, the effectiveness of the project is rated Level 2: successful, with 84 out of 100 points.

Analysis and assessment of effectiveness

Effectiveness dimension 1: Achievement of the (intended) objectives

The basis for the assessment of dimension 1 is the achievement of the objective indicators that were agreed between GIZ and BMZ. The evaluators assessed the indicators as sufficiently specific, measurable, achievable, relevant and timebound to reflect the project objective. 'Sufficiently' refers to the evaluators' conclusion, that the indicators had some challenges but were overall suitable to measure the achievement of the project objectives. Indicators, assessment and achievement rates by the end of the project are shown in Table 11.

Table 11: Assessed and adapted objective indicators for specific modules (outcome level)

Project's objective indicator according to the offer	Assessment according to SMART ¹⁸ criteria
<p>M1: The interdisciplinary task team responsible for the implementation of the ISHP at provincial level in the Eastern Cape has completed three of their six tasks Base value (26.6.2017): 0 out of 6 Target value (30.6.2021): 3 out of 6 (50% of the tasks) Current value (24.2.2021): existing data does not allow for clear yes/no answers in terms of each task outlined in the ISHP being achieved; there is sufficient evidence to claim that within the project duration, the tasks have been achieved to at least 50% Achievement in % (24.2.2021): 100% Source: m4h/SCA close-out report with annexes (MHIVP III, 2021c) triangulation with interviews and reports of the Liaison Officers (Mazwi, 2020; Mabangula, 2020; Mthethandaba, 2020; Pantshwa, 2020) and the final ISGP evaluation report (Odongo, 2021)</p>	<p>S: partly (The six tasks outlined in the ISHP, were not further defined. Two of the six tasks remain poorly defined, e.g. 'ensuring that appropriate referral facilities and processes are in place' would require specific indicators to be more specific, these do not exist in the policy and have not been defined by the project) M: partly, the 'poorly defined' tasks have not been specified through measurable indicators; 'measurement' is a description of what was done A: ✓ R: partly, it may be challenged whether a 50% completion of the basic tasks correspond to the project objective T: ✓</p>
<p>M2: The proportion of lecturers for life skills at TVET colleges in the target districts with defined competencies in the field of SRH/HIV prevention has increased to 80% Base value (2018): 53% Target value (2020): 80% Current value¹⁹ (May 2021): 98% for HIV and 83% for SRHR assuming equal weighing of both, the current value is 91%. Achievement in % (May 2021): 114% Source: Baseline, midline and endline survey and close-out PowerPoint presentation (Babatunde, 2017, Wessels-Ziervogel, 2019, 2021, Semba, 2021)</p>	<p>S: ✓ M: ✓ A: ✓ R: ✓ (the project covered all five TVET colleges in the target districts) T: ✓</p>
<p>M3: The proportion of lecturers for life skills at TVET colleges in the target districts with defined knowledge on gender diversity contents has increased to 70% Base value (2018): 12% Target value (2020): 70% Current value²⁰ (24.2.2021): 56% Achievement in % (May 2021): 80% Source: Base- midline and endline survey (Babatunde, 2017, Wessels-Ziervogel, 2019, 2021)</p>	<p>S: ✓ M: ✓ A: ✓ R: partly, it might have been more relevant to measure knowledge on all issues included in the training and to set the target higher based on the understanding that knowledge precedes changes in attitude and behaviour T: ✓</p>

¹⁸ Specific, Measurable, Achievable, Realistic, Timebound

¹⁹ Competency measures between baseline and midline/endline differed. The Baseline Study included the participation in training, teaching qualifications and levels of knowledge as part of its competency assessment. This was, however, excluded from the midline and endline, which measured attitude and self-perceived proficiency using a scoring system.

²⁰ The baseline data analysis framework was different to the midline and endline analysis framework.

Project's objective indicator according to the offer	Assessment according to SMART ¹⁸ criteria
<p>M4: 60% of the interventions in the Eastern Cape that are planned according to the national operation plan for the implementation of the She Conquers campaign have been realised in coordination with the involved stakeholders</p> <p>Base value (2018): no coordinated interventions Target value (2020): 60% Current value (24.2.2021): no interventions coordinated Achievement in % (24.2.2021): 0 Source: Last project progress report (GIZ MHIVP III, 2021a) triangulated with interviews</p>	<p>S: ✓ M: ✓ A: with a high risk, considering the experience with the provincial HIV coordination structures in the past (GIZ MHIVP II, 2017a) R: under the assumption of national leadership for the campaign T: ✓</p>

Indicator M1 measures that PTT and DTT have taken up their work (output A). Based on the ISHP, the task teams have six key tasks.²¹ According to the project progress report (MHIVP III, 2021a), four of the six tasks have been achieved; however, the final report of the implementing consortium, final reports of the Liaison Officers and interviews during the evaluation qualify the level of achievement to some degree.

- **Developing a five-year implementation plan for the ISHP in the province, as well as a detailed implementation plan for the first year:** PTT and DTTs have developed plans for the 20/21 financial year; there is no 5-year plan (MHIVP III, 2021c). 'National DoH indicated that the province can focus on yearly plans currently' (Mazwi, 2020 p. 7). 'The fact that three departments are not held accountable to provide a 5-year plan for the ISHP may have led to limited thrive for the planning activity' (Int_10 with partner).
- **Securing the required financial, material and human resources:** There is documented progress on sharing resources increasing the effectiveness and efficiency: 'The work of the task teams resulted in increased allocation of resources' (Odongo, 2021, p xi). There are examples of additional staff, training support and purchase of CSE teaching materials with the budgets of the individual departments. However, there is no dedicated domestic funding for the ISHP. This is perceived as a major challenge (MHIVP III, 2021c; Int_7, 9, 10 with partner, Mabangula, 2020, Mazwi, 2020, Mthethandaba, 2020, Pantshwa, 2020).
- **Identifying and prioritising the most disadvantaged schools which should be targeted during the early phases of implementation:** In each of the three target districts, at least²² 10 schools have been identified and received support from the project to increase their readiness for implementation of the ISHP (SPF, 2021; MHIVP III, 2021c, Mabangula, 2020, Mazwi, 2020, Mthethandaba, 2020, Pantshwa, 2020).
- **Ensuring that appropriate referral facilities and processes are in place:** A network analysis has been conducted (MHIVP III, 2021c; Botes, 2020). Targeted schools were assessed to have better referral systems in place than non-intervention schools (Odongo, 2021). However, 'respondents noted that the effectiveness of referral systems had been hampered by lack of SOPs (standard operating procedures) for referrals, lack of collaboration support from other stakeholders which either delayed or made referrals difficult, and limited availability of resources, especially transport, which made it difficult to access referral points' (ibid., p. 44).
- **Ensuring that an appropriate and adequate training programme for new and existing staff is in place:** The Eastern Cape PTT and the NTT have capacity-building manuals and the entire ISHP capacity-building programme was converted to online self-learning and launched on 31 August 2020. A total of 18 master trainers from the Eastern Cape province have completed the training and a training expert has provided recommendations to the NTT for a revision and update of the existing School Health Team

²¹ (i) Developing a five-year implementation plan for the ISHP in the province, as well as a detailed implementation plan for the first year; (ii) securing the required financial, material and human resources; (iii) identifying and prioritising the most disadvantaged schools which should be targeted during the early phases of implementation; (iv) ensuring that appropriate referral facilities and processes are in place; (v) ensuring that an appropriate and adequate training programme for new and existing staff is in place; (vi) monitoring implementation of the ISHP in the province

²² The evaluators were not able to sort out how many pilot schools were exactly selected in each target district because interviewees and reports provided changing numbers: e.g. one report states that 21 schools have been selected (Mthethandaba, 2020); another report states that the Small Projects Foundation (SPF) was to implement a pilot project at 30 schools across 3 districts (SPF, 2021), interviewees said that the project supported ten pilot schools in each district (Int_7, 9 with partners).

training programme (from 2013). (MHIVP III, 2021c; Int_9 with partner; Int_10–12 with stakeholder; [ISHP Capacity Building Programme \(digitup.al\)](#) [13.10.2021]).

- **Monitoring implementation of the ISHP in the province:** Task team members have received training, however overall monitoring of the ISHP ‘remains weak across the province’ (MHIVP III, 2021, p. 15). The ‘lack of clarity on M&E systems for ISHP impacts how it can be monitored and evaluated’ (Odongo, 2021, p. x).

The evaluation team concludes that while the existing data does not allow to provide clear yes/no answers in terms of each task outlined in the ISHP being achieved; there is sufficient evidence to claim that within the project duration, the tasks have been achieved to an extent of at least 50%. Therefore, the evaluators conclude that project objective indicator **M1 was fully achieved** by the end of the project.

Indicator M2 and M3 measure the capacitation of TVET lecturers. Indicator M2 is a composite indicator, the variables are attitude and competence to teach. During the endline assessment, the vast majority of 66 lecturers included in the endline survey had adopted the content promoted during capacity building for the topics HIV (62 lecturers), disability (58 lecturers) and gender diversity (50 lecturers), while only 37 of 66 lecturers (56%) adopted ‘desirable’ attitudes for SRHR. The average score for self-perceived competence to teach SRHR and HIV was 3.3 corresponding to proficiency. This reflected an increase compared to the baseline with an average score of 2.5 (Wessels-Ziervogel, 2021). Some 60 out of 66 (91%) of lecturers included in the endline had achieved defined competencies as per the indicator (Semba, 2021). Knowledge about gender diversity had increased considerably but fell short of the target. In conclusion, project objective indicator **M2 was fully achieved** whereas Indicator **M3 was partly achieved**.

Indicator M4 measured the functioning of a coordination platform for the She Conquers campaign in the Eastern Cape. Both, the project and an external review argue that the campaign did not yet succeed in becoming the ‘focal point’ for AGYW coordination because clarification of leadership between the national DoH and SANAC was not clear and the provinces therefore lacked guidance and orientation (Stein, 2018, MHIVP III 2021a; SANAC, 2020). In this context, the project could not have provided a coherent intervention to achieve the indicator (see also the criterion coherence). **M4 was not achieved** by the end of the project.

Effectiveness dimension 1: Achievement of the (intended) objectives – scores 21 out of 30 points.

Effectiveness dimension 2: Contribution to achievement of objectives

The evaluators examined three key results hypotheses of the project’s ToC to assess the contribution of the project to the observed results. Internal and external factors of success and failure including assumptions, risks and alternative explanations were explored. The three hypotheses were selected in agreement with the project;²³ the selected hypotheses are marked with red arrows in Figure 1.

As a starting point the evaluators looked at the achievement of outputs. Despite the major effect of COVID-19 on implementation, the project was able to deliver what was planned to a large degree:

- **Output A:** The PTT and DTT have met regularly. ToR were agreed for each task team. The level of indicator achievement was 100% by February 2021 (MHIVP III, 2021a).
- **Output B:** An educator’s resource pack for CSE with background information, lesson plans, and teaching aids has been developed and handed over to the provincial DBE. (MHIVP III, 2021a; Westendorp, 2019; Int_3, 5, 9 with GIZ; Int_7, 9 with partner). Indicator achievement: 100% by February 2021.
- **Output C:** 98% (target 90%) of lecturers for life skills at five selected TVET colleges had participated in training courses on interactive teaching methods for SRHR, HIV, and gender diversity. Indicator achievement: 109% (Wessels-Ziervogel, 2021; Semba, 2021).
- **Output D:** The project team included a Liaison Officer employed by the GFATM recipient Beyond Zero to support the establishment of the communication platform for the She Conquers campaign in the Eastern

²³ The selection was based on the following criteria: (i) cover central aspects of the project in terms of significant shares of the project resources, (ii) evaluability (conciseness and availability of data/data sources), (iii) illustrate the specific form of cooperation with the CCM/GFATM and leverage of other resources, i.e. the Study and Expert Fund, (iv) reflect knowledge interests of key stakeholders, and (v) provide learning opportunities for the consolidation phase and the implementation of the ISHP.

Cape. The officer drafted ToR, helped to set up a secretariat with the three partner departments concerned with the ISHP and contributed to the preparation of a stakeholder mapping (MHIVP III, 2019b; 2020b) which was further developed into a digital mapping tool (see Relevance criterion). The tool was not updated or used for planning by national partners and international development partners. The output indicators (ToR signed by all stakeholders and regular meetings of the coordination platform) were not achieved as stipulated in the project offer; considering the preliminary results in view of coordination of relevant stakeholders, the evaluators estimate the level of achievement at about 20%.

The first results hypothesis stated that the project support for the development of teaching materials and provision of training would equip life skills lecturers in the five TVET colleges of the target districts with competences so that they would provide better teaching on life skills topics of HIV prevention, SRHR, gender diversity and disability. Based on achievement of indicators M2 and M3, it can be confirmed that the project has been able to improve knowledge and competences (see dimension 1). **Internal factors of success** were the quality of training and especially the post-training support. The lecturers would not have had any similar training if they had not been provided by the project (Wessels-Ziervogel, 2021). The post-training support included refresher training, advocacy at the level of senior college managers and members of student support services and a 'multi-tiered structure of cascading support and communication' (ibid., p. 13) composed of campus and college champions. The college champions constituted a regional²⁴ community of practice (CoP) as 'an incubator for further capacity strengthening support' (ibid., p. 4) and at least one college established a CoP within the college. In the endline survey, at total of 46 lecturers from the five colleges had been asked if they had received support from college champions. Ten of the respondents did not know who the champion was. Among the remaining 36 lecturers, 22 (60%) perceived the support of champions as useful (ibid.). The researchers used cross-tabulations with a chi-squared test to identify if there were statistically significant correlations between statements about the college champions and other responses provided in the survey. A statistically significant correlation was found between life skills lecturers who found champion support useful and lecturers who assessed themselves as 'competent teaching SRHR'. Because of the small sample size, the results were not disaggregated by college. The role of the chair of the CoP was perceived as a strong positive factor of the programme (ibid.). The appointment of a Technical Officer by the project was essential. He played a 'key role in facilitating and guiding these interventions' (ibid., p. 13) through formal sessions and informal conversations (ibid.). The close and trusted cooperation between GIZ and DHET with the colleges was a very important factor of success.²⁵ It was also very important that lecturers were willing to engage and 'started to distinguish their personal beliefs and their role as lecturers and are interpreting student behaviour and choices through a more rights-based perspective' (ibid., p. 50). In view of the need of lecturers to prioritise curriculum requirements over any other work, the project moved from simply providing a manual towards simplifying access to the content and formal introduction of the topics SRH, HIV, gender diversity and disability in the life skills curriculum. This was done by preparing scripted lessons plans and developing exam questions and was seen as very important (Int_5 with partner; Int_3 with stakeholder).

Internally limiting factors were individual attitudes and perceptions regarding SRHR. Lecturers' attitudes towards SRHR were the least aligned with those promoted during the training sessions (Wessels-Ziervogel, 2021). Another limiting factor was lack of management support in some colleges as well as challenges with the selection and retention of life skills lecturers (ibid.). A major internal challenge was that the intervention ended earlier than planned and the planned exit process was somewhat rushed (Int_3 with stakeholder). The main **external negative factor** was COVID-19: due to the 'often-limited levels of access to resources such as laptops, internet connectivity and mobile data amongst lecturers and learners' (ibid., 2021, p. 17), it was difficult to maintain communication and to apply the interactive training methods learnt. Only 33 of 66 lecturers (50%) responding in the endline sample 'managed to teach the Health and Wellness module in 2020' (ibid., p. 30). The project had been able to **mitigate these limitations** by providing data with project funds and purchasing some equipment; however the materials could not be delivered until the end of the project (ibid.; Int_3 with

²⁴ The TVET system is not organised according to provinces but according to regions.

²⁵ This was expressed by the concerned stakeholder and partner; the concrete sources are not mentioned here to maintain anonymity of the interviewees.

stakeholder). Apart from COVID-19, 21 out of 66 lecturers felt constrained by the culture in their communities.²⁶ General messaging within South Africa through a large range of HIV programmes was identified as a **potentially positive external factor** influencing attitude changes and knowledge especially around HIV, but there were no similar public messages in view of SRHR, gender diversity and disability (Wessels-Ziervogel, 2021).

The endline survey provides only limited information on the actual improvement of the teaching sessions. Pedagogical competence²⁷ was assessed through observation of five lecturers only and four FGDs with learners. The observed lecturers scored 'just over average' (ibid., p. iv) on observed competence but lecturers self-reported that they expanded their range of interactive methods (ibid., p. 63). More detailed assessments were not feasible under COVID-19 restrictions. There are indications that the project has contributed to the objectives at the level of the intended beneficiaries: 'Students interviewed across the four colleges were complementary about lecturers' facilitation skill' (ibid., p. iv). This will be further discussed for the Impact criterion. Young people as such, and especially young women, are a vulnerable group who likely benefited indirectly from the interventions. The project specifically enhanced lecturer capacity on the topics of gender diversity and disability. As summarised in Table 12, the first result hypothesis is confirmed.

Table 12: Contribution of the project to observed changes: result hypotheses 1

Hypothesis 1 (activity – output – outcome)	Project support for the development of teaching materials and provision of training would equip life skills lecturers in the five TVET colleges of the target districts with competences so that they would provide better teaching on life skills topics of HIV prevention, SRHR, gender diversity and disability
Main assumptions	<ul style="list-style-type: none"> Lecturers felt confident enough to apply the new competencies
Risks/unintended results	<ul style="list-style-type: none"> The time pressure and focus on other subjects of the curriculum may have led to conflicting priorities The pandemic situation with online teaching and self-study did not allow to apply the interactive teaching methods Lecturers felt constrained by cultural norms Personal beliefs were obstacles to change attitudes College management did not provide sufficient support
Alternative explanation	<ul style="list-style-type: none"> Not likely, life skills lecturers did not have access to other training on SRH/HIV, gender diversity and disability Public messaging might have contributed with regard to knowledge on HIV, but there is not significant public messaging on the other topics
Confirmed/partly confirmed/not confirmed	Confirmed

The **second results hypothesis** states that project support for establishing the ToR for PTT and DTT and continuous facilitation and coordination through the Liaison Officers were preconditions for the task teams to commence their work and for effective coordination across the three departments. Although the ISHP has been in place since 2012, the interdepartmental cooperation between the three concerned departments was not functioning in the Eastern Cape (m4h/SCA, 2019). The assessment of indicator M1 shows that coordination across the three departments had become more effective by the end of the project: 'Government departments acknowledged the fact they are working so much but in silos [...], GIZ support was acknowledged in creating that platform for the three departments to sit together and deliberate on issues related to the implementation of the ISHP programme' (Mazwi, 2020, p 10). 'Historically, there has been some coordination of the EC district departments through the AIDS councils and joint implementation of health calendars and specific HIV/AIDS related events. In addition, school health-related services have been implemented by the three departments to varying degrees dependent on resource availability. However, they operated in silos, with no integration, often

²⁶ This perception can be objectively substantiated through a vast range of studies

²⁷ Youth friendly, interactive methods and content, facilitation approach, lesson planning and delivery

with duplication of services, causing schools to be inundated with poorly coordinated services that interfere with teaching and learning' (Mabangula, 2020, p. 3). 'I could say, the intervention, it actually opened the doors in all these departments' (Int_14 with partner).

The evaluators understand improved access to the services as a central measurement of 'effective' coordination: There are indications that learners gained better access to health services through the integration of ISHP with national programmes at the provincial and district level, e.g. health promotion, the Human papilloma virus (HPV) campaign, the TB programme, the Safer Schools Programme (Odongo, 2021). An example of how the task teams improved access to services is in Box 2. The **internal factors of success** in achieving these results included:

- The establishment of an MoU for the implementation of the ISHP between the three concerned departments provided a mandate to work across the departments '(Int_10,11, 14, 15 with partner);
- The identification of all directorates and units within the three departments that had a role to play in ISHP (Mabangula, 2020; Mazwi, 2020; Mthethandaba, 2020; Odongo, 2021; Pantshwa, 2020): 'The DTT initially started with two members from each department, but as the implementation started, the need to include other sections arose as they were identified as the gap for implementation' (Mthethandaba, p. 5);
- The inclusion of NGOs in the task teams – at least in the beginning – was conducive for a comprehensive response to the needs of the schools (Odongo, 2021; SPF, 2021);
- Grants for NGOs to support school communities in understanding and implementing the ISHP (Mabangula, 2020; Mthethandaba, 2020; Pantshwa, 2020; SPF, 2021; Beyond Zero, 2019, FGD 5, 7 and Int_18 with partner) and support of underserved schools through mobile services (Roberto, 2019);
- Personal working relationships between stakeholders during the regular meetings and training sessions (Odongo, 2021, Int_7, 9, 10, 11, 14, 15, 18, and FGD 7 with partner, Int_11–12 with stakeholder);
- The participation of DTT in the district-based support teams and the quarterly review meetings of the district AIDS councils (Odongo, 2021, Int_18 with partner); and
- Designated coordinators were seen as one of the most important investments for ISHP to function (Odongo, 2021).

Box 2: Example: How the task teams helped educators to improve access to services for learners

As part of their role, the District Task Team visited schools to monitor the implementation of the ISHP. Educators shared with the DTT that they battled to do the special needs assessment of the learners Screening, Identification, Assessment and Support policy ([SIAS](#) [15.10.2021]). As a result, they ended up having learners who cannot read or write pushed to higher grades. Thanks to the support of the project, it was possible to provide the educators with the necessary training. 'At the end of the training the educators were so excited and grateful to be trained and felt confident that they can now complete the special needs assessment form and will be able to support learners with special needs' (Mabangula, 2020, p. 9).

Partners at province and district levels appreciated the capacity building they received as an important resource that will support programme implementation (Odongo, 2021, Int_7, 9, 10, 11, 14, 15 with partner). However, the most important change factor was the Liaison Officer, who was able to convene, to organise and keep track of capacity development interventions, planning and implementation of the joint activities. Across interviewees there was consensus that this extra person was decisive, both for the implementation of the capacity development interventions as for the regular meetings. The impartiality of the person was seen as

indispensable for the success (Int_7, 9 with partner, FGD 5, 7). MHIVP III was the only project in South Africa that focused on interdepartmental coordination to implement the ISHP (Int_3, 4 with GIZ, Int_13 with partner).

Internal hampering factors were the lack of integrated monitoring reports: 'They could also have been used by the DTT to hold the province accountable for their role in the ISHP. The reports would be useful to know if the ISHP is being implemented better or if at all. Each department has its own reporting system, which is only suitable for their own departments and units' (FGD 7). A second challenge for the functioning of the PTT and DTT was that not all departments were equally on board (Odongo 2021, Int_7, 9, 10,11, 14,15 with partner; FGD 5).

At the school level, the DSD has not played much of an active role in the school, except for a short period between 2018 and 2019 when a social worker would visit the primary school to assist learners with psycho-social services and information sharing. Educators would identify learners with serious behavioural problems (such as violent behaviour, aggression, bullying) and report these to the principal. The principal in turn would raise these issues in writing with the parent or caregiver, who is then expected to take the learner to a social worker for assistance. Where there are successful outcomes in cases is during the period when a social worker used to come to the schools sometimes twice a month to conduct monitoring visits (FGD 5).

It was also problematic, that participation in capacity development and meetings was not continuous and at times staff were delegated to attend training courses or meetings ad hoc without necessarily knowing what was going on (Mwazi, 2020; Int_7, 9–11, 14–15 partner; Int_10–12 with stakeholder). This was partly due to the external factor of personnel movement within departments. 'A new organogram has been introduced, resulting in key individuals being moved to other sections/units in the department. This affected participation in the task team, continuity of the work and follow- up of cases, and more time had to be spent on orientating new personnel' (FGD 5). It was also mentioned, that while the perceived external role of the Liaison Officers was a plus, the lack of seniority in the hierarchy of the departments sometimes negatively influenced their ability to convene and to address issues effectively (Int_11, 12 with stakeholder). The downside of the high leverage of the Liaison Officer was a strong dependence on their functions which were not transferred to regular staff (Odongo, 2021, Int_7, 9, 10, 11, 14,15 with partner). Based on the reports of the Liaison Officers, each department should have appointed ISHP coordinators, however a handover of the functions of the Liaison Officers to designated persons is not documented or confirmed by any of the interviewees. Despite tangible improvements, there is still a long way to go until the full implementation of the ISHP and access of learners to the services they need; one reason beyond the sphere of influence of the project was the understaffing of the school health teams including social workers: (Mwazi, 2020; Mabangula, 2020; Int_7 with partner), which will be further discussed in the Impact section.

The outstanding **external negative factor** was the COVID-19 pandemic because it limited face-to-face meetings and deprioritised coordination for school health interventions that were not directly related to the pandemic. **External positive factors** were the existence of numerous programmes that have natural linkages with the ISHP and thereby helped to increase the resources available for its implementation. Despite these challenges, a significant contribution of the project to the interdepartmental cooperation for implementing the ISHP can be established. As summarised in Table 13, the second result hypothesis is confirmed.

Table 13: Contribution of the project to observed changes: result hypothesis 2

Hypothesis 2 (activity – output – outcome)	Project support for establishing the ToR and continuous facilitation and coordination through the Liaison Officers were preconditions for the task teams to commence their work and for effective coordination across the three departments
Main assumptions	<ul style="list-style-type: none"> • (At least initial) resources that can be leveraged for the ISHP were at the disposition of the provinces and districts
Risks/unintended results	<ul style="list-style-type: none"> • insufficient mandate of task team members • task teams depended on the Liaison Officers instead of integrating their functions in routine processes
Alternative explanation	None, the tasks were not operational before the project and did not receive any other organisational support
Confirmed/partly confirmed/not confirmed	Confirmed

The **third selected results hypotheses** states that process facilitation at national level made it possible for a tripartite MoU for the ISHP to be signed. This MoU was expected to generate momentum for better guidance and support of ISHP implementation from national to provincial level. This, in turn, was expected to reinforce the PTT. Originally, the project had leveraged additional resources from the 'Study and Expert Fund' to complement the core-funding to meet the need for an integrated IT-based monitoring and project steering tool for the ISHP, the 'Interdepartmental Project Steering Tool'. Soon it became evident that the underlying foundations for collaboration between the involved departments were not yet available. An MoU had been in existence between the DBE and the DoH concerning the implementation of the ISHP. However, DoH and DBE could not include DSD. Based on the experience when trying to prepare the integrated monitoring tool, it was considered indispensable to prepare the ground for a tripartite MoU (Mabangula, 2020; Njoko, 2021; Int_3 with GIZ, Int_5, 8 with stakeholder). The project embarked on a facilitation process to achieve this. COVID-19 affected the process to some degree, but much less than for the other project interventions; the process was quickly adjusted by 'embracing virtual instead of in-person meetings' (Njoko, 2021, p. 4). The context was described as highly politicised (ibid., p. 5). One of the **key success factors** was a detailed stakeholder analysis prior to every meeting and process step (ibid.). MHIVP 'took the facilitation role by engaging senior managers of the three departments, giving presentation on what can assist the implementation of the ISHP, and holding meetings with the NTT' (ibid., p. 11).

The MoU together with the interdepartmental ISHP implementation protocol were signed on 31 March 2021 by the acting Director General-DSD and by the Director Generals of DoH and DBE mid-April 2021 (Njoko, 2021). 'We had lost the momentum within the chief directorate, not putting more effort with this programme until last year when we started talking MoU. I think what happened is because the instruction was now coming from top' (Int_4 with partner). Evaluators probed for alternative factors that might have triggered the signing of the MoU; in particular they explored SANAC's contribution. While SANAC supported the consideration of the ISHP in the previous and current GFATM funding request, they did not engage in strengthening interdepartmental cooperation. Following the MoU, DSD appointed a senior manager to oversee the implementation of the ISHP and requested technical support for operational planning to implement the ISHP from MHIVP 4. A review of the ISHP is planned with support of the World Health Organization (Int_3 with GIZ, Int_5 with stakeholder) and there is an active commitment to learn about and integrate the lessons learnt from the implementation of MHIVP III in the Eastern Cape. This was also illustrated through the active participation during the debriefing of this evaluation. With the MoU, the ISHP became part of the key performance areas of the departments. The link of the ISHP with the GFATM funding request supported by the GIZ (Int_8 with partner, Int_6 with stakeholder) 'will get things moving' (Int_4 with partner). However, interviews also caution that strong leadership and accountability will be needed to further advance the ISHP (Int_16 with partner, Int_6 with stakeholder, Int_3, 8 with GIZ). By the end of the project, it was too early to see the concrete results of having the MoU, but there are encouraging indications that these may follow. As summarised in Table 14, it is confirmed that the project made a tangible contribution to a new momentum for the ISHP.

Table 14: Contribution of the project to observed changes: result hypothesis 3

Hypothesis 3 (activity – output – outcome)	Technical advice and process facilitation to the three national departments jointly responsible for the implementation of the ISHP will lead to the signing of an MoU. This MoU will generate a new momentum to provide better guidance and orientation on the implementation of the ISHP from the national to the provincial level. This, in turn, was expected to reinforce the functioning of the PTT
Main assumptions	Sustained commitment of the South African Government to the ISHP as a priority in the context of HIV prevention
Risks/unintended results	<ul style="list-style-type: none"> • Lack of national leadership for ISHP • Conflicting priorities, especially in the face of the pandemic
Alternative explanation	Previous efforts by DoH and DBE to bring DSD more on board failed. The CCM/SANAC did not address interdepartmental cooperation, however the emphasis on the ISHP in the funding request to GFATM has likely increased the momentum for effective implementation
Confirmed/partly confirmed/not confirmed	Confirmed (so far as possible; the MoU was only signed in April 2021)

Based on the confirmation of all selected results hypotheses, **Effectiveness dimension 2: Contribution to achievement of objectives – scores 30 out of 30 points.**

Effectiveness dimension 3: Quality of implementation

This dimension is assessed on the basis of the quality of monitoring, project steering and participation.

The project used a GIZ online monitoring tool and updated this system for the annual progress reporting (see section 3.1). Project indicators could not be measured through national or partner monitoring systems. Therefore, the project relied on its own data collection through internal analysis of meeting protocols and processes and commissioning surveys. Surveys were used to monitor the TVET-related indicators and also to gather stakeholder views and perspectives on progress towards ISHP implementation. The size and quality of the surveys was discussed in section 3.1. However in view of quality of project implementation, it is important to note that the surveys were part and parcel of the project design and implementation. They looked at the relevant questions, context and unintended effects (see also dimension 4 below) and were timely. Timeliness is very important for adequate monitoring and not self-evident under the contextual constraints. Survey results were discussed during workshops and on an informal basis and they were used to adjust project implementation, for fine-tuning the capacity development strategy for a consolidation phase (Payer, 2019), and for adjusting the TVET interventions (see results hypothesis one in this section). It highlights the quality of implementation, that planning the consolidation of results for a final phase from July 2021 to December 2023, i.e. an exit strategy, was integrated in the implementation (see section 4.7 Sustainability). As discussed in the Relevance section, the project had a strong partner orientation and responded well to changes. However, the evaluators were unable to identify clear processes for decision-making and communication of decisions, and the project did not have a written or otherwise agreed communication strategy. One point is therefore deducted.

There was no separate project steering structure, the project relied fully on the structures that it aimed to strengthen, namely the ISHP task teams at all levels, the CCM and the regular overall GDC steering mechanism coordinated by the German Embassy. The evaluators see this as an adequate participatory way for project implementation which avoids parallel structures (see section 4.3 on Coherence). In view of higher-level steering and oversight, the project reported on more informal processes with DoH as the project executing agency, DBE, DSD, Treasury and the Office of the President. While there are no indications that any negative effects have occurred due to the apparently informal steering processes, it could have contributed to learning and reinforced accountability if these processes had been defined and documented. The evaluators deduct one point for a lack of clear steering processes.

The project supported learning and innovation through systematic research and close-out workshops. In the set-up of the TVET intervention (output C), national standards for pilot projects to be considered for scale-up were integrated in the intervention design (Int_3 with stakeholder). The CSE intervention (output B) however was not evaluated and no measures were supported to learn from the experience beyond the group of people directly involved (Int_3, 5, 9 with GIZ, Int_7, 9 with partner). Therefore 2 points are deducted. **Effectiveness dimension 3: Quality of implementation – scores 16 out of 20 points.**

Effectiveness dimension 4: Unintended results

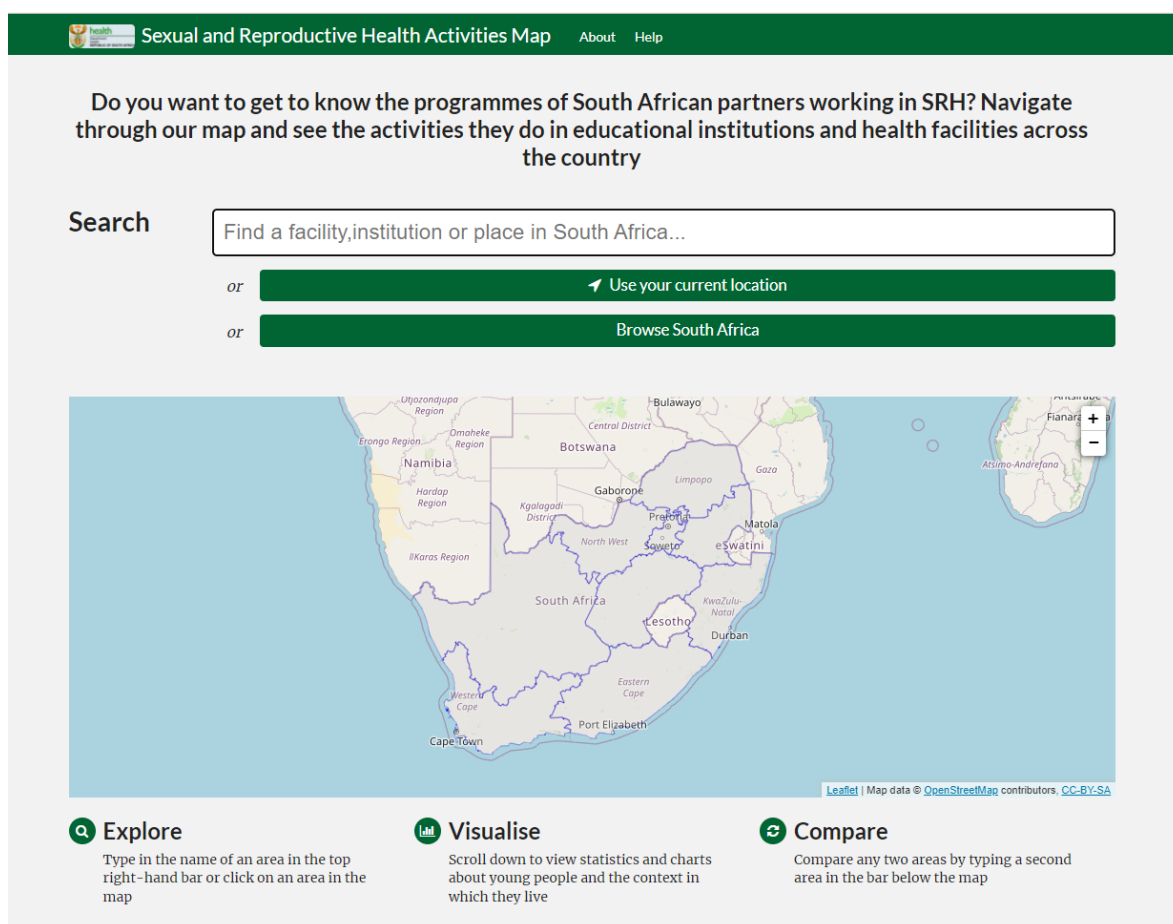
The evaluators looked for positive and negative unintended results, that is results that were not part of the ToC including the assumptions and anticipated risks. They then assessed whether these effects had any benefits or generated new risks and how the project has handled this.

For **output A**, the unintended results emanated from the effect of COVID-19 and included the contributions to the national COVID-response in schools and the digitalisation of the capacity development materials (see also adaptability and response to change in the section relevance). Another unintended effect was that the work in the interdepartmental task teams has triggered the need for more intradepartmental cooperation and this was supported and encouraged by the Liaison Officers (Mazwi, 2020; Int_9, 11 with partner). It was not exactly an unintended result, but the intervention also shed light on the importance of community gate keepers, for example the school governing bodies in the implementation of the ISHP, this information has been taken up in the development of the offer for the consolidation phase (MHIVP IV, 2020). For **output B**, national DBE started rolling out teaching material for CSE towards the end of the project, the unintended result was that the provincial department now has to think on how to use the materials provided by the project in a complementary manner to the national materials (Int_7, 9 with partner). The evaluators do not have an indication that this situation has been considered by the project; however, indirectly, by strengthening the PTT, it may be in a better position to handle this challenge without further project support. For **output C**, no unintended negative results were observed. The endline survey (Wessels-Ziervogel, 2021) identified the following positive unintended results:

- College management at one college suggested that the community of practice was a model of working collaboratively, which the life skills department is now replicating within their college;
- At least two colleges reported setting up structures for the transfer of knowledge to new lecturers and the integration of GIZ modules in college lesson plans;
- Improved collaboration of lecturers and the student support services in three colleges;
- Three colleges reported positive changes in their own perception of the value of life skills classes and changed procedures in recruiting lecturers;
- There were examples of new external cooperation with health care providers.

For **output D**, an unintended negative result was that the mapping tool developed by the project in cooperation with CHAI proposed by the project was not used for more coordinated planning. The evaluators were not able to reach national or CHAI informants who had been involved in the process; the online mapping tool is still accessible and has been visited by the evaluators but has not been updated since its establishment; and no further information follow-up information could be obtained (Int_3, 5, 12 with GIZ). One stakeholder reported that the Provincial AIDS Council has recently conducted a mapping of stakeholders involved in AGYW but that there was no connection to the tool or the MHIVP, and two other stakeholders were not aware of the existence of the mapping tool (Int_13, 17 with stakeholder). The project receives 17 points for identifying and contributing to positive effects beyond the ToC while three points are deducted for what the evaluators perceive as less proactive management of unintended negative results. **Effectiveness dimension 4: unintended results – scores 17 out of 20 points.**

Photo 2: The online mapping tool



Source: Clinton Health Access Initiative, Statistics South Africa, Department of Health Republic of South Africa, University of the Witwatersrand, Johannesburg, and German Cooperation GIZ: [Screenshot](#) [22.1.2022]

Methodology for assessing effectiveness

Table 15: 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	<ul style="list-style-type: none"> The project objective: 'structural and institutional preconditions to implements national strategies that lead to improved, extended and more comprehensive HIV prevention measures for young people (10–24 years) have improved' The four sufficiently SMART module indicators which have been agreed between GIZ and BMZ 	<p>Evaluation design: The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design</p> <p>Empirical methods: Document review, interviews</p>	<ul style="list-style-type: none"> Secondary data comprehensive and overall, of good quality Good triangulation of reports, final surveys, raw data and interviews Indicator M1 is not fully SMART, the perception by different stakeholders influenced the assessment; this was made transparent through description Good evidence

Effectiveness: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
Contribution to achievement of objectives	<p>Selected results hypotheses from the current project's ToC:</p> <ol style="list-style-type: none"> 1. Lecturers who gained the competencies and skills (output C) provided better life skills teaching 2. The establishment of ToR for the task teams and the functions of the Liaison Officers were a precondition for effective coordination across the three departments to implement the ISHP 3. The signing of an MoU between the three departments concerned with the implementation of the ISHP led to better guidance and orientation on the implementation of the ISHP from the national to the provincial level. This was a precondition for provincial task teams to function according to their outlined duties and implement the ISHP 	<p>Evaluation design:</p> <ul style="list-style-type: none"> • Contribution analysis of direct influence to provide information on the contribution of the project to the outcomes it was trying to influence' (Mayne, 1999) • The most-significant change method helped to describe and assess what exactly has been achieved and to understand the relative importance of the project's contributions for the target group • A case study approach was applied to understand the practical aspects of ISHP, to assess the improvements concretely <p>Empirical methods: Document review, interviews, FGDs (face-to-face and online)</p>	<ul style="list-style-type: none"> • Assessment of first hypothesis relied mainly on secondary data • Limited response to interview requests from higher levels but participation in debriefing was used to triangulate findings • Self-serving answers may include biases, this was partly mitigated through triangulation • Time since signing of the MoU at national level (April) and the end of the project (June) too short to get more than indicative results • Scope of the case studies limited due to last minute travel restrictions and limited internet connectivity in districts • No disaggregated quantitative data for different categories of vulnerability among the stakeholders and beneficiaries available • Good evidence
Quality of implementation	<ul style="list-style-type: none"> • Application of GIZ's Management Model Capacity WORKS²⁸ • Quality and utilisation of the results-based monitoring system (RBM) 	<p>Evaluation design: The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design</p> <p>Empirical methods: Document review, interviews</p>	<ul style="list-style-type: none"> • Biases through self-serving answers likely in interviews; limited source triangulation because staff who left the project did mostly not engage in the evaluation • No access to GIZ online RBM tool for evaluators, data export provides limited insight into how the tool has been used • Moderate evidence
Unintended results	<ul style="list-style-type: none"> • Identification of unintended positive and negative results • Assessment of potential benefits and risks from these results • Assessment of the project response to unintended effects 	<p>Evaluation design: Outcome harvesting. The method is selected to capture results that were not included in the ToC</p> <p>Empirical methods: document review, interviews</p>	<ul style="list-style-type: none"> • Endline surveys and reports of Liaison Officers considered unintended results • Interviews used to explore the unintended results further and to discover other unintended results • Good evidence

²⁸ For GIZ's management model Capacity WORKS there are five factors, which need to be applied in projects. These are strategy, cooperation, steering structure, processes and learning and innovation. GIZ proposes tools to operationalise the five success factors, most of them are facultative whilst some of them are mandatory for all projects based on 'Quality Assurance in Line'. These include a stakeholder map, a written capacity development/overall strategy, a steering structure.

4.5 Impact

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

Summarising assessment and rating of impact

Table 16: Rating of OECD/DAC criterion: impact

Criterion	Assessment dimension	Score and rating
Impact	Higher-level (intended) development changes/results	12 out of 30 points
	Contribution to higher-level (intended) development results/changes	32 out of 40 points
	Contribution to higher-level (unintended) development results/changes	27 out of 30 points
Impact score and rating		Score: 71 out of 100 points Rating: Level 3: moderately successful

The assessment of impact was based on the occurrence of higher-level development results, namely institutionalisation of interdepartmental cooperation and effective delivery of services related to HIV prevention for learners, and the project's contribution to these. South Africa has made gradual progress towards full implementation of the ISHP including CSE; however, substantial limitations prevail in terms of institutionalisation of interdepartmental cooperation and effective service delivery. The project has contributed to address some of these limitations through the activation of the provincial and district task teams and strengthening and reactivating of the national ISHP task team. Regarding CSE in the TVET sector, the project has developed a scalable model for capacitation of life skills lecturers to address HIV, SRHR, gender diversity and disability. For CSE in primary and secondary education, the project results remained at the level of local capacity building, therefore broader impact cannot be expected at the time of writing this report. During project implementation, COVID-19 resulted in a massive negative impact on the entire country's social and economic development. It aggravated the economic situation and spurred on public discontent. It can be plausibly argued that the implementation of the ISHP provides a pathway to address a number of root causes of this discontent and to particularly meet the needs of poor and disadvantaged learners, although this will take time and additional inputs. **In total, the impact of the project is rated Level 3: moderately successful, with 71 out of 100 points.**

Analysis and assessment of impact

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

The evaluation was based on discussing the extent to which vulnerable groups will increasingly make use of adequate services and support measures of HIV prevention offered by all sectors. This is the GDC's overall programme objective corresponding to the objective of the NSP. The assessment focuses on changes for the indirect target group of the project, that is the of 10–24-year age group, and will consider the holistic approach to HIV prevention promoted by the project. The intended development changes are therefore not only the use of services but also the level of implementation of the ISHP and the quality of CSE.

As discussed in the section on impact of the predecessor project, there is no recent survey data on service utilisation. Data from the National Health Information System²⁹ indicates the following situation:

- While the number of HIV tests done had increased at all levels between 2018 and 2019, the numbers

²⁹ The data was formally requested by the evaluators and received via E Mail from the National Health Information System on 14.9.2021

decreased comparing 2018 and 2020 at the provincial level and slightly increased at the national level with a marked decrease of positive tests at all levels. In the three target districts, the number of tests done has increased in Alfred Nzo and decreased in Buffalo City and Nelson Mandela Bay in the same period.

- The (high) proportion of teenage deliveries among all health delivery facilities have stagnated or increased at all levels, except for a slight decrease in Alfred Nzo District. One should note that the absolute numbers of teenage deliveries increased, and in 2020, 153 became mothers in the 10–14-year age group compared to 90 in 2018.
- Overall utilisation of primary care services by the age group 10–19 has been decreasing in the three target districts between 2018 and 2019 and further between 2019 and 2020; there is no data for national and provincial level for 2018, but there is a decrease between 2019 and 2020. The utilisation rate for this age group ranged between 0,4 and 0,57 in the target districts.
- School learner screening coverage³⁰ fell drastically at all levels.

The data must be interpreted with the COVID-19 pandemic in mind. As a result, it is difficult to say how fast health service delivery will be back to normal. Even considering the temporal effect of COVID-19, the data gives no reason to assume that utilisation of HIV and SRHR services by young people improved prior to the onset of the COVID-19 pandemic between 2018 and 2020. The increase in pre-teenager and teenage pregnancy rates are an important indicator of unprotected sexual relations, raising concerns of adequate access to services. Adolescent girls report negative attitudes of health providers, fear of reprimand, rejection and lack of support from parents, families and communities as a barrier to accessing contraceptives, and for AGYW and their male partners to access HIV testing (GFATM, 2021). During the case studies, learners suggested that the school organises nurses and people from DoH to host regular sexual education talks, demonstrate condom use and other CSE information specific to young people. The nurses from the department should conduct tests for sexually transmitted infections and that a therapist or social worker would assist them with their psycho-social issues (FGD 1, 2 and 3). These suggestions underscored the lack of meaningful and appropriate services they are experiencing. The progress towards improved HIV prevention service utilisation receives no points.

The ISHP is a key policy for HIV prevention and SRHR in view of better access to services but also in terms of the importance of education as a protective factor as such, and a means to encourage more adequate use of the services (see section 4.3 on Relevance). Significant gains have been achieved in view of the institutional structures for the ISHP (see section 4.4 on Effectiveness) and there are indications that stronger structures also contribute to better service delivery (Odongo, 2021). However, central preconditions, namely the provision of sufficient quality school health services including referral services, is not widespread (due to insufficient or inadequate inputs, e.g. understaffing of the school health, remaining challenges in coordination of the various inputs by national, international and civil society actors and deeply rooted perceptions against sexual and reproductive health of learners as discussed in the Effectiveness section).

A survey in 71 schools in the Eastern Cape with 217 respondents indicates that essential HIV prevention services such as referrals for voluntary male circumcision for boys, screening for sexually transmitted infections, and provision of dual protection contraception were not systematically and routinely provided even in schools that were prioritised as ISHP intervention schools in the target districts. (Odongo, 2021). However, anecdotal evidence suggests that strengthening ISHP implementation may have direct effects on service utilisation:

The [name removed] Clinic is a facility located in [name removed] which services [name removed] which is 5 km away from the clinic. The distance made it difficult for learners to access health services. At the start of the programme the challenges faced by the learners were discussed with the clinic manager and as a result the clinic organised for a mobile clinic to provide weekly onsite visits [text removed]. Before the programme was introduced in this school; the school had a high

³⁰ The proportion of screened school learners of all school learners (DoH, 2021: Final National Indicator Data Set)

pregnancy rate. In 2019–2020; there were no reported pregnancies at this school (SPF, 2021, p. 56).

It may simply take time before more good examples can be demonstrated. Therefore, and despite prevailing large gaps in full policy implementation the project receives six points for progress towards implementation of the ISHP.

CSE has been introduced to schools in South Africa in 2002 and providing CSE is part and parcel of the ISHP. Several attempts have been made to capacitate teachers for CSE. Only recently DBE has provided comprehensive standardised teaching materials including scripted lesson plans (see section 4.2 on Relevance) and envisages national roll-out. However, partners are still concerned how to capacitate educators for the roll-out and how to cover the cost of purchasing the materials (Int_7, 9 with partner) and stakeholders are concerned that there is still no agreed strategy for the roll-out and quality assurance (Int_9, 16,17, with stakeholder). While some educators have received specific training and support (Int_9 with GIZ, Int_7, 9 with partner), other educators do not feel well equipped to teach CSE: classes can go up to 86 or more learners in a room. This affects teaching as students do not listen during lessons. It is difficult to maintain students' attention in these conditions, or even teach them properly (FGD 6).

Educators are not adequately trained to teach CSE, and although parents think it is appropriate that young people learn about CSE the parents of students are not prepared to engage with the topic (FGD 6, FGD 4). In CSE teaching, the content is superficial (focusing on the biological versus the sociological aspects of CSE) and was perceived as not making an impact on the learner by educators and parents (FGD 6, Int_3 with indirect target group) 'We definitely need more teachers who are trained to teach life orientation because me personally I do not enjoy it – maybe if someone who is passionate and understands what needs to be done would come that would be very helpful' (FGD 6). When it comes to CSE, teachers limit the discussions to understanding one's own body. Although this information was found to be useful, students felt that it was not enough for learning about relationships, sex and HIV prevention (FGD 1, 2 and 3): 'Personally, I feel like the teachers do not go deep when it comes to sharing information; they hold back' (FGD 2). Students are more open to learning from NGOs or DBE officials than from their educators. There is more freedom to speak and greater active participation in the activities brought in from outside the school. However, these organisations and officials have only a limited amount of time span with the students and leave the school without empowering the educators to continue with the work (FGD 4). Progress towards adequate CSE is rated with 6 points. **Impact dimension 1: Higher-level (intended) development changes/results – scores 12 out of 30 points.**

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

The basis of this assessment is the analyses of two impact hypotheses. They are used to discuss the actual contribution of the project to observed results at the impact level. The evaluators considered internal and external factors which have contributed to the achievement of the result, including assumptions, risks and alternative explanations. The two impact hypotheses to be analysed in detail were selected in agreement with the project³¹ from the ToC; the selected hypotheses are marked with red arrows in Figure 1.

³¹ The selection was based on the following criteria: (i) cover central aspects of the project in terms of relevance for national partners and the final beneficiary's (young people); (ii) evaluability despite the scarcity of up-to-date secondary data within the scope of the evaluation resources; (iii) reflect knowledge interests of key stakeholders; and (iv) provide learning opportunities for the consolidation phase and the implementation of the ISHP.

Table 17: Selected results hypotheses for impact

Results hypothesis 1 (outcome – impact)	Functional proactive ISHP task teams would progressively contribute to full implementation of the ISHP
Main assumption	Task teams sustain their effort
Risks	<ul style="list-style-type: none"> • Conflicting priorities • Lack of resilience of the education, health and social systems in view of external shocks such as the COVID-19-pandemic
Alternative explanation	There is no alternative explanation, because the experience clearly shows that ISHP could not be advanced without functioning coordination at all levels
Confirmed/partly confirmed/ not confirmed	Confirmed

The **first impact hypothesis** stated that functional proactive ISHP task teams, which were established through the project would progressively contribute to full implementation of the ISHP. As elaborated in dimension one, there is still a long way to go to the full implementation of the ISHP. Within the province and at district level, the ISHP evaluation found that the establishment of task teams by the project (see section 4.4 on Effectiveness) was an essential steppingstone towards ensuring the implementation of ISHP. At the school level, the establishment of school-based support teams enabled the early identification and referral of social and health-related issues faced by learners (Odongo, 2021). However, it is difficult to disentangle the effect of the task teams from the effect of additional support through NGOs (Beyond Zero and SPF), who directly interacted with the school support teams to build their capacity.³² Also, school principals and school governing bodies play critical roles; there was better service delivery when the principals were actively involved (ibid.). Despite these confounding factors, a range of findings support the hypothesis that task teams are critical to implement the ISHP:

- Task team members enlisted the support of their respective departments to respond to specific needs of schools in a coordinated manner (ibid.).
- Through the task teams, sub-district coordinators were allocated by the Departments of Education and Social Development to assist schools in the referral processes and to access service providers (ibid.).
- Task teams ensured that ISHP was integrated within HIV and TB Units, Mother, Child and Women Health, Health Promotion, Non-Communicable Diseases, and programme management. As a result, teams visiting the schools were able to provide a range of integrated services (ibid.).
- The work of the task teams resulted in an increased allocation of resources to ISHP, notably the deployment of 122 dedicated nurses, 40 hired vehicles, and acquisition of new equipment (ibid.).
- DTT played a very important advocacy role in the districts (Pantshwa, 2020).
- The DTT is playing a role on monitoring by doing school visits and seeing to it that the ISHP plan is implemented (Mabangula, 2020).
- The task team is a platform for new programmes in schools (Mazwi, 2020).

Based on these findings, it can be confirmed that functioning task teams are a plausible contribution to the full implementation of the ISHP because of their capacity to advocate, to mobilise resources, to integrate new programmes in the school space and to respond to needs of schools in a coordinated manner. The functioning of the NTT is indispensable to hold the decentralised structures accountable and to link the ISHP with all relevant policies and adequate funding (Int_4, 10,11, 16 with partner; Int_3 with GIZ, Int_5 with stakeholder). The key assumption for this impact hypotheses is that task teams sustain their effort. Conflicting priorities are key risks (Int 7, 9–11, 14, 15 with partner). The experience has shown that they always exist but have been extremely aggravated by the COVID-19 pandemic, which put enormous pressure on all parties involved. The

³² The evaluation by Odongo compares intervention schools (schools who have received school-based interventions) and non-intervention schools (schools that did not receive school-based interventions) so the results of comparison cannot be used to assess the effect of task teams.

interdepartmental concept had been created because a solely health sector-oriented school health approach did not work to meet the health needs of learners (Njoko, 2021 and discussions during the debriefing); there are therefore no plausible alternative explanations: that is, the task teams are a prerequisite for the implementation of the ISHP. As summarised in Table 17 above, the hypothesis is confirmed.

Table 18: Selected results hypotheses for impact

Results hypothesis 2 (outcome – impact)	Improved structural and institutional preconditions for teaching CSE contributed to CSE according to international/national standards, the local context, and the needs of educators and learners in schools and TVET colleges
Main assumption	The national level will allow and support the roll-out of the materials and approaches developed locally
Risks	Lack of national leadership and resources for quality assurance including capacity building Proliferation of new materials and approaches in a non-coordinated manner
Alternative explanation	DBE has advanced the structural but not the institutional preconditions with the support of other partners whereas the project was essential to advance CSE with the life skills curriculum
Confirmed/partly confirmed/ not confirmed	Partly confirmed

The **second impact hypothesis** states that improved structural and institutional preconditions for teaching CSE contributed to CSE according to international/national standards, the local context, and the needs of educators and learners. There is no systematic representative current assessment for CSE in South Africa, yet the discussion under dimension 1 above clearly illustrates that CSE is far from being taught as needed. The project opted for an intervention in the Eastern Cape province targeting CSE in primary and secondary schools (output B) and a second intervention targeting TVET colleges (output C). While output C worked from scratch to end closely with the national DHET within a perspective of developing a scalable model (close-out workshop for output C; debriefing of the evaluation), output B very much focused on the participatory process aiming to empower the educators³³ involved in developing the resource package, and the activity stopped once the agreed output indicator – the resource package – was achieved. Partners very much appreciated the process and the product. They expressed that thanks to the work they feel better prepared to roll out the national package, but do not have a concrete idea on how to match up the materials and how to capacitate all the educators that have not been part of the process. Another important difference between the two interventions was that many actors from small NGOs on the ground to the DREAMS project work on CSE in schools and compete for the limited time and capacity of life skills educators and hours assigned without a clear strategy and a functioning overarching coordination (Int_3, 7, 9,15 with partner, Int_9, 16,17 with stakeholder) whereas the project had a stand-alone role with DHET and was very present at the college and the national level through the Technical Officer. It is very plausible, that output C has contributed to improved CSE at the college level under the assumption that sufficient resources for scaling-up can be mobilised. On the other hand, output B appears to have contributed in terms of attitude and competence with a very limited contribution to improved structural and institutional preconditions.

In addition, better functioning task teams – as a result of output A – provide a forum for strategic (NTT) and practical (PTT, DTT) integration of various actors. They also bring relevant behavioural school-based programmes of other departments, e.g. [YOLO](#) from the DSD in the context of CSE, which allows a more

consolidated approach instead of competing interventions, which are likely to confuse and overburden learners and educators. In consequence, the second impact hypothesis is partly confirmed. **Impact dimension 2: Contribution to higher-level (intended) development results/changes – scores 32 out of 40 points.**

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

The assessment is based on identification and prognosis of higher-level unintended development changes. These include social, economic and environmental dimensions and their interactions considering political stability. The evaluators then assess the potential contribution of the project to these changes. Results are assessed from the perspective of vulnerable and disadvantaged population groups.

COVID-19 has further constrained the availability of government and donor funding for HIV and TB and it has had a devastating effect on food security. According to the World Bank, the economic contraction is estimated to increase poverty by 2 million people [17.10.2021].

During the evaluation, severe societal unrest occurred in June 2021 which (further) disrupted health care in South Africa (Makoni, 2021). The project has clearly not contributed to the negative unintended effects. To the contrary, findings indicate that implementation of the ISHP is a potential contribution to addressing the intricate system of social, economic and environmental development changes of South Africa. Task teams have been able to prioritise schools based on need and thereby focus public service delivery on the most disadvantaged learners (see section 4.4 on Effectiveness) and to improve service delivery in these schools (see dimension above). Moreover, schools who improved their implementation of the ISHP had significantly better pass and lower drop-out rates (Odongo, 2021).³⁴ A 4% increase in average pass rate and a 2.5% in average attendance rate would cost ZAR 21,985.9 per school per year (ibid.). This information provided by the project may be to some degree useful in prioritising the ISHP in an overall context of an unresolved contradiction ‘between dwindling financial resources and an expansive policy agenda’ (Sachs, 2021).

On a more granular level, the project’s response to COVID-19 including digitalisation of capacity-building material, guidance for virtual work and facilitation of internet access contributed to help partners to adjust and to make increasing use of virtual platforms. Despite rather grim perspectives overall, it can be assumed that the project – within the very limited range of its resources compared to the national need – has to some degree contributed to address challenges that were aggravated by COVID-19 and societal unrest. The key success factors were the choice of focus on the ISHP and the responsiveness to changes (see section 4.2 on Relevance), the subsidiarity to partner’s own efforts (see section 4.3 on Coherence) and the effective implementation. In conclusion, **impact dimension 3: Contribution to higher-level (unintended) development results/changes – scores 27 out of 30 points.**

Methodology for assessing impact

Table 19: 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	<ul style="list-style-type: none"> Increased use of adequate services and support measures for HIV prevention by vulnerable groups (GDC programme objective) Appropriate teaching of life skills including CSE ISHP implementation 	<p>Evaluation design:</p> <ul style="list-style-type: none"> The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design Case studies were used to include the voice of the beneficiaries <p>Empirical methods:</p>	

³⁴ There were however variations across the districts which would need to be further explored to derive evidence-based policy recommendations.

Impact: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
		document review, interviews, FGDs (face-to face and online)	<ul style="list-style-type: none"> The availability of impact data is very limited, because most available reports and surveys do not match the period of implementation Therefore, indicative descriptive data was collected through case studies in schools; the data is not representative for all schools In addition, data was formally requested and received from the National Health Information System Evidence moderate
Contribution to higher-level (intended) development results/ changes	<ul style="list-style-type: none"> Functional proactive ISHP task teams contributed to full implementation of the ISHP Improved structural/institutional preconditions for teaching CSE contributed to better teaching of CSE 	Evaluation design: <ul style="list-style-type: none"> Contribution analysis of indirect influence³⁵ Empirical methods: document review, interviews, FGDs (face-to face and online)	
Contribution to higher-level (unintended) development results/ changes	<ul style="list-style-type: none"> Social, economic and environmental dimensions and their interaction Political stability Response of the project to the higher-level development changes (All considering vulnerable and disadvantaged population) 	Evaluation design: Outcome harvesting as explained in section 4.2 for the Effectiveness criterion Empirical methods: Interviews, document review	

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

Table 20: Rating of OECD/DAC criterion: efficiency

Criterion	Assessment dimension	Score and rating
Efficiency	Production efficiency (resources/outputs)	67 out of 70 points
	Allocation efficiency (resources/outcome)	20 out of 30 points
Efficiency score and rating		Score: 87 out of 100 points Rating: Level 2: successful

The assessment of efficiency explores whether project resources could have yielded greater results if used differently and whether benefits for the target group could have been maximised by alternative designs. The project has successfully harnessed its resources to largely achieve the planned outputs. About 19% of the resources were partner contributions. Interventions were effectively implemented through a small core team with national and international experts and third-party personnel contracted for capacity development and research. National experts, who were paid by partners using GFATM funds contributed substantially to the achievement of three out of the four outputs. Some 56% of resources were used for the achievement of output

³⁵ Contribution analyses of indirect influence aims to establish a line of reasoning from which we can draw a plausible conclusion that MHIVP III has made/or not made an important contribution to the higher aggregated results based on the understanding that too many actors and factors are involved to establish a direct causal link between the project direct outputs and the higher-level development goals.

A, the strengthening of ISHP task teams. This is commensurate with their key role in implementing the ISHP and there is no indication that a different distribution of resources across outputs would have yielded greater results. In this respect, the project's use of resources was very efficient. At the outcome level, stronger task teams were the central benefit of the project for the direct target group. However, this benefit could have been even further maximised if some resources had been used differently; the project had offered a comprehensive training measure for the task teams, whereas many members did not attend all modules. In addition, intended benefits like CSE capacity and better coordination capacity for AGYW activities did not materialise as expected because the developed tools were not fully adopted by the national partners. While the project maximised its outcomes by supporting cooperation and coordination through facilitation and coaching, it might have maximised outcomes even further by shifting resources from training and tool development to institutionalising facilitation and coaching functions. Despite these shortcomings, **the efficiency of the project is rated Level 2: successful, with 87 out of 100 points.**

Analysis and assessment of efficiency

Efficiency dimension 1: Production efficiency

The evaluators assessed how the project transformed inputs into outputs. The bases of the assessment are the achievement of outputs (see Effectiveness criterion) as well as the costs of the project. The costs were first allocated to the different outputs, then we discussed whether the same funds could have yielded greater results if used differently.

Table 21: Achievement of output indicators and allocation of costs to outputs (partial screenshot from the Efficiency tool)

	Output A	Output B	Output C	Output D
Outputs	The task teams responsible for the implementation of the ISHP of the Departments of health, Education and Social Development have commenced their work in the target province and districts	The conditions for teachers to provide CSE to students aged 10-19 years have improved	Lecturers of life orientation at TVET Colleges in the target districts have the skills and competencies to provide training in HIV Prevention and SRHR and gender diversity	A platform for the effective coordination of partners contributing to the She Conquers campaign is established.
Costs incl. commitment (Obl)	2.421.730,06 I	509.563,03 I	852.843,45 I	380.477,40 I
Co-financing	192.361,00 I	0,00 I	0,00 I	20.000,00 I
Partner inputs	1.164.791,36 I	12.133,24 I	36.399,73 I	0,00 I
Total costs	3.778.882,42 I	521.696,27 I	889.243,18 I	400.477,40 I
Total costs in %	58%	8%	14%	6%
Output Indicators	A1: The chosen members of the interdisciplinary ISHP teams on provincial and district level in the target districts have met at least ten times once per quarter, since mid-2018	B1: The DoE in the Eastern Cape has a standardised training module for teachers in CSE available	C1: The proportion of lecturers for life orientation at selected TVET Colleges who have participated in a training on interactive teaching methods for topics of SRHR/HIV has risen to 90%	D1: Terms of Reference for the coordination platform that were signed by all stakeholders are available
Achievement	100%	100%	99%	20%
Output Indicators	A2: ISHP task teams have agreed to terms of reference which define the content and roles of the future cooperation according to the ISHP	0	C2: The proportion of lecturers for life orientation at selected TVET Colleges that have participated in a training on interactive teaching methods for the topic of gender diversity has risen to 90%	D2: The amount of regular meetings between the members of the coordination platform has risen by 10
Achievement	100%	#DIV/0!	99%	20%

Table 21 shows the total costs from BMZ funding, the estimated cost of in-kind partner contributions, and additional funds leveraged by the project from the Study and Expert Fund and from GLZ's Innovation Fund. These two are registered under 'Co-financing' because the Efficiency tool does not provide a specific category for this kind of funding. The Efficiency tool shows that most of the project resources (57%) were used for output

A, the second highest amount was used for output C (14%), followed by B (8%) and D (6%). The remaining 14% of the budget is not included in the table:

- 6% has been used for additional COVID measures which BMZ requested the project to implement to support South Africa's COVID-19 response in 2020 (MHIVP III, 2020a). These were strengthening lab capacities for COVID-19 mass testing and screening in Limpopo, Mpumalanga and Northwest provinces. The activities had nothing to do with the project design; rather the project infrastructure and staff competency were used as a 'vehicle' to strengthen the overall pandemic response (Int_1 with stakeholder). In agreement with BMZ and GIZ, the evaluators did not assess or rate these activities because there is no conceptual relation between the activities and the intended project objective. They are mentioned here to provide full account of the use of project resources.
- 8% were overarching costs of services by the GIZ country office, GIZ Headquarters and administrative costs that could not meaningfully be attributed to the outputs. The percentage of 8% is perceived by project management as 'high' but the evaluators could not identify costs that could be avoided unless only local providers would exclusively be used for general project and financial management services. Also, from their own experience, overarching costs of 5–10% are not uncommon for GIZ projects.

For **output A**, a large proportion of the budget was spent on contracts with consulting firms providing international and national third-party personnel for capacity development, change management and implementation research. These contracts were based on GIZ standard procedures for tenders bound to principles of economic efficiency. Additional benchmarking for prices was not done by the evaluators. The Liaison Officers paid by partner NGOs using a grant of the GFATM were local experts compared very favourably with GIZ's own personnel instruments, e.g. development workers in terms of cost and were able to meet partner expectations and needs fully (see section 4.4 on Effectiveness). Costs also included mobilisation of school communities through grant agreements with NGOs who also contributed their own funds. One NGO was not able to spend all the planned resources, reportedly mainly due to COVID-19 restrictions. **Output B** relied mainly on a short-term development worker and used about 8% of national personnel cost and 14% of cost for seconded staff. **Output C** relied on one Technical Officer (same funding approach as for the Liaison Officer) and absorbed about 11% costs for national personnel and 19% of seconded staff. Delivery of Output C also included contract costs for consultancy firms who conducted the baseline, midline and endline surveys. **Output D** had one Liaison Officer and absorbed 9% of national personnel plus 14% of seconded staff cost. Expenditure included the cost for the technical set-up of the mapping tool using the Innovation Fund money.

Looking at the achievement of output indicators, the obvious question is whether output B could have been achieved with a shift of resources. The answer is 'no' – due to the contextual constraints outlined in the other sections of this report, the project was unable to achieve the output as intended per the design. Even the results achieved under this output were not used by the partners. It is therefore fully justified that no resources were shifted to output D; it may even be argued that expenditure on this output should have been stopped earlier. However, the project had decided to embark on mapping stakeholders and producing a mapping tool as a steppingstone to eventually achieving better coordination of AGYW programming. All other outputs have been achieved, indicating that the relation of inputs to outputs was adequate. Output indicator A1 was largely overachieved. From the view of the evaluators, this finding points more to the fact that quarterly meetings were not sufficient for the task teams in their set-up phase than to potential savings regarding the output. As described in the relevance and effectiveness sections, all interventions aligned to the needs of the direct target group. They were mainly result oriented and evidence based whereas the evidence was produced through implementation research. Apart from two contracts with international consulting firms, the project used local expertise. This was considered more efficient in saving resources and in terms of a better fit with local needs through better knowledge of the context, local language and acceptance by the national partners.

Due to the COVID-19 pandemic, implementation of contracted services was delayed. At the same time, the project received additional funds to contribute to the COVID-19 response and the project duration was extended (MHIVP III, 2020a). On one hand, the extension allowed for contract extensions so that the agreed deliverables could be mostly achieved; but on the other hand, the additional funds required management of

additional service contracts and procurements. These absorbed considerable time of the project staff under pandemic conditions but only partly enhanced or increased the planned outputs. Thanks to the high adaptability of the project described in the section on relevance, the project was rated successful for effectiveness despite this challenge. However, the situation impacted on the quality of implementation; for example, did the project communication officer focus more on general management tasks and not have time to work on the needed communication strategy? While the production efficiency for the additional COVID-19 measures beyond the scope of the project was increased by using the project team, the production efficiency for the project under evaluation was to some degree decreased. This is acknowledged by a 3-point reduction of the rating for this dimension. **Efficiency dimension 1: Production efficiency – scores 67 out of 70 points.**

Efficiency dimension 2: Allocation efficiency

The assessment is based on the question how the outputs were transformed into outcomes. Building on the assessment of costs per output, this dimension focuses on the question to which extent the benefits for the target group could have been maximised by alternative designs.

Table 22 below shows the achievement of outcome indicators in relation to the percentage of cost per indicator. It should be noted that no outcome indicator reflects output B and that outcome indicators M2 and M3 both reflect output C while outcome indicator M1 reflects output A and M4 reflects output D.

Table 22: Achievement of outcome indicators and allocation of costs to outputs (partial screenshot from the efficiency tool)

Module objective indicators	M1: The interdisciplinary task team responsible for the implementation of the ISHP at provincial level in the Eastern Cape has completed 3 out of their 6 tasks	M2: The proportion of lecturers for life orientation at TVET colleges in the target districts with defined competencies in the field of SRH/HIV prevention has increased to 80%	M3: The proportion of lecturers for life orientation at TVET Colleges in the target districts with defined knowledge on gender diversity contents has increased to 70%	M4: 60% of the interventions in the Eastern Cape that are planned according to the national operation plan for the implementation of the She Conquers campaign have been realised in coordination with the involved stakeholders.
Achievement	100%	101%	80%	0%

	Output A	Output B	Output C	Output D
Outputs	The task teams responsible for the implementation of the ISHP of the Departments of health, Education and Social Development have commenced their work in the target province and districts	The conditions for teachers to provide CSE to students aged 10-19 years have improved	Lecturers of life orientation at TVET Colleges in the target districts have the skills and competencies to provide training in HIV Prevention and SRHR and gender diversity	A platform for the effective coordination of partners contributing to the She Conquers campaign is established.
Costs incl. commitment (Obligations)	2.421.730,06 €	509.563,03 €	852.843,45 €	380.477,40 €
Co-financing	192.361,00 €	0,00 €	0,00 €	20.000,00 €
Partner inputs	1.164.791,36 €	12.133,24 €	36.399,73 €	0,00 €
Total costs	3.778.882,42 €	521.696,27 €	889.243,18 €	400.477,40 €
Total costs in %	58%	8%	14%	6%

As discussed under production efficiency above, the largest number of resources was used to achieve functioning ISHP task teams. This appears justified because the evaluation confirmed that functioning task teams are a precondition for the implementation of the ISHP including CSE and school-based AGYW interventions. There is good evidence that the Liaison Officers' interventions, the school-based support and the facilitative approach to strengthening the NTT were instrumental for the success (Odongo, 2021; Njoko, 2021). However, findings suggest that some of the resources were used for interventions that may not have been indispensable for the success. When it comes to the training package, most task team members were not able to attend all modules and only 18 individuals completed the full package (MHVP III, 2021c; interviews with partners and stakeholders). While the training was highly appreciated and meets all standards for up-to-date adult learning approaches, it can be questioned whether this was the most efficient use of resources. The project might have achieved even better performance of the task teams and a higher level of ISHP implementation by investing more resources in school-based support or resource mobilisation, for example by investing earlier and more in the programmatic and budget review process that has been started in preparation of the next and last project phase.

For CSE, it might have been more efficient to use resources differently.³⁶ One stakeholder said that a local approach had been ‘a bone of contention’ (Int_16) between national DBE and GIZ. Alternative approaches would have been to (i) join efforts of other partners (DREAMS) to pilot national teaching material for CSE; (ii) earmark some of the resources for strengthening the task teams to improve the structural and institutional preconditions for CSE; or (iii) shift some of the resources from output A or D to more input in follow-up and harmonisation with other partners. As it is now, the project efforts on CSE in schools fail to create synergies and they score low in terms of impact and sustainability. This is not true regarding CSE in the TVET sector. The project has largely achieved the outcome indicators; however, the detailed assessment revealed that deeply rooted beliefs about the sexuality and reproductive health and rights of adolescents and youth have prevented some lecturers to improve their knowledge and attitude scores in relation to SRHR. The project might have produced even better outcomes if it had used approaches beyond training even more. In this context, the evaluation of the predecessor had recommended to evaluate the attitude – change module that has been used with DBE and to extend its use (MHIVP II, 2017a), there is no evidence on the application of this recommendation.

Since the project did not achieve its objectives in terms of coordination of the She Conquers campaign, the question of alternative approaches is pressing. It might have been more efficient to seek direct cooperation with the main funder of AGYW programming (i.e. DREAMS) or to provide the same kind of facilitative support that the project has used to achieve the tripartite MoU for the ISHP at national level to sort out roles and responsibilities between DoH and SANAC in view of the campaign (see section 4.4 on Effectiveness). While these suggestions remain hypothetical, it can be said with more certainty that complex and high maintenance digital tools requiring permanent update must be institutionalised. The project’s limited scope in view of institutionalising the partner-mapping tool as a means for more effective coordination would therefore correspond to limited allocation efficiency. The partner’s in-kind contributions amount to 19% of the total costs, with 31% of the budget for output A being partner contributions. This is a favourable indication of financial sustainability of the achieved results.

In summary the project maximised its outcomes mainly by focusing resources to support cooperation and coordination through facilitation, and coaching. It might have maximised them even further by shifting resources from training and tool development to institutionalise these types of functions even more. **Efficiency dimension 2: Allocation efficiency – scores 20 out of 30 points.**

³⁶ UNESCO, UNFPA, Johns Hopkins University/HC3 had contracted the Foundation for Professional Development (FPD) to design the course in the context of the Eastern and Southern Africa (ESA) Commitment of the Ministers of Education and Health from 21 ESA countries to improve and scale up young people’s access to sexual and reproductive health services through quality and age-appropriate sexuality education; HIV prevention and youth friendly SRH services in December 2013. The local resource package was a response of the project to the need of the teachers in the Eastern Cape because they felt that the online course did not work for them (Int_3,9 with GIZ, Int_7,9 with partners). GIZ had promoted the UNESCO course in an earlier intervention.

Methodology for assessing efficiency

Table 23: Methodology for assessing OECD/DAC criterion: efficiency

Efficiency: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
Production efficiency (input/outputs)	<ul style="list-style-type: none"> Description of the data: costs per output, type of costs, agreed and provided partner contributions Project management practise for financial management Proportion of overarching cost Output maximisation (through shifting allocation, alternative activities, approaches of use of instruments, savings) 	<p>Evaluation design: Follow-the-money approach</p> <p>Empirical methods: Efficiency tool filled during working sessions with project team and support from country office, document review, interviews (The evidence for results stems from the assessment of the other criteria)</p>	<ul style="list-style-type: none"> Financial data was made available by the project to a large extent and with sufficient detail; however, some bookings remain to be adjusted and the final calculation of remaining funds will only be done after the end of the evaluation The initial allocation of inputs to outputs during the inception phase was triangulated with interviews but no modifications were necessary Interview responses may have been self-serving; due to a lack of benchmarks they could not be triangulated Benchmarks for unit costs were actively researched but could not be obtained by the evaluators Moderate evidence
Allocation efficiency (input/outcome)	<ul style="list-style-type: none"> Application of minimum principle (approaches and activities necessary to achieve the results; partner contributions proportionate) Maximisation of the outcome with the same resources through alternative means/designs Avoidance of losses in efficiency due to insufficient coordination and complementarity within GDC 		

4.7 Sustainability

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

Summarising assessment and rating of sustainability

Table 24: Rating of OECD/DAC criterion: sustainability

Criterion	Assessment dimension	Score and rating
Sustainability	Capacities of the beneficiaries and stakeholders	11 out of 20 points
	Contribution to supporting sustainable capacities	23 out of 30 points
	Durability of results over time	36 out of 50 points
Sustainability score and rating		Score: 70 out of 100 points Rating: Level 3: moderately successful

The assessment of sustainability was based on the capacities for implementing the ISHP, the project's contribution to strengthening these capacities and a prognosis about the durability of results. The ISHP task

teams have improved their functioning at all levels. The remaining challenges are the incomplete institutionalisation of Liaison Officer functions and some limitations in addressing higher-level political oversight, integrated steering and funding mechanisms. Individual and structural capacities to advance the achievements of the project regarding CSE within the life skills classes of CSE in the TVET sector are established and would require sustained resource allocation. Capacities for rolling out CSE in the school sector and addressing the contextual socio-economic challenges are largely still lacking. The project was able to contribute to sustainable capacities during the project duration, and some of the remaining challenges have been identified and included in the offer for the consolidation phase MHIVP IV. The evaluators anticipate the highest durability for the achievements at the NTT, durability to some degree for the achievements regarding the PTT and DTT and CSE in the TVET context whereas CSE in the school context would still need concerted efforts by all stakeholders for durable results. **In total, the sustainability of the project is rated Level 3: moderately successful, with 70 out of 100 points.**

Analysis and assessment of sustainability

Sustainability dimension 1: Capacities of the beneficiaries and stakeholders

The assessment is based on the current national capacities for implementing the ISHP at the level of the government, the task teams, educators and school communities.

‘The South African government is committed to play a leading role in further strengthening its institutional set up and the integration of school health at the level of the learning institutions’ (Njoko, 2021, p. 13). The draft for the next GFATM request explicitly aims at building the capacity to the Integrated School Health Policy (GFATM, 2021). The signing of the MoU and an interdepartmental ISHP implementation protocol indicate convergence of the three national departments towards standardised implementation among the three concerned departments. Yet the departments require further technical assistance, on defining how social service professionals should implement and support the policy. Alignment with ‘the Inter-Governmental Relations Framework Act is important for the seamless implementation and remains to be ensured’ (ibid., p. 12).

While the NTT operates at a technical level, a steering structure with decision-making power remains to become functional (Njoko, 2021, discussions during the debriefing) and concrete requests for domestic funding including a suitable accountability framework need to be proposed (Int_16 with partner, Int_7 with stakeholder). In view of CSE, teaching and learning materials are available but the capacity to effectively roll out CSE is still limited (see sections 4.5 & 4.6 on Impact and Efficiency). Partners also expressed that they lack plans and resources to roll-out CSE across all schools (Int_7, 9 with partners). At the provincial level, task teams have been established and feel confident to maintain the interdepartmental cooperation and to pass on what they have learnt to new colleagues, and they have been able to implement their core tasks to about 50% by end 2020. However, partners expressed that they have too many competing priorities, challenges with internet connectivity to maintain the required frequency of virtual meetings under pandemic conditions and that they lack a person like the Liaison Officer who would ensure an impartial, overall and continuous coordination and motivation (see section 4.4 on Effectiveness).

At the district level, DTTs were established to strengthen interdepartmental cooperation, yet they also heavily relied on the coordination through the Liaison Officers and still do not have the capacity to ensure the overall coordination functions (FGD 5, 7 with partner). At the level of schools, educators have developed a better understanding of the holistic needs of learners; however, there is still a reluctance and resistance towards teaching CSE (FGD 4, FGD 6). This is also prevalent among parents and the SGBs (see section 4.5 on Impact). The educators and principals felt that the school cannot compel parents to attend awareness-raising sessions, but DSD can partner with NGOs and community-based organisations to work with schools to facilitate programmes in communities that are linked to learner-specific needs. ‘Greater collaboration between the community (through DSD) and the school (through the DBE) in the interests of the child remains to be

strengthened' (Int_18 with partner). The school health teams do not have sufficient staff to cover the schools with the needed frequency and comprehensiveness of services (Mthethandaba, 2020; Mwazi, 2020).

At the level of TVET colleges, life skills lecturers have increased their knowledge and competency but actual pedagogical skills remain to be assessed further and most likely further improved. Structures for quality assurance and scaling-up the training have been created but remain to be institutionalised (Wessels-Ziervogel, 2021). Lecturers prioritise curriculum requirements over any other work (ibid., p. 78). The project has initiated a process of formal introduction of HIV, SRHR, gender diversity and disability topics but there are still gaps, for example the formulation of relevant exam questions. Interfacing of the ISHP task teams with other coordination structures concerned with AGYW programming, namely the AIDS councils depend on the functionality of these councils. This has not been assessed during this evaluation.

The capacity of young people to use relevant services still depends on a broad range of factors. Even if CSE is taught, there is no guarantee that it will be applied. If the root causes (specifically socio-economic challenges of the communities that learners come from including social taboos on talking about sexuality, gender-based violence, alcohol and drug use, transactional sex) are not addressed as well, the CSE and HIV prevention work will remain ineffective for changing behaviour patterns of young people (FGD 7, Int_18 with partner; Int_3 with indirect partner; FGD 1, 2, 3, 6). **Sustainability dimension 1: Capacities of the beneficiaries and stakeholders – scores 11 out of 20 points.**

Sustainability dimension 2: Contribution to supporting sustainable capacities

This dimension is assessing the project contributions to sustainable capacities. Because the objective of the project was already on improving structural and institutional preconditions, the assessment is very closely linked to the assessment of effectiveness. To avoid repetition the evaluators refer to the relevant outcomes and emphasise the factors of success and failure in view of the maintenance and further development of the current capacities. The bases of the assessment are institutional anchoring, ownership, access to resources, support to school communities, the exit strategy and support to the resilience of institutions and individuals.

The evaluation revealed a high degree of ownership for all results, especially at district, provincial and DHET levels for all results except the donor mapping tool. Ownership of results at the national level was confirmed during the debriefing meeting but this could not be triangulated through interviews. This ownership is expressed on one side through the substantial partner contribution (efficiency) but also on a high level of personal satisfaction and commitment expressed throughout the interview. The project has supported this ownership through alignment (relevance), subsidiarity (Coherence) and the quality of implementation (effectiveness). Institutional anchoring has been supported through MoUs and needs-based capacity building and through the creation/reinforcement of structures, namely the task teams and a community of practice for TVET life skills lecturers (effectiveness). The TVET support has been set up in a way that all the ingredients for scaling-up are in place provided that domestic resources actually get allocated and spent for the purpose.

However, the functions of the Liaison Officers and the Technical Officer proved to be critical for the achievement of results. While DHET confirms that the project has provided sufficient support to continue and build on the results with the help of identified champions, all evidence collected during the evaluation points to the strong dependency on the support of the Liaison Officers among the task teams at provincial and district level. The project could not guarantee that the functions previously covered by the Liaison Officers would be ensured by a permanent function or staff position.

Another challenge arises from the fact that task team members' mandate is primarily technical without authority to make policy decision and holding each other accountable. A steering and oversight function is not yet functioning. While the project contributed to clarifying the need and the process towards an effective steering structure at national level to some degree, this remains to be operationalised and translated into clear directives for the provincial and district levels (see dimension 1 above). Through strengthening the task teams

the project has helped to harness existing resources for the implementation of the ISHP, however there are still important resource gaps that are not covered with domestic funding. The project has started to prepare a budget and programmatic review, which will support partners to improve access to resources to maintain and improve the results so far in the 'consolidation phase' starting directly after the end of the project. Through advocacy the project has also contributed to the consideration of the ISHP in the funding request to the GFATM which will allow the pursuit of key activities and may also trigger more adequate domestic resource allocation.

The project has supported schools that were prioritised to address vulnerable and disadvantaged learners through grant agreements with the NGOs; however, the case studies indicated that the activities stopped when the grant ended (Int_14, 15 with stakeholder, FGD_4, 7).

The project has systematically assessed the capacities for ISHP implementation and developed a capacity development strategy with the project end in mind as early as 2019 (Payer, 2019); the assessment has been translated into the project proposal for the consolidation phase (MHIVP IV, 2020).

The COVID-19 pandemic has clearly demonstrated how vulnerable the entire social and economic system in South Africa remains. The project has aimed to increase the resilience through the integrated approach: partners confirmed how the improved interdepartmental cooperation and strengthened interpersonal relations have helped to address the crisis quickly and more effectively than would have been possible with the previously practised silo approaches (Odongo, 2021, Int_7, 9, 10, 11, 14, 15, 18 with partner; FGD 5).

In summary the project has systematically considered sustainable capacity development and has been able to contribute to sustainable capacities during the project duration, and critical aspects have been identified and included in the offer for the consolidation phase MHIVP IV. The main gaps were the incomplete institutionalisation of Liaison Officer functions and some limitations in addressing higher-level political oversight and steering mechanisms. Some critical aspects of sustainability, e.g. staffing decisions and domestic resource allocation are beyond the project's sphere of influence. **Sustainability dimension 2: Contribution to supporting sustainable capacities – scores 23 out of 30 points.**

Sustainability dimension 3: Durability of results over time

The durability was assessed with reference to the assessment of effectiveness, impact and the first two dimensions of sustainability based on a self-developed matrix. The matrix lists factors that are likely to influence the durability of the selected key results. For each result, the evaluators will assess if the factors apply (yes, partly, no) and justify their prognosis of durability based on the assessment. Since the assessment will be to some degree subjective (influenced by experience and values of the evaluators), the purpose of the matrix is to structure and quickly visualise the reasoning behind the prognosis of durability. Table 25 summarises the assessment for the project's key results directly related to the implementation of the ISHP:

- Functioning of PTT and DTT
- Functioning of NTT
- Structural/institutional preconditions for teaching CSE

Table 25: Matrix for the prognosis of durability of results over time

Factors influencing sustainability	PTT & DTT	NTT	CSE (TVET/schools)
Capacity (individual plus organisational plus institutional)	1	1	1/0
Resilience in view of shocks to the health, education, and social system	1	1	1/1
National ownership/stewardship	2	2	2/0
Adequate financial resources	0	2	1/0
Adequate other resources	1	1	1/1
Enabling environment	1	1	1/1
Score (yes=2; partly= 1, no=0) 8–12= likely durable; 5–8 = to some degree durable; 0–4 = not durable	6	8	7/3

The results achieved at the level of the PTT and the DTTs in the Eastern Cape are expected to be durable to some degree, the most positive factor is the strong ownership; contributing factors are:

- The individual and to some degree improved organisational and institutional capacities, which however need to be maintained through on-boarding of new staff, renewing the MoU between the three departments, ensuring the coordination functions previously covered by the Liaison Officers.
- The resilience demonstrated under COVID-19, which however needs to be further strengthened and made less depending on individual commitment.
- The availability of a range of programmes and initiatives that could contribute to implement the ISHP but need to be better coordinated and synchronised.
- The existing policy and regulatory framework which however needs to further consolidate.

The lack of adequately integrated domestic funding remains the main risk for the durability.

In summary, the results achieved at the level of the NTT are likely to be durable because of the strong ownership, a limited dependency on monetary resources to function and the absence of major risk factors. The results achieved in relation to CSE are to some degree durable for the TVET sector but unlikely to be sustainable for schools. In the TVET sector, there is strong national ownership and minimal requirements that can be built on to maintain and further develop the achievements. Regarding the resource package for CSE, the group of educators involved in its preparation is small and not institutionalised and there are no financial means allocated for its utilisation. The durability could become more likely if the developed material could be linked to the national training packages and a clear and sufficiently funded strategy for the effective capacitation of teachers for CSE would be developed. The ISHP could play a role in addressing the environmental constraints for providing CSE in schools. **Sustainability dimension 3: Durability of results over time – scores 36 out of 50 points.**

Methodology for assessing sustainability

Table 26: 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	Capacities of <ul style="list-style-type: none"> • Government for stewardship for the ISHP • Teachers/lecturers for providing CSE in schools and TVET colleges • Task teams, schools and health services for implementing ISHP and adapting it to changing needs • School communities to understand and support the ISHP • Young people for using AYFS, information and social services especially related to HIV and SRHR (but also to the other relevant services) 	Evaluation design: <ul style="list-style-type: none"> • The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design • Case studies are used to include the perspective of teachers and learners Empirical methods: document review, interviews; FGDs	<ul style="list-style-type: none"> • Good data from endline studies; referral network analysis, m4h/SCSA final report • Indicative additional data from the case studies and interviews to triangulate findings from the reports and surveys • A planned programmatic and budget analysis by the project was not available • Limited participation from the policy-making level limited robustness of findings regarding national stewardship • Otherwise, good evidence
Contribution to supporting sustainable capacities	<ul style="list-style-type: none"> • Institutional anchoring of and ownership of results by the project • Improving access resources to maintain and extend the results • Increasing support of school communities • Implementing exit strategy/reflecting project results in the follow-on project • Supporting resilience of institutions and individuals 	Evaluation design: <ul style="list-style-type: none"> • The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design • Case studies are used to include the perspective of teachers and learners Empirical methods: document review, interviews; FGDs	<ul style="list-style-type: none"> • Assessment closely linked with Effectiveness because the project objective aimed at improving 'structural and institutional preconditions', the assessment here considers the hypotheses from the ToC as well as possible unintended results • Good evidence
Durability of results over time	<ul style="list-style-type: none"> • Capacity • Resilience of health, education, and social system • National ownership/stewardship • Adequate financial resources • Adequate other resources • Enabling environment including the influence of social cultural norms 	Evaluation design: Establishing the prognosis of durability for key results based on a matrix of factors likely to influence sustainability Empirical methods: document review, interview, FGDs. findings on effectiveness, impact and the first two dimensions of sustainability	<ul style="list-style-type: none"> • Utilisation of a comprehensive modelling approach to establish a prognosis is beyond the scope of the evaluation. Therefore, the prognosis is depending on meaning-making by the evaluators. The approach aims to make this process transparent • Good evidence

4.8 Key results and overall rating

Despite successful performance in most criteria, the project is rated as moderately successful. This reflects the challenges of a small project to make a plausible contribution to higher-level development goals in the midst of economic crises aggravated by the COVID-19 pandemic and to develop critical leverage in view of building adequate capacity to sustain achievements beyond the duration of the project. The project mastered this challenge where it connected the intervention in the province with the relevant national structures or even succeeded in strengthening these structures. Two examples for this were:

- The work on institutional structures for implementing the ISHP through the DTT, PTT and NTT; and
- The introduction of SRHR, HIV, gender diversity and disability as topics into the life skills curriculum in TVET colleges.

The project was less successful when it tried to develop local solutions without the necessary backup or linkage to national processes and limited consideration of the structural and institutional preconditions. The relevant examples for this are the teacher and learner resource package for CSE and the digital donor mapping tool. The project failed to achieve its intended outputs and outcomes in view of coordination when it tried to establish a provincial coordination platform for the national She Conquers campaign, while the overall set-up and national leadership were not clear.

The project was courageous enough to support the implementation of an interdepartmental policy which can rightly be seen as a key policy to improve the access of learners to comprehensive services including HIV prevention and SRHR. This alone deserves credit as expressed in the overall rating for relevance. However, interdepartmental cooperation rarely has established structures and is notoriously difficult to institutionalise because of independent and, at times, even conflicting accountability lines. Therefore impact and sustainability can only be achieved with sustained commitment from all concerned parties. The project is fully aware of this and has designed the follow-on measure accordingly.

Table 27: 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

Table 28: 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	28	81	Level 2: successful
	Alignment with the needs and capacities of the beneficiaries and stakeholders	30	20		
	Appropriateness of the design*	20	14		
	Adaptability – response to change	20	19		
Coherence	Internal coherence	50	40	85	Level 2: successful
	External coherence	50	42		
Effectiveness	Achievement of the (intended) objectives	30	21	84	Level 2: successful
	Contribution to achievement of objectives	30	30		
	Quality of implementation	20	16		
	Unintended results	20	17		
Impact	Higher-level (intended) development changes/results	30	12	71	Level 3: moderately successful
	Contribution to higher-level (intended) development results/changes	40	32		
	Contribution to higher-level (unintended) development results/changes	30	27		
Efficiency	Production efficiency	70	67	87	Level 2: successful
	Allocation efficiency	30	20		
Sustainability	Capacities of the beneficiaries and stakeholders	20	11	70	Level 3: moderately successful
	Contribution to supporting sustainable capacities	30	23		
	Durability of results over time	50	36		
Mean score and overall rating		100	80		Level 3: moderately successful *

5 Conclusions and recommendations

5.1 Key findings and factors of success/failure

- The project was designed as a contribution towards meeting the needs of young people aged 10–24 years assuming that other actors would ensure health services and commodities. By the end of the project there are no significant improvements in the availability and utilisation of SRHR and HIV prevention services. There are some improvements in service delivery in selected pilot schools, which are strongly related to direct school support and working with community-based organisations including the school governing bodies that are supportive, however, they insufficiently included HIV prevention or SRHR services.
- During the project lifetime, South Africa has made gradual progress towards full implementation of the ISHP including CSE, although substantial limitations prevail in terms of institutionalisation of interdepartmental cooperation and effective service delivery, especially from the provincial levels. The project has contributed to address some of these limitations through the activation of PTT and DTT in three districts and strengthening the NTT. The project's comprehensive support to capacity development at individual, organisational and policy level and change management was instrumental for improved interdepartmental cooperation at all levels. Its alignment with the NSP for HIV, TB and STIs 2017–2022 and, in particular, the ISHP were strengths of the project. However, ultimately the implementation of policies depends on the concrete action and fiscal space of national governments. From the perspective of a development measure, this is always a high risk. This was not fully acknowledged in the original design but the project developed interventions in using its potential role as a facilitator to initiate institutionalisation. This aspect was emphasised when planning for a consolidation phase from July 2021 to December 2023.
- Thanks to the project, TVET life skills lecturers had considerably improved their knowledge about gender diversity and increased their competence in teaching SRHR and HIV-related topics. The project made a distinct contribution to better teaching of HIV and SRHR-related topics in TVET colleges through training and mainly through comprehensive post-training support aiming to introduce the topics into the curricular teaching. This is significant to addressing the challenge of educators who lack the knowledge and confidence to teach CSE appropriately. The approach of the project is a scalable model for capacitation life skills lecturers to address HIV, SRHR, gender diversity and disability, which can and should be used beyond the project.
- Key success factors across the results were tailor-made approaches based on comprehensive capacity assessments, an emphasis on clarifying roles and responsibilities, and the use of dedicated personnel with a coordination function – the Liaison Officers and the Technical Officers for the TVET activities. Thereby the project was able to change personal views and attitudes and to increase trust across 'silos' by getting to know each other better and creating 'safe' spaces for different stakeholders.
- Another strength of the project was a strong profile in cooperation and involvement with the GFATM. The project contributed to the GFATM oversight and coordination structures in South Africa. It integrated GFATM-funded national experts in the project implementation and created synergies with the German BACKUP Health Initiative. The cooperation not only increased the project's leverage in view of project objectives; it can also be seen as a contribution to more coherence between the bilateral intervention and Germany's multilateral contributions to the GFATM. With its engagement in the CCM, the bilateral project contributed to an effective and efficient use of German multilateral contributions to the GFATM.
- For CSE in primary and secondary education the project results remained at the level of local capacity building through the development of a CSE resource pack. Broader impact cannot be expected as of now. Unfortunately, there was limited coordination between the project and USAID and CDC who are major actors in AGYW programming and CSE in South Africa through PEPFAR's DREAMS project. This would have been critical in gaining ground with the project's intention to improve the conditions for teachers to provide CSE to 10–19-year-old students as USAID supported national DBE to prepare another package.

Findings regarding Agenda 2030

Universality, shared responsibility and accountability

The project contributed to South Africa's achievement of the Agenda 2030 for Sustainable Development, in particular to SDG 3: 'Ensure healthy lives for all people of all ages and promote their well-being', as well as to sub-goals SDG 3.3 'End HIV and tuberculosis', SDG 3.7 'Achieve sexual and reproductive health', and SDG 3.8 'Ensure universal health coverage'. Due to the integrated approach of the school health policy, the project also contributed to SDG 4 (quality education) and recognises the important link between education and health. The project avoided creating parallel structures and focused on strengthening selected existing structures and systems, namely the ISHP task teams at all levels who have an important role in federating the efforts of all partners for an integrated support of learners and DHET. In addition, it contributed to the GFATM-related structures. The project aimed to support coordination and division of work with other donors and development partners also beyond the CCM. However, it faced substantial challenges in doing so, mainly because of unclear roles and responsibilities and a lack of clear directions from the national to provincial level, especially in relation to the national She Conquers campaign.

Interplay of economic, environmental and social development

The ISHP provides an opportunity for a holistic approach to learner's well-being. Through interdepartmental cooperation between the health, education and social development sectors, the project showed the possibility to address complex, multi-dimensional social, environmental and economic areas of health service provision in an integrated manner. The project was able to demonstrate that improved school health service delivery decreased drop-out and increased pass rates, which is likely to have an impact on access to higher education, employability and economic well-being. The COVID-19 pandemic contributed to a massive negative impact on the entire social and economic development of communities and learners from primary to secondary school levels. It aggravated an existing precarious economic situation and spurred on public discontent with public service delivery. In addition to this, consideration of the prevalence of endemic violence in communities and schools were underscored through the ISHP. It can be plausibly argued that the implementation of the ISHP provides a pathway to address a number of root causes of this discontent and to meet in particular the needs of poor and disadvantaged learners.

Inclusiveness/leave no one behind

The project was consistent with the standards of GDC in view of children's rights, gender equity, human rights and the inclusion of people with disabilities. School-based support was targeted at the poorest and most disadvantaged schools in both urban and rural areas of the Eastern Cape. However, not all students have benefited from the project equally and at the same pace. The approach chosen by the project takes time before young people are likely get their needs met. The project enabled TVET college lecturers to address the intersectionality of the topics of HIV, SRHR, gender diversity and disability during life skills lessons. However, there were only limited synergies across the GDC portfolio including with KfW and no integration with other GIZ projects such as Partnerships for Prevention of Violence against Women and Girls in Southern Africa Programme (PfP) and Inclusive Violence and Crime Prevention project.

Findings regarding follow-on project (MHIVP IV)

The follow-on project MHIVP IV is already operating during the evaluation. Its objective reads, 'The planning, financial and societal conditions for implementing integrated school health policy have been strengthened'. The module indicators focus on increasing the proportion of schools teaching CSE, submission of an interdepartmental coordinated draft budget for the ISHP to National Treasury, increased allocation of GFATM resources for integrated school health, and increased community buy-in for the ISHP (MHIVP IV, 2020). The design of the follow-on project includes continuation or revival of the cooperation with CHAI to hand over the digital mapping tool to the DoH and close coordination with PEPFAR via the CCM with regard to the coherent

planning and financing of the school health policy. The project design appears to address key issues in terms of sustainability of the project under evaluation. It provides the opportunity to turn the mapping tool and the CSE resource package, which so far have not been used, into sustainable achievements. However, the project offer reviewed by the evaluators does not spell out the concrete interventions that would be needed to build the capacity of partner organisations for the use of these tools. Indicator M1 of the follow-on measures is a 50% increase in schools teaching CSE as defined by the National Strategic Plan. Based on the findings of the evaluation, there is a high risk that this indicator cannot be achieved because adequate teaching material, capacity of teachers and a more supportive environment would still require very significant investments, which are not included in the project design. The current evaluation also underlines the importance of including the views of educators and learners when measuring and assessing the indicator to ensure that what is labelled CSE is indeed CSE.

The current evaluation also points to the importance of embedding CSE within a fully integrated social and health service package so that learners also get a chance to apply what they are taught.

5.2 Recommendations

DHET

- Based on the finding that educators prioritise curricular content, the formal introduction of the topics SRH, HIV, gender diversity and disability in the curriculum for life skills should be further pursued.
- Based on the finding that CoPs are a valuable structure for quality assurance and scaling-up they should be nurtured and proactively supported.
- Based on the finding that overall coordination and continuous support of the CoPs were essential success factors it is suggested to appoint a dedicated coordinator.

NTT

- Based on the finding that facilitation and coaching functions were key to the success of the work, it is recommended to institutionalise these functions instead of relying on individual commitment for all levels of task teams. Based on the finding that there is a lack of an integrated accountability framework across the three concerned departments, it is recommended to agree on a more integrated accountability framework (including reporting against joint targets).
- Based on the finding that strong interdepartmental leadership and accountability will be needed to further advance the ISHP, it is recommended to operationalise the tri-partite MoU and the implementation protocol.
- Based on the finding that financial resources for implementing the ISHP are lacking, it is recommended to develop a coordinated budget proposal for implementing the ISHP and submit to National Treasury.
- Based on the finding that interdepartmental planning at decentralised level has weakened/stopped after the departure of the Liaison Officers, it is suggested to provide sustained guidance for provincial task teams for interdepartmental planning of ISHP implementation.
- Based on the finding, that provincial departments have difficulties in funding the procurement of training material and planning adequate training and support for educators, it is recommended to provide a strategy and clear operational guidance for the roll-out of CSE.
- Based on the finding that a broad range of socio-economic factors, it is recommended to determine the usefulness of CSE ensure that CSE is embedded with full implementation of ISHP service packages.

PTT

- Based on the finding that facilitation and coaching functions were key to the success of the work, it is recommended to institutionalise these functions instead of relying on individual commitment.

MHIVP IV

- Based on the finding, that further organisational support is needed, it is proposed to support NTT as needed, in particular in terms of preparing a budget and in terms of strategising and operationalising CSE.
- Based on the finding that there is a lack of an integrated accountability framework across the three concerned departments, it is recommended to support the establishment of functioning oversight and accountability mechanisms for ISHP implementation.
- Based on the finding that school-based support was crucial to improve service delivery, it is proposed to strengthen the bottom-up support for implementation of the ISHP with CBOs.
- Based on the finding that community gatekeepers play a crucial role in creating an enabling environment for the ISHP, it is recommended to strengthen CBOs to provide advocacy and attitude change-programmes.
- Based on the finding that often neither educators nor learners are comfortable with CSE, it is recommended to ensure that the criteria to measure the proportion of schools providing CSE (Module Indicator M1) include the perspective of educators, parent bodies and learners.

GIZ-CO or FMB

- Based on the finding that the project has developed a scalable model for introducing HIV, SRHR, gender diversity and disability in TVET colleges, it is suggested to prepare accessible documentation on the TVET approach and share with the relevant GIZ projects in South Africa and beyond.

GIZ and SANAC

- Based on the finding that ISHP and AGYW are closely related but not yet sufficiently coordinated, it is recommended to support increased coordination and cooperation between ISHP NTT with AGYW programming especially for the school-based interventions in the context of the NSP.

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Annex: Evaluation matrix

Relevance

OECD-DAC Criterion Relevance - Is the intervention doing the right things? (max. 100 points) The 'relevance' criterion focuses on the intervention's design. It refers to the extent to which the objectives and design of a development intervention are consistent with the (global, country and institution-specific) requirements, needs, priorities and policies of beneficiaries and stakeholders (individuals, groups, organisations and development partners). It also identifies the ability of the intervention's design to adapt to a change in circumstances. 'Relevance' is assessed in relation to 1) the time of the intervention design ¹ and 2) from today's perspective ² .								
Assessment dimensions	Filter – project type	Evaluation questions	Clarifications	Basis for assessment /evaluation indicators (e.g. module objective/programme indicators, selected hypotheses, or more generally a definition of the aspects to be used for evaluation)	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: poor, moderate, good, strong)	Data quality assessment (weak, moderate, good, strong)
Alignment with policies and priorities	Standard	To what extent are the intervention's objectives aligned with the (global, regional and country specific) policies and priorities of the BMZ and of the beneficiaries and stakeholders and other (development) partners? To what extent do they take account of the relevant political and institutional environment?	<ul style="list-style-type: none"> • Orientation at BMZ country strategies and BMZ sector concepts • Strategic reference framework for the project; e.g. national implementation strategy for Agenda 2030, regional and international strategies, sectoral and cross-sectoral change strategies, in bilateral projects especially partner strategies, internal analytical framework e.g. safeguards and gender⁴ • Orientation of the project design at the (national) objectives of Agenda 2030 • Project contribution to certain Sustainable Development Goals (SDGs) • Explanation of a 	<ul style="list-style-type: none"> • Most relevant strategic reference frameworks (ISHP, NSP, South African – German Development Cooperation Country, Strategy 2015–2020, Agenda 2030/SDGs). Expressed or assessed priorities as per interviews. 	Evaluation design: The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design. Empirical methods: Document review, interviews, case studies.	BMZ and National Treasury (2015): GDC/South Africa Cooperation strategy DBE (2014): Screening, Identification, Assessment and Support DBE (2017): Policy on HIV, STIs and TB for Learners, Educators, School Support Staff and Officials in all Primary and Secondary Schools in Basic Education Sector DoH and DBE (2012): ISHP DoH (2017): National Youth and Adolescent Health Policy DSD (2015): National Integrated Early Childhood Development Policy MHVP III, 2017a: Offer Njoko (2021): Interdepartmental project steering	<ul style="list-style-type: none"> • Strategies, policies and essential project documents available. • Potential biases (incomplete information of the interviewee, self-interest) mitigated through source and method triangulation. 	Good

			hierarchy of the different policies, priorities (especially in case of contradictions).			exemplified with the ISHP South Africa SANAC (2017): NSP Interviews with partners, GIZ and stakeholders.			
Alignment with the needs and capacities of the beneficiaries and stakeholders	Standard	To what extent are the intervention's objectives aligned with the development needs and capacities of the beneficiaries and stakeholders involved (individuals, groups and organisations)?	<ul style="list-style-type: none"> Also: consideration of stakeholders such as civil society and private sector in the design of the measure. 	<p>Needs and capacities of direct target group:</p> <ul style="list-style-type: none"> DoH, DBE, DSD (at national, provincial and district level), schoolteachers and TVET lecturers. <p>indirect target group</p> <ul style="list-style-type: none"> learners. <p>other stakeholders</p> <ul style="list-style-type: none"> SANAC/CCM, DHET, School communities. 	<p>Evaluation design:</p> <p>The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design.</p> <p>Empirical methods:</p> <p>Document review, interviews and FGDs, case studies.</p>	<p>Babatunde (2017): Baseline TVET Beyond Zero (2019): Close-out report Botes (2020) Referral network assessment Department of Statistics (2019): SDG progress report Geza (2020): Evaluation of the effect of adolescent and youth-friendly services implementation on HIV testing uptake among youth MHIVP III, 2017a: Offer MHIVP III, 2021b: Results matrix m4h/SCA (2019): Capacity assessment report Odongo (2021): Endline evaluation of the ISHP in the Eastern Cape Interviews with GIZ, partners and stakeholders FGD with learners, educators and DTTs DBE-CSE online DBE-SGB online</p>	<ul style="list-style-type: none"> Short needs assessment done retrospectively by the evaluators Case studies provides indicative, not representative data. 	good	
	Standard	To what extent are the intervention's objectives geared to the needs and capacities of particularly disadvantaged and vulnerable beneficiaries and stakeholders (individuals, groups and organisations)? With respect to groups, a differentiation can be made by age, income, gender, ethnicity, etc.?	<ul style="list-style-type: none"> Reaching particularly disadvantaged groups (in terms of Leave No One Behind, LNOB) Consideration of potential for human rights and gender aspects Consideration of identified risks 	<ul style="list-style-type: none"> Design orientation on poverty, young people and adolescents, disability 	as above	as above	as above	good	

	Appropriateness of the design³	Standard	To what extent is the intervention's design appropriate and realistic (in terms of technical, organisational and financial aspects)?	<ul style="list-style-type: none"> • Realistic project goal from today's perspective and in view of the available resources (time, finances, partner capacities) • Consideration of potential changes in the framework conditions • Dealing with the complexity of framework conditions and strategic reference frameworks and with possible overloading • Strategic focusing. 	<ul style="list-style-type: none"> • objectives match project resources 	<p>Evaluation design The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design.</p> <p>Empirical methods: Document review, inception workshop on updating the results model, interviews, section on impact and sustainability of the predecessor.</p>	MHVP III, 2017a: Offer Interviews with GIZ, partners and stakeholders.	<ul style="list-style-type: none"> • Good triangulation of project and external documents with views of and information from stakeholders. 	Strong	
		Standard	To what extent is the intervention's design sufficiently precise and plausible (in terms of the verifiability und traceability of the system of objectives and the underlying assumptions)?	<p>Assessment of the (current) results model and results hypotheses (theory of change, ToC) of the actual project logic:</p> <ul style="list-style-type: none"> • Adequacy of activities, instruments and outputs in relation to the project objective to be achieved • Plausibility of the underlying results hypotheses • Clear definition and plausibility of the selected system boundary (sphere of responsibility) • Appropriate consideration of potential influences of other donors/ organisations outside the project's sphere of responsibility • completeness and plausibility of assumptions and risks for the project results • How well is co-financing (if any) integrated into the overall concept of the project and what added value could be generated for the ToC/project design? 	<ul style="list-style-type: none"> • Clear strategic focus • Appropriate conceptual linkages and synergies • Technically adequate • Completeness and plausibility of the ToC. 	as above	MHVP III, 2017a: Offer MHVP III, 2021b: Results matrix SANAC (2020): Rapid assessment She Conquers FGD with district and educators Interviews with GIZ, partners and stakeholders.	as above	Strong	

	Standard	To what extent is the intervention's design based on a holistic approach to sustainable development (interaction of the social, environmental and economic dimensions of sustainability)?	<ul style="list-style-type: none"> • Presentation of the interactions (synergies/trade-offs) of the intervention with other sectors in the project design - also with regard to the sustainability dimensions in terms of Agenda 2030 (economic, ecological and social development). 	<ul style="list-style-type: none"> • Holistic approach to development.: interdepartmental approach- linkage of health, education and social development with broader economic context. 	as above	MHIVP III, 2017a: Offer Interviews with GIZ, partners and stakeholders.	as above	Strong
Adaptability – response to change	Standard	To what extent has the intervention responded to changes in the environment over time (risks and potentials)?	<ul style="list-style-type: none"> • Reaction to changes during project including change offers (e.g. local, national, international, sectoral changes, including state-of-the-art sectoral know-how) 	<ul style="list-style-type: none"> • Two modification offers (2019 and 2020) • Response to COVID-19 restrictions • Constraints related to She Conquers campaign. 	<p>Evaluation design: The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design.</p> <p>Empirical methods: Document review, online training material for output A interviews.</p>	<p>DBE (2020): Coronavirus orientation guidelines for schools GIZ MHIVP III (2021c): m4h/SCA final report m4h/SCSA (2021): E-learning report Stein, Ilka (2018): She conquers Photo documentation Wessels-Ziervogel, Wilma et al. (2021): Endline Evaluation of the Capacitation of Technical Vocational Educational and Training (TVET) College Lecturers teaching life orientation Online ISHP capacity-building platform Online Innovation Fund Online Mapping Tool Interviews with GIZ, partners and stakeholders</p>	<ul style="list-style-type: none"> • The focus here was on conceptual response, the practical adaptation to changes will be further discussed for the criteria effectiveness and efficiency • good source triangulation. 	Good

(1) The 'time of the intervention design' is the point in time when the offer/most recent modification offer was approved.

(2) In relation to the current standards, knowledge and framework conditions.

(3) The design of an intervention is usually assessed by evaluating its intervention logic. The intervention logic depicts the system of objectives used by an intervention. It maps out the systematic relationships between the individual results levels. At the time an intervention is designed, the intervention logic, in the form of a logical model, is described in the offer for the intervention both as a narrative and generally also on the basis of a results framework. The model is reviewed at the start of an evaluation and adjusted to reflect current knowledge. Comprehensive (re)constructed intervention logics are also known as 'theories of change'. In GIZ the 'project design' encompasses project objective (outcome) and the respective theory of change (ToC) with outputs, activities, technical cooperation (TC) instruments and especially the results hypotheses as well as the implementation strategy (e.g. methodological approach, Capacity Development strategy). In GIZ, the ToC is described by the GIZ results model as graphic illustration and the narrative results hypotheses.

(4) In the GIZ Safeguards and Gender system risks are assessed before project start regarding following aspects: gender, conflict, human rights, environment and climate. For the topics gender and human rights not only risks but also potentials are assessed. Before introducing the new safeguard system in 2016 GIZ used to examine these aspects in separate checks.

(5) Deescalating factors/connectors/peace needs: e.g. peace-promoting actors and institutions, structural changes, peace-promoting norms and behaviour. For more details on 'connectors' see: GIZ (2007): 'Peace and Conflict Assessment' (PCA). Ein methodischer Rahmen zur konflikt- und friedensbezogenen Ausrichtung von EZ-Maßnahmen', p. 55/135 and the iPCA Writing Template.

(6) Escalating factors/ dividers: e.g. destructive institutions, structures, norms and behaviour. For more details on 'dividers' see: GIZ (2007): 'Peace and Conflict Assessment' (PCA). Ein methodischer Rahmen zur konflikt- und friedensbezogenen Ausrichtung von EZ-Maßnahmen', p. 135 and the iPCA Writing Template.

(7) All projects in fragile contexts, projects with FS1 or FS2 markers and all transitional development assistance projects should weaken escalating factors/dividers and have to mitigate risks in the context of conflict, fragility and violence (and human rights). Projects with FS1 or FS2 markers should also consider how to strengthen deescalating factors/ connectors and how to address peace needs in its project objective/sub-objective.

Coherence

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	Filter – project type	Evaluation questions	Clarifications	Basis for assessment/ evaluation indicators (e.g. module objective/programme indicators, selected hypotheses, or more generally a definition of the aspects to be used for evaluation)	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: poor, moderate, good, strong)	Data quality assessment (weak, moderate, good, strong)
Internal coherence	Standard	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 realise synergies within German development cooperation.	• Synergies with other GIZ projects: BACKUP Health, setting up partnerships to prevent gender-based violence in Southern Africa (PfP), Inclusive violence and crime prevention, Centre for Cooperation with the Private Sector (CCPS).	Evaluation design: The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design. Empirical methods: Interviews, document review.	BMZ and National Treasury (2015): GDC/South Africa Cooperation strategy Johnson (2019): A Five Province Assessment of HIV Testing Services in South Africa Obery, 2019: Final project report: Identify and refine areas of potential strengthening and quality improvement in the provision of HTS Int with GIZ, partners, and stakeholders Online presence BACKUP Health, Setting up partnerships to prevent gender-based violence in Southern Africa (PfP), Inclusive violence and crime prevention, Centre for Cooperation with the Private Sector (CCPS).	• In-depth analysis of the other GIZ programmes will not be part of the evaluation. • Interviews from project, other GDC projects, partners and other stakeholders triangulated with each other and with documents.	good
	Standard	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)?	• If applicable, also take into account projects of different German ministries.	• Synergies with KfW	as above	KfW/GIZ (2019): The Collaboration of the German Financial and TC components in the South African HIV Prevention Sector Int with GIZ, partners, and stakeholders	as above	moderate

		Are synergies leveraged?						
	Standard	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)?		• consistency with standards for GDC	as above	BMZ (2011): Menschenrechte in der deutschen Entwicklungspolitik BMZ (2014). Gleichberechtigung Geschlechter in der deutschen Entwicklungszusammenarbeit BMZ (2019). inclusion of people with disabilities in GDC UN (1990): UN Convention on the Rights of the Child (UN, 90) a) and the UN (1979): UN Convention on ending all forms of discrimination against women	as above	strong
External coherence	Standard	To what extent does the intervention complement and support the partner's own efforts (principle of subsidiarity)?		• Subsidiarity	Evaluation design: The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design. Empirical methods: Documents, interviews.	MHIVP III, 2017a: Offer Mthethandaba (2020): Alfred Nzo District Implementation of the Integrated School Health Policy (Output A) Progress Report m4h/SCA (2019): Capacity assessment report Njoko (2021): Interdepartmental project steering exemplified with the ISHP South Africa SANAC (2020): Rapid assessments of She Conquers Stein (2018): She conquers Photo documentation Odongo (2021): Endline evaluation of the ISHP in the Eastern Cape Interviews with GIZ, partners, and stakeholders online partner-mapping tool	• Progress-and evaluation-reports were triangulated with interviews. • 'partner-mapping tool' was accessed online.	good
	Standard	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 organisations and how did co-financing contribute to improved donor coordination?	• Coordination with other donors (here especially GFATM)	as above	as above		good
	Standard	To what extent has the intervention's design been designed to use existing systems	• Also analysis of whether the project is taking the necessary steps to fully	• Coordination with other donors	as above	as above		good

		and structures (of partners/other donors/international organisations) for implementing its activities? To what extent are these systems and structures used?	realise synergies with interventions of other donors at the impact level					
	Standard	To what extent are common systems (together with partners/other donors/international organisations) used for M&E, learning and accountability?		• use of existing systems and structures for implementation, M&E and accountability.	as above	as above		

Effectiveness

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 achievement of objectives in terms of the direct, short-term and medium term results.

Assessment dimensions	Filter – project type	Evaluation questions	Clarifications	Basis for assessment / evaluation indicators (e.g. module objective/programme indicators, selected hypotheses, or more generally a definition of the aspects to be used for evaluation)	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: poor, moderate, good, strong)	Data quality assessment (weak, moderate, good, strong)
Achievement of the (intended) objectives¹	Standard	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 needed to adequately reflect the project objective 	<ul style="list-style-type: none"> the project objective ('structural and institutional preconditions to implements national strategies that lead to improved, extended and more comprehensive HIV prevention measures for young people (10–24 years) have improved'), the four sufficiently SMART module indicators which have been agreed between GIZ and BMZ. 	<p>Evaluation design: The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design.</p> <p>Empirical methods: Document review, interviews.</p>	<p>Babatunde (2017): Baseline TVET MHIVP III, 2021a Mabangula (2020): Liaison Officer Progress Report MHIVP III, 2021a GIZ MHIVP III (2021c): m4h/SCA final report Mazwi (2020): Liaison Officer Progress Report Mthethandaba (2020): Liaison Officer Progress Report Pantshwa (2020): Liaison Officer Progress Report Odongo (2021): Endline evaluation of the ISHP in the Eastern Cape Njoko (2021): Interdepartmental project steering exemplified with the ISHP South Africa SANAC (2020): Rapid assessment She Conquers Stein (2018): She conquers Photo documentation Wessels-Ziervogel (2019): Mid-term Evaluation of the Capacitation of TVET College Lecturers</p>	<ul style="list-style-type: none"> Secondary data comprehensive and overall of good quality (with minor discrepancies for the assessment of indicator M2) good triangulation of reports, final surveys, raw data and interviews indicator M1 is not fully SMART, the perception by different stakeholders influenced the assessment; this was made transparent through description 	good

						teaching life orientation Wessels-Ziervogel (2021): Endline Evaluation of the Capacitation of TVET College Lecturers teaching life orientation Interviews with GIZ, partners, and stakeholders		
Contribution to achievement of objectives	Standard	<i>To what extent have the intervention's outputs been delivered as originally planned (or as modified to cater for changes in the environment)?</i>		• achievement of output indicators	as above	MHIVP III, 2019b MHIVP III, 2020b MHIVP III, 2021a Wessels-Ziervogel (2021): Endline Evaluation of the Capacitation of TVET College Lecturers teaching life orientation Westendorp (2019): Comprehensive sexuality education Interviews with partners	as above	strong
	Standard	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?		Selected results hypotheses from the current project's ToC: 1. Lecturers who gained the competencies and skills (output C) provided better life skills teaching. 2. The establishment of ToR for the task teams and the functions of the Liaison Officers were a precondition for effective coordination across the three departments to implement the ISHP. 3. The signing of an MoU between the three departments concerned with the implementation of the ISHP led to better guidance and orientation on the implementation of the ISHP from the national to the provincial level. This was a precondition for provincial task teams to function according to their outlined duties and implement the ISHP.	Evaluation design: • Contribution analysis of direct influence to provide information on the contribution of the project to the outcomes it was trying to influence' (Mayne, 1999) • The most-significant change method helped to describe and assess what exactly has been achieved and to understand the relative importance of the project's contributions for the target group. • A case study approach was applied to understand the practical aspects of ISHP, to assess the improvements concretely. Empirical methods: Document review, interviews, focus group discussions (face-to-face and online)	Babatunde (2017): Baseline TVET Beyond Zero (2019): Eastern Cape Department of Education. Social Behaviour Change Project, Closeout Report MHIVP III, 2021a Mabangula (2020): Liaison Officer Progress Report Mazwi (2020): Liaison Officer Progress Report Mthethandaba (2020): Liaison Officer Progress Report m4h/SCA (2019): Capacity assessment report Pantshwa (2020): Liaison Officer Progress Report Odongo (2021): Endline evaluation of the ISHP in the Eastern Cape Njoko (2021): Interdepartmental project steering exemplified with the ISHP South Africa SANAC (2020): Rapid assessment She Conquers	• limited response to interview requests from higher levels but participation in debriefing: contributions there were used to triangulate findings • self-serving answers may include biases, this was partly mitigated through triangulation • time since signing the MoU at national level (April) and the end of the project (June) too short to get more than indicative results • scope of the case studies limited due to last minute travel restrictions and limited internet connectivity in districts • no disaggregated quantitative data for different categories of vulnerability among the stakeholders and beneficiaries available.	good

						SPF (2021): South African-German Multisectoral HIV Prevention III, Output A Stein (2018): She conquers Photo documentation Wessels-Ziervogel (2019): Mid-term Evaluation of the Capacitation of TVET College Lecturers teaching life orientation Wessels-Ziervogel (2021): Endline Evaluation of the Capacitation of TVET College Lecturers teaching life orientation Interviews with GIZ, partners, and stakeholders FGD with partners		
	Standard	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) What would have happened without the project? (usually qualitative reflection) 	as above	as above	as above	as above	good
	Standard	To what extent has the intervention contributed to the achievement of objectives at the level of the intended beneficiaries?		as above, partly answered under impact	as above	as above	as above	good
	Standard	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.)?		as above	as above	as above	as above	good

	Standard	<i>Which internal factors (technical, organisational or financial) were decisive for achievement/non-achievement of the intervention's intended objectives?</i>	<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). 	as above	as above	as above	as above	good
	Standard	<i>Which external factors were decisive for achievement/non-achievement of the intervention's intended objectives (taking into account the anticipated risks)?</i>	<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). 	as above	as above	as above	as above	good
Quality of implementation	Standard	<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) is established and used, e.g. for evidence-based decisions, risk management. Data are disaggregated by gender and marginalised 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 project'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 	<ul style="list-style-type: none"> Application of GIZ's Management Model Capacity WORKS, quality and utilisation of the results-based monitoring system (RBM). 	<p>Evaluation design: The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design.</p> <p>Empirical methods: Document review, interviews</p>	MHIVP IV (2020): Repetition offer Payer, Harald (2019): Capacity development strategy for the consolidation phase of the Multisectoral HIV Prevention Programme in South Africa 2021–2023	<ul style="list-style-type: none"> Biases through self-serving answers likely in interviews; source triangulation was limited because staff who already left the project did mostly not engage in the evaluation, GIZ online RBM tool cannot be assessed by external evaluators, data export provides limited insight into how the tool has been used 	moderate

			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					
Unintended results	Standard	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 	<ul style="list-style-type: none"> Identification of unintended positive and negative results 	<p>Evaluation design: Outcome harvesting. The method is selected to capture results that were not included in the ToC.</p> <p>Empirical methods: document review, interviews</p>	<p>Mazwi (2020): Liaison Officer Progress Report MHIVP IV (2020): Repetition offer Wessels-Ziervogel (2021): Endline Evaluation of the Capacitation of TVET College Lecturers teaching life orientation Interviews with GIZ, partners, and stakeholders</p>	<ul style="list-style-type: none"> Endline surveys and reports of Liaison Officers considered unintended results interviews used to explore the unintended results further and to discover other unintended results. 	good
	Standard	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 	<ul style="list-style-type: none"> assessment of potential benefits and risks from these results 	as above	as above	as above	good
	Standard	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 	<ul style="list-style-type: none"> assessment of the project response to unintended effects 	as above	as above	as above	good

Impact

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 already produced significant positive or negative, intended or unintended results at the overarching level (contributions to the observed changes), or is expected to do so in the future. This includes any differential results across different stakeholders and beneficiaries. This criterion refers to the results of the development intervention.								
Assessment dimensions	Filter - Project Type	Evaluation questions	Clarifications	Basis for Assessment / Evaluation indicators (e.g. module objective/programme indicators, selected hypotheses, or more generally a definition of the aspects to be used for evaluation)	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: poor, moderate, good, strong)	Data Quality Assessment (weak, moderate, good, strong)
Higher-level (intended) development changes ¹	Standard	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 programme 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 	<ul style="list-style-type: none"> increased use of adequate services and support measures for HIV prevention by vulnerable groups (GDC programme objective) appropriate teaching of life skills including CSE 	Evaluation design: <ul style="list-style-type: none"> The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design. Case studies were used to include the voice of the beneficiaries. Empirical methods: document review, interviews, FGDs (face-to face- and online).	Data from the National Health Information System GFATM (2021): First draft HIV and TB funding request Odongo (2021): Endline evaluation of the ISHP in the Eastern Cape Pantshwa (2020): Liaison Officer Progress Report Interviews with GIZ and partners FGD with partners and beneficiaries	<ul style="list-style-type: none"> The availability of impact data is very limited, because most available reports and surveys do not match the period of implementation. therefore, indicative descriptive data was collected through case studies in schools; the data is not representative for all schools. in addition, data was formally requested and received from the National Health Information System. 	moderate
	Standard	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.)		• ISHP implementation.	as above	as above	as above	moderate

	Standard	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.)		• ISHP implementation.	as above	as above	as above	moderate
Contribution to higher-level (intended) development changes	Standard	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 	<ul style="list-style-type: none"> • Functional proactive ISHP task teams contributed to full implementation of the ISHP. • Improved structural/institutional preconditions for teaching CSE contributed to better teaching of CSE. 		Mabangula (2020): Liaison Officer Progress Report Mazwi (2020): Liaison Officer Progress Report Njoko (2021): Interdepartmental project steering exemplified with the ISHP South Africa Odongo (2021): Endline evaluation of the ISHP in the Eastern Cape Pantshwa (2020): Liaison Officer Progress Report Interviews with GIZ, partners, and stakeholders FGD with partners and beneficiaries online YOLO		moderate
	Standard	To what extent has the intervention achieved its intended (original and, where applicable, revised) development objectives?	• This question can already be assessed in dimension 1 Question 1, the contribution to impact is assessed in dimension 2, Question 1	as above	Evaluation design: • Contribution analysis of indirect influence Empirical methods: document review, interviews, FGDs (face-to face- and online).		as above	moderate
	Standard	To what extent has the intervention achieved its (original and, where applicable, revised) development objectives at the level of the intended beneficiaries?		as above	as above		as above	moderate
	Standard	To what extent has the intervention contributed to higher-level development changes/changes in the lives of particularly		as above	as above		as above	moderate

		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.).						
	Standard	<i>Which internal factors (technical, organisational or financial) were decisive for achievement/non-achievement of the intervention's intended development objectives?</i>	<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) 	as above	as above		as above	moderate
	Standard	<i>Which external factors were decisive for the achievement/non-achievement of the intervention's intended development objectives?</i>	<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) 	as above	as above		as above	moderate
	Standard	To what extent has the intervention achieved structural or institutional changes (e.g. for organisations, systems and regulations)?		as above	as above		as above	moderate
	Standard	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 these? 	as above	as above		as above	moderate

			<ul style="list-style-type: none"> • also analyse possible potential and reasons for not exploiting it 					
	Standard	<i>How would the situation have developed without the intervention?</i>	<ul style="list-style-type: none"> • usually qualitative reflection, quantitative approaches welcome 	as above	as above		as above	moderate
Contribution to higher-level (unintended) development changes	Standard	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.)		<ul style="list-style-type: none"> • Social, economic and environmental dimensions and their interaction • political stability (All considering vulnerable and disadvantaged population). 	Evaluation design: Outcome harvesting as explained in section 4.2 for the Criterion effectiveness. Empirical methods: Interviews, document review.	GFATM (2021): First draft HIV and TB funding request ILO (2020): Rapid Country Assessment: South Africa The impacts from a COVID-19 shock to South Africa's economy and labour market Makoni (2021): Social unrest disrupts South African health care Odongo (2021): Endline evaluation of the ISHP in the Eastern Cape Sachs, Michael (2021): Fiscal dimensions of South Africa's crisis Visagie (2021): What lies behind social unrest in South Africa, and what might be done about it Online World Bank Country Data	as above	moderate
	Standard	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 	<ul style="list-style-type: none"> • Contribution of the project to the higher-level development changes • Response of the project to the higher-level development changes 	as above	as above	as above	

			<ul style="list-style-type: none"> • 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 						
	Standard	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.)		<ul style="list-style-type: none"> • Response of the project to the higher-level development changes (considering vulnerable and disadvantaged population). 	Response of the project to the higher-level development changes	as above	as above	moderate	
(1) The first and second assessment dimensions are interrelated: If the project's contribution to achieving the objective is small (2nd assessment dimension), this must also be taken into account when evaluating the first assessment dimension.									
(2) See GIZ 2016 'Guidelines on scaling-up for programme managers (AV) and planning officers'									
(3) Risks, negative effects and trade-offs are separate aspects that should be discussed individually at this point.									

Efficiency

OECD-DAC Criterion Efficiency - How well are resources being used? (max. 100 points)

This criterion describes the extent to which the intervention delivers results in an economic and timely way (relationship between input and output, outcome and impact level). The evaluation dimension '**production efficiency**' refers to the appropriateness of the relationship between inputs and outputs. The evaluation dimension '**allocation efficiency**' refers to the appropriateness of the relationship between the inputs and the results achieved (project/development objective; outcome/impact level) by the intervention. The 'efficiency' criterion relates both to the intervention's design and implementation and to the results it achieves.

Assessment dimensions	Filter – project type	Evaluation questions	Clarifications	Basis for assessment/ evaluation indicators (e.g. module objective/programme indicators, selected hypotheses, or more generally a definition of the aspects to be used for evaluation)	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: poor, moderate, good, strong)	Data quality assessment (weak, moderate, good, strong)
Production efficiency	Standard	<i>How are the intervention's inputs (financial, human and material resources) distributed (e.g. by instruments, sectors, sub-interventions, taking into account the cost contributions of partners/executing agencies/other beneficiaries and stakeholders etc.)?</i>	<ul style="list-style-type: none"> Description of the data: Costs per output, type of costs, agreed and provided partner contributions Description of the deviations between original planned costs and actual costs (with comprehensible justification, changes are certainly desirable for increased efficiency) 	<ul style="list-style-type: none"> description of the data: costs per output, type of costs, agreed and provided partner contributions 	<p>Evaluation design: Follow-the-money approach</p> <p>Empirical methods: Efficiency tool filled during working sessions with project team and support from country office, document review, interviews (The evidence for results stems from the assessment of the other criteria).</p>	Findings from the other evaluation criteria Financial data from the project (contracts, cost commitment report) filled in the Efficiency Tool Discussion with project and financial manager (online and via email) MHIVP III (2020a): Modification offer 2 Int with GIZ, partners, stakeholders	<ul style="list-style-type: none"> Financial data was made available by the project to a large extent and with sufficient detail; however some bookings remain to be adjusted and the final calculation of remaining funds will only be done after the end of the evaluation. 	good
	Standard	To what extent have the intervention's inputs (financial, human and material resources) been used economically in relation to the outputs delivered (products, investment goods and services)? If possible, refer to data from other evaluations in a region or sector, for instance.	<ul style="list-style-type: none"> Use of 'Efficiency tool' including instructions and use of the follow-the-money approach as evaluation design (may be combined with other high-quality approaches) Output level: Analysis of approaches and activities as well as TC instruments (personnel instruments, financing, materials and equipment)¹ compared to possible alternatives with a focus on the minimum principle (use of comparative data if available) The project is 	<ul style="list-style-type: none"> project management practise for financial management, proportion of overarching cost, 	as above		<ul style="list-style-type: none"> the initial allocation of inputs to outputs during the inception phase was triangulated with interviews but no modifications were necessary. interview responses may have been self-serving; due to a lack of benchmarks they could not be triangulated. benchmarks for unit costs were actively researched but could not be obtained by the evaluators. 	moderate

			<p>oriented on internal or external benchmarks in order to achieve its effects economically</p> <ul style="list-style-type: none"> • Regular reflection of the resources used by the project with focus on economically use of resources and cost risks • The overarching costs of the project are in an appropriate proportion to the costs of the outputs 					
	Standard	<p>To what extent could the intervention's outputs (products, investment goods and services) have been increased through the alternative use of inputs (financial, human and material resources)? If possible, refer to data from other evaluations of a region or sector, for instance. (If applicable, this question adds a complementary perspective")</p> <p>* This case is always applicable in the technical cooperation (TC), please answer the question bindingly</p>	<ul style="list-style-type: none"> • Use of 'Efficiency tool' including instructions and use of the follow-the-money approach as evaluation design (may be combined with other high-quality approaches) • Output level: Analysis of approaches and activities as well as TC instruments (personnel instruments, financing, materials and equipment)¹ compared to possible alternatives with focus on output maximisation (use of comparative data if available) • Analysis of alternative options for allocating resources and shifts between outputs for output maximisation • saved resources can and should be used to maximise outputs • Reflection of the resources during the design phase and regularly during the implementation of the project with focus on output maximisation (with comprehensible justification, changes are certainly desirable for increased efficiency) • 'maximising outputs' means with the same 	<ul style="list-style-type: none"> • output maximisation (through shifting allocation, alternative activities, approaches of use of instruments, savings). 	as above		as above	moderate

			resources, under the same conditions and with the same or better quality					
	Standard	Were the outputs (products, investment goods and services) produced on time and within the planned time frame?		• timeliness of output delivery	as above		as above	moderate
Allocation efficiency	Standard	<i>By what other means and at what cost could the results achieved (higher-level project objective) have been attained?</i>		• maximisation of the outcome with the same resources through alternative means	as above	as above plus GIZ MHVP III (2021c): m4h/SCA final report Njoko (2021): Interdepartmental project steering exemplified with the ISHP South Africa Odongo (2021): Endline evaluation of the ISHP in the Eastern Cape	as above	moderate
	Standard	To what extent – compared with alternative designs for the intervention – could the results have been attained more cost-effectively?	<ul style="list-style-type: none"> • Outcome level: Analysis of approaches and activities as well as TC instruments in comparison to possible alternatives with focus on minimum principle (use of comparative data if available) • Regular reflection in the project of the input-outcome relation and alternatives as well as cost risks • The partner contributions are proportionate to the costs for the outcome of the project 	<ul style="list-style-type: none"> • Application of minimum principle (approaches and activities necessary to achieve the results; partner contributions proportionate), 	as above	as above	as above	moderate
	Standard	To what extent – compared with alternative designs for the intervention – could the positive results have been increased using the existing resources? (If applicable, this question adds a complementary perspective*)	<ul style="list-style-type: none"> • Outcome level: Analysis of applied approaches and activities as well as TC instruments compared to possible alternatives with focus on maximising the outcome (real comparison if available) • The project manages its resources between the outputs in such a way that the maximum 	<ul style="list-style-type: none"> • maximisation of the outcome with the same resources through alternative designs (shifting resources) • avoidance of losses in efficiency due to insufficient coordination and complementarity within GDC 	as above	as above	as above	moderate

		<p>* This case is always applicable in the technical cooperation, please answer the question bindingly</p>	<p>effects in terms of the module objective are achieved</p> <ul style="list-style-type: none"> • Regular reflection in the project of the input-outcome relation and alternatives • Reflection and realisation of possibilities for scaling-up • If additional funds (e.g. co-financing) have been raised: Effects on input-outcome ratio (e.g. via economies of scale) and the ratio of administrative costs to total costs • Losses in efficiency due to insufficient coordination and complementarity within German DC are sufficiently avoided 						
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(1) see GIZ 2015: 'Integration of TC Instruments – Key Elements', based on BMZ 2014: Handbuch der bilateralen TZ Verfahrensinformation Nr. VI0362014 'Eckpunkte zur Instrumentenintegration'

Sustainability

OECD-DAC Criterion Sustainability - Will the benefits last? (max. 100 points)

The 'sustainability' criterion relates to continued long-term benefits (at the outcome and impact level) or the probability of continued long-term benefits – taking into account observed or foreseeable risks – over time, particularly after assistance has ended.

Assessment dimensions	Filter – project type	Evaluation questions	Clarifications	Basis for assessment / evaluation indicators (e.g. module objective/programme indicators, selected hypotheses, or more generally a definition of the aspects to be used for evaluation)	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: poor, moderate, good, strong)	Data quality assessment (weak, moderate, good, strong)
Capacities of the beneficiaries and stakeholders	Standard	To what extent do the beneficiaries and stakeholders (individuals, groups and organisations, partners and executing agencies) have the institutional, human and financial resources as well as the willingness (ownership) required to sustain the positive results of the intervention over time (once assistance has drawn to a close)?	<ul style="list-style-type: none"> • Transitional Development Assistance (TDA) projects primarily address final beneficiaries, whose resilience to crises and recurring shocks is to be strengthened. The focus for TDA projects is thus often on the resilience of final beneficiaries and/or at least the continuity of the measure (see explanation in dimension 3) (clarification in the inception phase of the evaluation). 	<ul style="list-style-type: none"> • government for stewardship for the ISHP, • teachers/lecturers for providing CSE in schools and TVET colleges, • task teams, schools and health services for implementing ISHP and adapting it to changing needs • of school communities to understand and support the ISHP, • of young people for using AYFS, information and social services especially related to HIV and SRHR (but also to the other relevant services). 	<p>Evaluation design:</p> <ul style="list-style-type: none"> • The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design. • Case studies are used to include the perspective of teachers and learners. <p>Empirical methods:</p> <p>document review, interviews; FGDs.</p>	<p>Results from effectiveness GFATM (2021): First draft HIV and TB funding request</p> <p>Mazwi (2020): Liaison Officer Progress Report Mthethandaba (2020): Liaison Officer Progress Report</p> <p>Njoko (2021): Interdepartmental project steering exemplified with the ISHP South Africa Wessels-Ziervogel (2021): Endline Evaluation of the Capacitation of TVET College Lecturers teaching life orientation Interviews with GIZ, partners and Stakeholders FGD with partners and beneficiaries</p>	<ul style="list-style-type: none"> • Good data from endline studies; referral network analysis, m4h/SCSA final report • indicative additional data from the case studies and interviews to triangulate findings from the reports and surveys • a planned programmatic and budget analysis by the project was not available • limited participation from the policy-making level limited robustness of findings regarding national stewardship. • otherwise, good evidence. 	good
	Standard	To what extent do the beneficiaries and stakeholders (individuals, groups and organisations, partners and		<ul style="list-style-type: none"> • effect of COVID-19 on capacities 	as above	as above	as above	

		executing agencies) have the resilience to overcome future risks that could jeopardise the intervention's results?						
Contribution to supporting sustainable capacities	Standard	<p>To what extent has the intervention contributed to the beneficiaries and stakeholders (individuals, groups and organisations, partners and executing agencies) having the institutional, human and financial resources as well as the willingness (ownership) required to sustain the intervention's positive results over time and to limit the impact of any negative results?</p>	<ul style="list-style-type: none"> • Analysis of the preparation and documentation of learning experiences • Description of the anchoring of contents, approaches, methods and concepts in the partner system • Reference to exit strategy of the project • If there is a follow-on project, check to what extent the results of the evaluated project are taken up; the anchoring of the effects in the partner's organisation should be pursued independently of a follow-on project, since sustainability should be achieved even without donor funds • Transitional Development Assistance (TDA) projects primarily address final beneficiaries, whose resilience to crises and recurring shocks is to be strengthened. The focus for TDA projects is thus often on the resilience of final beneficiaries and/or at least the continuity of the measure (see explanation in dimension 3) (clarification in the 	<ul style="list-style-type: none"> • institutional anchoring of and ownership of results by the project, • improving access resources to maintain and extend the results, • increasing support of school communities, • implementing exit strategy/ reflecting project results in the follow-on project, 	<p>Evaluation design:</p> <ul style="list-style-type: none"> • The analysis followed the analytical questions from the evaluation matrix, no specific evaluation design. • Case studies are used to include the perspective of teachers and learners <p>Empirical methods: document review, interviews; FGDs</p>	<p>Evidence from all other criteria</p> <p>MHIVP IV (2020): Repetition offer</p> <p>Odongo (2021): Endline evaluation of the ISHP in the Eastern Cape</p> <p>Payer, Harald (2019): Capacity development strategy for the consolidation phase of the Multisectoral HIV Prevention Programme in South Africa 2021–2023</p> <p>Interview with stakeholder</p> <p>FGD with partners</p>	<ul style="list-style-type: none"> • Assessment closely linked with effectiveness because the project objective aimed at improving 'structural and institutional preconditions', the assessment here considers the hypotheses from the ToC as well as possible unintended results. 	good

			inception phase of the evaluation).					
	Standard	To what extent has the intervention contributed to strengthening the resilience of the beneficiaries and stakeholders (individuals, groups and organisations, partners and executing agencies)?		• contributions to the resilience of institutions and individuals.	as above	as above	as above	good
	Standard	To what extent has the intervention contributed to strengthening the resilience of particularly disadvantaged groups? (These may be broken down by age, income, gender, ethnicity, etc.)		• contributions to the resilience of vulnerable and disadvantaged individuals.	as above	as above	as above	good
Durability of results over time	Standard	<i>How stable is the context in which the intervention operates?</i>		• political and economic stability	Evaluation design: Establishing the prognosis of durability for key results based on a matrix of factors likely to influence sustainability. Empirical methods: document review, interview, FGDs. findings on effectiveness, impact and the first two dimensions of sustainability	Based on effectiveness, impact and the first two dimensions of sustainability (which in turn are based on the findings of all other criteria)	• Utilisation of a comprehensive modelling approach to establish a prognosis is beyond the scope of the evaluation. Therefore, the prognosis is depending on meaning-making by the evaluators. The approach aims to make this process transparent.	good
	Standard	<i>To what extent is the durability of the intervention's positive results influenced by the context?</i>	• Consideration of risks and potentials for the long-term stability of the results and description of the reaction of the project to these	yes/partly/no decision for contextual factors (national ownership /stewardship, adequate financial resources, adequate other resources, enabling environment including the influence of social cultural norms)	as above	as above		

		Standard	To what extent can the positive (and any negative) results of the intervention be deemed durable?	<ul style="list-style-type: none"> • Consideration of the extent to which 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 (outcome and impact) • In the case of projects in the field of TDA, at least the continuity of the measure must be examined: To what extent will services or results be continued in future projects (of GIZ or other donors/organisations) or their sustainability ensured? (Clarification in the inception phase) 	<ul style="list-style-type: none"> • Capacity, • resilience of health, education, and social system, • national ownership /stewardship, • adequate financial resources, • adequate other resources, • enabling environment including the influence of social cultural norms 	as above	as above			
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Predecessor, Follow-on, other

Predecessor project, follow-on project and further evaluation questions						
Assessment dimensions	Evaluation questions	Basis for Assessment / Evaluation indicators (e.g. module objective/programme indicators, selected hypotheses, or more generally a definition of the aspects to be used for evaluation)	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: 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?	• GDC Programme Indicators	Evaluation design: No specific design, questions from evaluation matrix Empirical methods: Document review and interviews	GIZ MHIVP II (2017 b): Results matrix GIZ MHIVP II (2017a): Evaluation report of predecessor MHIVP II, (2018): Final report	• Essential project documents available	moderate
	Which results of the predecessor are still visible today at impact level?	• Status of the predecessors' impact indicators today	as above	MHIVP II, (2018): Final report GIZ MHIVP II (2017a): Evaluation report of predecessor GFATM (2021): First draft HIV and TB funding request HSRC (2019)South African national HIV prevalence, incidence, behaviour and communication survey 2017 Loveday (2020): Opportunities from a new disease for an old threat National Health Information System online UNAIDS	• Secondary data partly available from the National Health Information System and unpublished data quoted in the draft TB-HIV funding request to the GFATM. • triangulation limited because a deeper dive into the predecessor beyond the scope of the evaluation.	strong
	Which results of the predecessor are only visible today at impact level?	• Status of the predecessors' impact indicators today	as above	as above	as above	moderate
	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? How?	• Results and lessons learnt from the past integrated in MHIVP design	as above	GIZ MHIVP II (2017a): Evaluation report of predecessor GIZ MHIVP III (2017a): Offer, unpublished document Interviews with partners and stakeholders	as above	moderate

	What were factors for success / failure for the impact of the predecessor?	<ul style="list-style-type: none"> • internal and external positive/negative factors for the achievement of impact by the predecessor. 	as above	GIZ MHIVP II (2017a): Evaluation report of predecessor MHIVP II, (2018): Final report Interviews with partners and stakeholders	as above	moderate
Sustainability of the predecessor project (if predecessor project exists)	<i>Which results were envisaged at the outcome level of the predecessor project and which were achieved?</i>	<ul style="list-style-type: none"> • achievement of predecessors' outcome (module objective) indicators at the end of the project. • current situation regarding changes escribed in the outcome indicators • anchorage of AYFS and coordination structures • consideration of lessons internal and external positive/negative factors regarding sustainability • learnt regarding the achievement of impact in the design of MHIVP III. 	as above	GIZ MHIVP II (2017 b): Results matrix GFATM (2021): First draft HIV and TB funding request GIZ MHIVP II (2017a): Evaluation report of predecessor MHIVP II, (2018): Final report	<ul style="list-style-type: none"> • Essential project documents available 	strong
	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)	<ul style="list-style-type: none"> • achievement of predecessors' outcome (module objective) indicators at the end of the project. • current situation regarding changes escribed in the outcome indicators 	as above	GIZ MHIVP III (2017a): Offer, unpublished document National Health Information System online UNAIDS Interviews with partners and stakeholders	<ul style="list-style-type: none"> • most outcome indicators were project specific; the evaluators did not undertake quantitative data collection to reassess the indicators. • no data collected for workplace programmes 	moderate
	How were the results of the predecessor anchored in the partner structure?	<ul style="list-style-type: none"> • anchorage of AYFS and coordination structures 	as above	Interviews with partners and stakeholders	as above	moderate
	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? How?	<ul style="list-style-type: none"> • consideration of lessons internal and external positive/negative factors regarding sustainability 	as above	GIZ MHIVP III (2017a): Offer, unpublished document	as above	moderate
	What were factors for success / failure for the sustainability of the predecessor?	<ul style="list-style-type: none"> • lessons learnt regarding the achievement of impact in the design of MHIVP III. 	as above	GIZ MHIVP II (2017a): Evaluation report of predecessor MHIVP II, (2018): Final report Interviews with partners and stakeholders	as above	moderate
	...					

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 (RBM) 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?	agreed not to discuss	agreed not to assess	NA	NA	NA
	Based on the results of the evaluation of the current project: Which recommendations can be derived for the implementation of the follow-on project?	Findings from the evaluation	no specific design	all evaluation results MHIVP IV (2020): Repetition offer Payer, Harald (2019): Capacity development strategy for the consolidation phase of the Multisectoral HIV Prevention Programme in South Africa 2021–2023	Overall data quality of the evaluation was good	good



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