

Central project evaluation – executive summary

Multisectoral HIV Prevention (MHIVP) III

Project title	Multisectoral HIV Prevention (MHIVP) III		
Country/region/global	South Africa		
Sector and CRS code	13040 – Combating sexually transmitted diseases including HIV/AIDS (90%) 12110 – Health policy and administration of health care (10%)		
Project number	2016.2213.3		
Commissioning party	German Federal Ministry for Economic Cooperation and Development		
Lead executing agency	National Department of Health		
Development cooperation (DC) programme	Multisectoral HIV Prevention		
Implementing organisations of the DC programme	Kreditanstalt für Wiederaufbau (KfW), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH		
Project value	EUR 6,170,000		
Project term	January 2018 - June 2021		
Reporting year	2021	Sample year	2019

Context of the project

South Africa has the largest HIV epidemic in the world. According to UNAIDS, an estimated 7,800,000 people were living with HIV in 2020. 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. The national She Conquers campaign has been launched in 2016 to improve the lives of AGYW. Despite progress, it remains a major challenge to provide effective HIV prevention measures to all citizens. The COVID-19 pandemic had a massive negative impact on the social and economic development in South Africa and aggravated this situation. COVID-19 restrictions negatively impacted project implementation.

German Development Cooperation (GDC) has supported South Africa in implementing the National Strategic Plan (NSP) for HIV, tuberculosis and sexually transmitted infections since 2011 through a joint programme implemented by GIZ and the Kreditanstalt für Wiederaufbau (KfW). The evaluated project was part of this programme. GDC in the HIV sector is planned to end in 2023. The project was implemented from January 2018 to June 2021.

The project operated in three target districts at the provincial level in the Eastern Cape and included national-level advice. It supported the departments of health, basic education and social development to implement the [Integrated School Health Policy](#) (ISHP). The policy calls for inter-departmental cooperation to provide health and social services to learners. The project also worked with the Department of Higher Education and Training to promote HIV prevention in Technical and vocational education and training (TVET) colleges. It worked closely with the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM) and the Country Coordinating Mechanism (CCM). Gender-sensitivity and a human rights-based approach were operationalised within all interventions.

Figure 1: Project region: Eastern Cape, South Africa

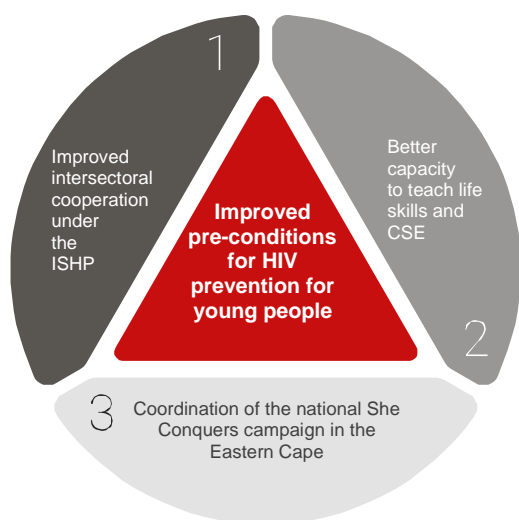


Brief description of the project

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. There were three intervention areas: (1) improved intersectoral cooperation; (2) better capacity to teach life skills including comprehensive sexuality education (CSE); and (3) coordination of the national She Conquers campaign. This was a strategic shift from the predecessor project, which had pursued multifaceted interventions including support to the provincial and district AIDS councils, workplace programmes and various behaviour change interventions. Currently a final follow-up project aims to consolidate the achievements.

The project aimed to contribute to the full implementation of the ISHP. This would be an important contribution to increased access to HIV prevention services for young people (impact). The project provided trainings, organisational development, and policy advice to the **direct target groups**: ISHP task team members, school educators, and life skills lecturers at TVET colleges. Non-governmental organisations received grants to support school communities in understanding and implementing the ISHP. **Indirect target groups** were boys and girls, adolescents and young adults aged 10–24 years in the selected schools and TVET colleges.

Figure 2: Project objective/areas of intervention



Assessment according to DAC criteria

Relevance

The assessment of the project's relevance was based on its alignment with policies and priorities as well as with needs and capacities of the beneficiaries and stakeholders. Further, the rating took into account the appropriateness of the project design and its responsiveness to change.

The strengths of the project are alignment with national strategies, namely the national AIDS Strategy, the ISHP and a strong focus on strengthening the institutional preconditions to implement the school health policy in line with the capacities of the partners. During implementation, the project realised the importance of inter-departmental cooperation at the national level for coherent monitoring and accountability frameworks. It subsequently adjusted the strategy by increasing organisational support to the national ISHP task team and by commissioning a programmatic and budget analysis.

The project proved its adaptability to change during the COVID-19 pandemic by swiftly responding to partner needs and circumstantial constraints while safeguarding the project's key results.

One of the fundamental assumptions of the project was that other actors would ensure adolescent and youth-friendly 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 aged 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 educator's resource pack developed to support CSE teaching in schools in the Eastern Cape would not receive ongoing national-level support for a later roll-out and upscaling within and/or deducted because the mentioned risks were not fully considered in the design.

Coherence

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 existing 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. the Clinton Health Access Initiative (CHAI). Only limited synergies were possible across the GDC portfolio. Despite systematic mapping of synergy potentials with KfW in the same programme, tangible joint results were limited. There was also limited coordination with other key state and non-state actors in AGYW programming and CSE in South Africa.

The project barely had opportunities to rely on partner structures for monitoring, learning and accountability. Such structures were very limited, especially in view of interdepartmental monitoring and accountability. With the longer-term perspective of establishing suitable structures, the project contributed to strengthen the underlying foundations. However, time was too short to start building on these stronger foundations and concretise interdepartmental monitoring and steering tools.

Effectiveness

The assessment of effectiveness was 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/management of unintended positive and negative results.

The project fully achieved indicators for the functioning of task teams and the competence of life skills lecturers for teaching SRHR and HIV-related topics, and the indicator for knowledge on gender diversity to a large degree. The results hypotheses were confirmed: project support (1) enabled life skills lecturers in TVET colleges to teach subjects related to HIV prevention; (2) for establishing the terms of reference and continuous facilitation through Liaison Officers were necessary preconditions for the task teams to work effectively; and (3) led to the signature of a memorandum of understanding between the three national departments jointly responsible for the ISHP, which generated a new momentum to the implementation of the policy. The project did not achieve its indicator related to effective coordination of the She Conquers campaign.

Key success factors were: (a) tailor-made approaches based on capacity assessments; (b) an emphasis on clarifying roles/responsibilities; and (c) the use of dedicated personnel with a coordination function. In TVET colleges, comprehensive post-training support was decisive for success. The project faced challenges because of COVID-19 but also due to the lack of partner staff, staff turnover, negative attitude to SRHR of young people and lack of national guidance for AGYW programming and implementation.

Figure 3: Achievement of the project's objective indicators

Completion of tasks by provincial ISHP task team	100%
Life skills lecturers with defined competencies in SRHR and HIV prevention	100%
Life skills lecturers with defined knowledge on gender-diversity	80%

Impact

The assessment of impact was based on the project's contribution to the occurrence of higher-level development results: namely institutionalisation of interdepartmental cooperation and effective delivery of services related to HIV prevention for learners.

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's first impact hypothesis was confirmed: functional proactive ISHP task teams are likely to progressively contribute to full implementation of the ISHP because they have demonstrated improved interdepartmental cooperation and there are indications of their capacity to improve service delivery.

The second impact hypothesis was partly confirmed: improved structural and institutional preconditions for teaching CSE contributed to CSE uptake in schools according to international/national standards, the local context, and the needs of educators and learners in schools and TVET colleges. The project has developed a scalable model for capacitation of life skills lecturers. For CSE in primary and secondary education, the project results have remained at the level of local capacity building, therefore broader impact cannot yet be expected.

During project implementation, COVID-19 resulted in a massive negative impact on the entire social and economic development of South Africa. 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 meet in particular the needs of poor and disadvantaged learners; however, this will take time and additional inputs.

Efficiency

The assessment of efficiency explored 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 achieve the planned outputs to a large extent. Some 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.

More than half of the resources were used for the achievement of output A (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, the central benefit of the project for the direct target group was the development of stronger task teams. 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 task team members did not attend all modules. In addition, intended benefits such as CSE capacity and better coordination capacity for AGYW activities did not materialise as expected because the developed tools were not yet 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.

Sustainability

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.

Within the life skills classes in the TVET sector, there are established individual and structural capacities, which could advance the achievements of the project; this would, however, require sustained resource allocation. Capacities for rolling out CSE at the level of the school and towards addressing the contextual socio-economic challenges are still largely lacking.

The project has been able to contribute to sustainable capacities during the project duration; some of the remaining challenges have been identified and included in the offer for the consolidation phase during the follow-on project.

The evaluators anticipate the highest durability for the achievements at the level of the National Task Team. The achievements regarding the Provincial and District Task Teams and CSE in the TVET colleges are expected to be durable to some degree provided that domestic resources can be mobilised and coordination functions by the project and/or the Liaison Officers can be integrated as routine functions. CSE in the school context would still need concerted efforts by all stakeholders for durable results.

Overall rating

Despite successful performance in most criteria, the project is rated as moderately successful (only one point less than Level 2: successful). This reflects the challenges of a small project to make a plausible contribution to higher-level development goals in the middle 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 was successful where it connected interventions in the province with the relevant national structures or even succeeded in strengthening these. The project was less successful when it tried to develop local solutions without solid backup or linkage to national processes and limited consideration of the structural and institutional preconditions. Interdepartmental cooperation is difficult to institutionalise because of independent or even conflicting accountability lines; therefore, impact and sustainability require sustained commitment from all concerned parties. This has been taken into account when the follow-on measure was designed and will be the key challenge for consolidation of results.

Table 1: Rating of OECD/DAC evaluation criteria

Criteria	Score (Max. 100)	Rating 1 (highly successful) to 6 (highly unsuccessful)
Relevance	81	Level 2: successful
Coherence	85	Level 2: successful
Effectiveness	84	Level 2: successful
Impact	71	Level 3: moderately successful
Efficiency	87	Level 2: successful
Sustainability	70	Level 3: moderately successful
Overall	80	Level 3: moderately successful

Conclusions and factors of success and failure

The following are examples of success factors:

- ☑ Alignment with national policies and processes
- ☑ Strong cooperation with GFATM and CCM
- ☑ Emphasis on clarifying roles and responsibilities
- ☑ Dedicated personnel with a coordination function
- ☑ Comprehensive approach to capacity development at individual, organisational and policy level
- ☑ Intensive post-training support for training measures

The following are examples of failure factors:

- ☒ Limited risk management
- ☒ Limited anchorage of the capacity for capacity building in national structures because this must be a permanent function
- ☒ Limited coordination between development partners
- ☒ Tool development without a strong focus on institutionalisation of the use of tools

The project showed the possibility to address complex, multidimensional social, environmental and economic areas of health service provision in an integrated manner by fostering interdepartmental cooperation between the health, education and social development sectors. 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 evaluation indicates that external support can catalyse and support such processes but requires sustained support, which can be external and/or domestic, before the final beneficiaries realise the expected benefit.

Recommendations

Department of Higher Education and Training

- ☑ Based on the finding that educators prioritise curricular content, the formal introduction of the topics in the curriculum for life skills should be further pursued.

National task team

- ☑ Based on the finding that an integrated accountability framework is lacking, it is recommended to agree on one (including reporting against joint targets), and
- ☑ Based on the finding, that provinces may have difficulties to provide material and plan adequate training and support for CSE educators, it is recommended to provide a strategy and operational guidance for the rollout of CSE.

Provincial task team

- ☑ 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.

Follow-on project

- ☑ Based on the finding that further organisational support is needed, it is proposed to support budget preparation, operationalising CSE, and 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 community-based organisations.
- ☑ Based on the finding that educators and learners are often not comfortable with CSE, it is recommended to include the perspective of educators, parent bodies and learners in the criteria to measure the proportion of schools providing CSE.

GIZ

- ☑ Based on the finding that the model for addressing HIV, SRHR, gender diversity and disability in TVET colleges is scalable, it is suggested to prepare accessible documentation of the approach.

SANAC and GIZ

- ☑ Based on the finding that ISHP and AGYW including CSE are not yet sufficiently coordinated, it is recommended to improve this situation.

Approach and methods of the evaluation

The evaluation team consisted of an international and a national evaluator. Due to COVID-19 restrictions, the evaluation was conducted remotely using mainly virtual teleconferencing or cell phones. The evaluation followed the principles of participation and inclusiveness, transparency and accuracy, as well as accountability and learning. In total, 76 stakeholders were engaged in the evaluation through semi-structured interviews and focus group discussions. Most interviews were recorded after obtaining consent by the interviewees and transcribed to get verbatim quotes. Preliminary results of the evaluation were presented and discussed in a virtual debriefing meeting with the project and key national partners.

The project was 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 and summarised in an evaluation matrix. The matrix was used by the evaluators to organise and analyse data from interviews, focus groups and document review. The rating of the project was based on systematically answer each question.

The evaluation relied on contribution analysis as a method to provide information on the contribution of the project to the outcomes and impact. 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. Outcome harvesting was used to explore unintended effects. The assessment of efficiency was based on the follow-the money-approach using GIZ's Efficiency Tool. This tool helps to attribute costs to outputs and outcomes, which then served as a basis for contrasting the monetary values with qualitative data from interviews and/or documents.

Rating system

Projects are rated based on the OECD/DAC criteria of relevance, coherence, effectiveness, impact, sustainability and efficiency. Each of the six criteria is rated on a scale of 1 to 100 (percentage system).

The project's overall score is derived from the average points awarded for the individual DAC criteria. The average value for the overall score is rounded according to mathematical convention. All DAC criteria are equally weighted for the overall score. Compared with the predecessor systems (6-point scale, 16-point scale), a 100-point scale has a number of advantages in that it allows differentiation, is commonly used internationally, is easy to understand and can readily be converted into other assessment systems.

Table 2: 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
Overall rating: The criteria of effectiveness, impact and sustainability are knock-out criteria: If one of the criteria is rated at level 4 or lower, the overall rating cannot go beyond level 4 although the mean score may be higher.	

Both the assessment dimensions within the OECD/DAC criteria and the determination of the overall score using a points system serve to increase the transparency of ratings while enabling better comparability between individual projects.

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