

Corporate Unit Evaluation

Central project evaluation

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Central project evaluation

Regional Programme Support to Pandemic
Preparedness in the ECOWAS Region (RPPP)
Project number 2014.2510.7

Evaluation Report

On behalf of GIZ by Lucia Brugnara (evaplan), Juliette Papy (independent consultant) and Hugues Traore
(independent consultant)

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Evaluators:

Lucia Brugnara (evaplan), Juliette Papy, Hugues Traore

Authors of the evaluation report:

Lucia Brugnara, Juliette Papy

Consulting firm:

evaplan International Health at the University Hospital Heidelberg
Ringstraße 19b
69115 Heidelberg, Germany
T: +49 6221-138230
E: admin@evaplan.org
I: www.evaplan.org

Coordination and management:

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

Responsible:

Albert Engel, GIZ, Director
GIZ Corporate Unit Evaluation

Editing:

International Correspondents in Education (ICE)

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Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

Registered offices:

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

E: evaluierung@giz.de

I: www.giz.de/evaluierung

www.youtube.com/user/GIZonlineTV

https://twitter.com/giz_gmbh

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Abbreviations

BMZ	German Federal Ministry for Economic Cooperation and Development
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus disease 2019
DAC	Development Assistance Committee
ECOWAS	Economic Community of West African States
EOC	Emergency Operation Centre
EU	European Union
GHA	German Health Alliance
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
GVR	Gemeinsame Verfahrensreform (joint procedural reform)
HZI	Helmholtz Centre for Infection Research
IANPHI	International Association of National Public Health Institutes
ICT	Information and communications technology
IHR	International Health Regulations
KfW	Kreditanstalt für Wiederaufbau (German Development Bank)
KOMP	Kosten-Output Zuordnung (Cost-output allocation)
KOMPASS	‘Offene Perspektivenerfassung’
LGA	Local Government Area
NRRT	National Rapid Response Team
NCI	National Coordinating Institution
OECD	Organisation for Economic Co-operation and Development
PHEIC	Public Health Emergency of International Concern
PPE	Personal protective equipment
PTB	Physikalisch-Technische Bundesanstalt (National Metrology Institute)
RAHC	Regional Animal Health Centre
RCSDC	Regional Center for Surveillance and Disease Control
REDISSE	Regional Disease Surveillance Systems Enhancement
RPPP	Regional Programme Support to Pandemic Prevention in the ECOWAS Region
RRRT	Regional Rapid Response Team
SDG	Sustainable Development Goal
SOP	Standard operating procedure
SORMAS	Surveillance Outbreak Response Management and Analysis System

USAID	United States Agency for International Development
WAHO	West African Health Organization
WHO	World Health Organization

The project at a glance

ECOWAS member states: Support to Pandemic Preparedness in the ECOWAS Region

Project number	2014.2510.7
Sector and creditor reporting system code(s)	12110 – Health policy and health care administration
Project objective	To improve the advisory services provided by the ECOWAS Commission, West African Health Organization (WAHO) and specialised agencies to the member states of the Economic Community of West African States (ECOWAS) to establish selected disease control mechanisms in accordance with the International Health Regulations (IHR)
Project term	September 2016 - August 2021
Project value	EUR 26,050,000, of which EUR 8,000,000 is co-financed by the European Union (EU)
Commissioning party	German Federal Ministry for Economic Cooperation and Development (BMZ), co-financier EU
Lead executing agency	Commission of the Economic Community of West African States (ECOWAS), West African Health Organization (WAHO) and the Regional Center for Surveillance and Disease Control (RCSDC)
Partner organisations	German Federal Ministry of Health and Robert Koch Institute, Public Health England, World Bank (REDISSE project), US Centers for Disease Control and Prevention (CDC)
Target group(s)	Experts and executives at all levels of the health systems of ECOWAS member states, with a focus on Guinea, Sierra Leone, Liberia and Togo, and experts and executives from the ECOWAS Commission, WAHO and specialised agencies
German Development Cooperation (DC) programme	<i>Unterstützung des Integrationsprozesses zur Verbesserung der Gesundheit der Bevölkerung in der Ostafrikanischen Gemeinschaft</i>
Implementing organisations of the DC programme	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Kreditanstalt für Wiederaufbau (KfW Development Bank), Physikalisch-Technische Bundesanstalt (PTB)
Organisation responsible for implementing and coordinating the development cooperation programme	GIZ
Reporting year of CPE	2022
Sample year of CPE	2017

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: they support evidence-based decisions, promote transparency and accountability, and foster organisational learning within the scope of contributing to effective knowledge management. 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, 2018b; 2018c). This specific evaluation should also provide elements to improve project activities and strategies in its second phase, including a better understanding of the stakeholders' perspectives, how to address the core capacities of the International Health Regulations (IHR) in the context of the Economic Community of West African States (ECOWAS) and specific suggestions for the different actors.

1.2 Evaluation questions

The project is assessed based on 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](#): **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** (see Annex 1). 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: Knowledge interests by main evaluation stakeholder groups

Evaluation stakeholder group	Knowledge interests in evaluation/additional evaluation questions	Relevant section in this report
GIZ – project team	Learning and improving to integrate lessons learned into the upcoming activities of the follow-on project	Addressed in follow-on project and recommendations
	Better understanding of key stakeholders' perceptions	Addressed in relevance, coherence and recommendations
	How has the project integrated the fields of activity related to the IHR core capacities (capacity 2: coordination and communication; capacity 6: risk communication; and capacity 7: human resources) throughout the project construct, from outputs to impact?	Addressed in the sections on effectiveness and impact
	How can communication and <i>coordination mechanisms</i> be improved between the parties?	Addressed in the sections on sustainability and recommendations
	How did the COVID-19 pandemic affect the performance of the project?	Addressed in the sections on effectiveness, impact, efficiency
	How were the changes in the project related to the COVID-19 pandemic successful, especially the channelisation of funds and the adoption of strategies to rapidly respond to the COVID-19 pandemic, and how did they affect the original project strategies?	Addressed in the sections on relevance and efficiency
ECOWAS and WAHO – main implementing agencies	Learning when it comes to future cooperation initiatives	Addressed in the section on recommendations
	How effective were the activities and strategies, including training, in the risk communication component?	Addressed in the section on effectiveness
	How did the internal challenges facing the ECOWAS Commission and WAHO, especially human resources capacities, affect the implementation and impact of the project? How could such constraints be overcome?	Addressed in the sections on effectiveness, impact, recommendations
	How could German technical cooperation adapt and strategically support the work of ECOWAS and WAHO considering the (new) needs of these organisations? (GIZ's flexibility in this context)	Addressed in the section on recommendations
EU	What was the added value of the EU funding and its channelisation through the GIZ project as co-financing – how efficient and how fast was the delivery of services by the project?	Addressed in the section on efficiency

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

Context of the evaluation object: ECOWAS was established on 28 May 1975 via the Treaty of Lagos. It has 15 member countries: Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Sierra Leone, Senegal and Togo. The ECOWAS vision is to create a 'borderless region where the population has access to its abundant resources and is able to exploit same through the creation of opportunities under a sustainable environment. ... (ECOWAS aims to be) ... an integrated region where the population enjoys free movement, [has] access to efficient education and health systems and [engages] in economic and commercial activities while living in dignity in an atmosphere of peace and security. ECOWAS is meant to be a region governed in accordance with the principles of 'democracy, rule of law and good governance' (ECOWAS, 2022a). However, political instability in some countries in the region is a challenge for regional development and the construction of strong institutions (BBC, 2022; The Economist, 2022), jeopardising, among other state functions, the provision of health services and the population's access to these services. The population of ECOWAS member countries is exposed to the risks of disease outbreaks not only due to inadequate medical care and lack of coordination of relief efforts, but also due to the impact of outbreaks on other vital sectors such as disruptions in the labour and goods market or agricultural production.

Given the high levels of mobility, migration and transnational trade in the region, with high permeability and informal crossing of nations' borders, and the concomitant political instabilities and weaknesses in national health systems, stakeholders recognised the importance of strengthening coordinated regional strategies to prepare for and respond to outbreaks and pandemics. The vulnerability of the region to outbreaks and epidemics became particularly clear to national and regional authorities and the international community with the outbreak of the Ebola epidemic between 2014 and 2016 (Brugnara et al., 2020). Around 40% of infected people died during this epidemic (11,310 direct victims). Deficiencies in the health systems were identified as one of the major aggravating factors that impeded an effective response to the West African Ebola pandemic (Kieny et al., 2014). In addition to the West African Ebola epidemic, the Director-General of the World Health Organization (WHO) also declared a public health emergency of international concern (PHEIC) regarding the international spread of the poliovirus in the region in 2014, which had its infectious focus in Nigeria (WHO, 2022a; Wilder-Smith & Osman, 2020), and the current COVID-19 pandemic (WHO, 2020). Other outbreaks still endanger the region, such as Lassa fever (WHO, 2022c), cholera (Médecins Sans Frontières, 2021) and yellow fever (WHO, 2021) .

The political partner of the project was the main administrative and political body of ECOWAS, the [ECOWAS Commission](#). Its offices are in Abuja, Nigeria. The implementing and technical partner was the ECOWAS specialised institution responsible for (human) health issues: the [West African Health Organization](#) (WAHO), whose main offices are in Burkina Faso, and its agency, the [Regional Center for Surveillance and Disease Control](#) (RCSDC), with offices in Abuja, Nigeria.

The staff of these last two organisations were considered the direct beneficiaries of the project in the commission offer of 2018. The experts and executives at all levels of the health systems of the ECOWAS member states were also direct beneficiaries of the project. Activities focused on the staff of the National

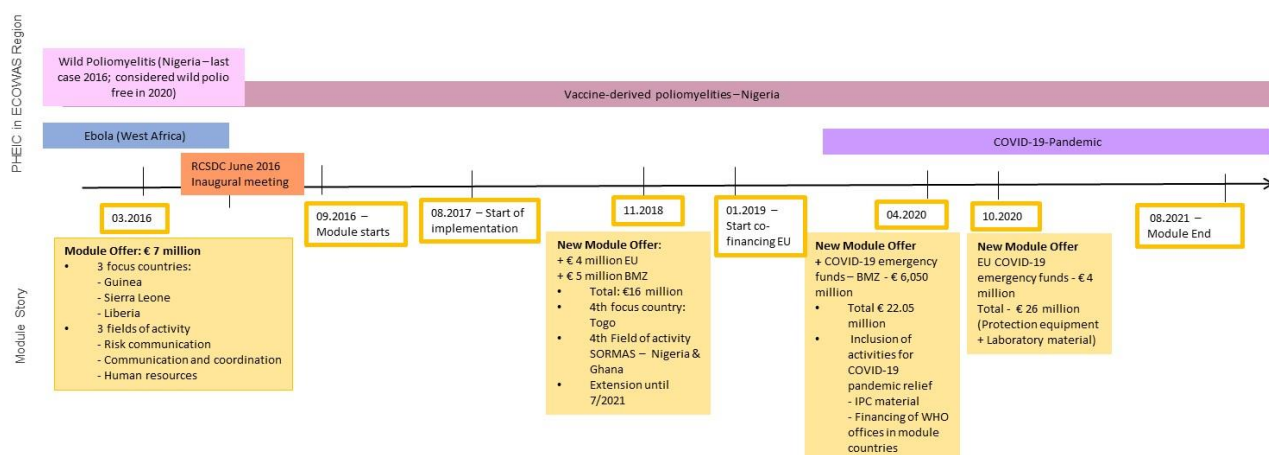
Coordinating Institutions (NCIs), the national organisations responsible for public health issues. Their role is to act as the institutional contact for WAHO and RCSDC (e.g. national public health institutes such as the Nigerian Centre for Disease Control), and as focal points for WAHO in the member countries. The final or indirect beneficiaries of the project were the populations of the ECOWAS member states.

The main object of the evaluation was the regional technical cooperation measure for the Support for Pandemic Prevention in the Economic Community of West African States (ECOWAS) Region programme, which also had a financial cooperation project implemented by the Kreditanstalt für Wiederaufbau (German Development Bank, KfW). The technical cooperation measure was also called Regional Programme Support to Pandemic Prevention in the ECOWAS Region (RPPP), identified by the project number PN: 2014.2510.7, and henceforth called 'the project'. It forms part of the priority focus of BMZ on pandemic preparedness, which started after the 2014 Ebola outbreak in West Africa.

The project ran from September 2016 to August 2021. It had a project value of EUR 26,050,000 of which EUR 8,000,000 was co-financed by the EU. Of the total EUR 26 million, overhead costs for the GIZ Central Office accounted for EUR 3.23 million. After the original offer of 2015 (GIZ, 2015) and an updated offer of 2016 before implementation of the project began (GIZ, 2016), the project underwent one cost-neutral modification for the extension of the project duration (11 June 2017) and three other modifications: 1) modification offer including EU co-financing and a new extension of the project duration, offer date: 27 November 2018 (GIZ, 2018a); 2) modification offer including the BMZ special funds for the COVID-19 pandemic, offer date: 1 April 2020 (GIZ, 2020a); and 3) modification offer including the EU special funds for the COVID-19 pandemic with an upgrading of the co-financing (GIZ, 2020b) and the final extension of the project until August 2021, offer date: 13 October 2020. The outcomes, outputs and their indicators were adapted several times to take on board the amendments in the new offers (see section on effectiveness).

The project initially had three main fields of activity: 1) improving gender-sensitive **risk communication**, 2) improving **inter-institutional communication and coordination**, and 3) strengthening **human resources**. These fields of activity are directly related to 3 of the 13 International Health Regulation (IHR) core capacities (WHO, 2018a), which constitute the international legal framework for preventing the transnational spread of infectious diseases. These core capacities are, respectively, risk communication (core capacity 6); coordination and national focal point communication (core capacity 2); and human resources (core capacity 7). Right from the beginning, the focus was on a mix of regional and national responses (int_GIZ_9), as not only did the capacities of the regional organisations need to be strengthened, but the ECOWAS member countries also needed to be supported to improve cooperation at regional level (GIZ_int_5). Therefore, the project initially cooperated directly with the ECOWAS Commission and WAHO as implementing partners, and three focus countries were selected based on the countries affected by the Ebola pandemic in West Africa: Guinea, Liberia and Sierra Leone. In the new project offer of 2018, Togo was added as the fourth focus country, and Nigeria and Ghana were included for activities related to a new field of activity: strengthening the **digitalised disease outbreak management and surveillance system**. This activity included the introduction of the Surveillance Outbreak Response Management and Analysis System (SORMAS), an e-health software system for disease control and response management. This fourth field of activity also relates to one of the IHR core capacities.

Figure 1: Timeline of project and public health emergencies of international concern (PHEICs) in ECOWAS region



2.2 Results model including hypotheses

The main ideas for the results model were described in the original results matrix of the 2016 offer (GIZ, 2016) and were adapted slightly during the implementation of the project based on the different amendments made in the offers of November 2018 (GIZ, 2018a), April 2020 (GIZ, 2020a) and October 2020 (GIZ, 2020b). The programme's main objective was:

- The population of the Economic Community of the West African States (ECOWAS) is better protected against infectious diseases.

Indicator for the programme objective related to the project was:

- Programme indicator one: The proportion of Public Health Emergency of International Concern (PHEIC) in accordance with the International Health Regulations (IHR) for which the population of the ECOWAS Region take appropriate prevention and control measures increases from 0% to 50%.

The project's objective was:

- The advisory services to the ECOWAS Member States provided by the ECOWAS Commission, the WAHO and specialised agencies in establishing selected disease control mechanisms in accordance with the International Health Regulations (IHR) are improved.

There were five outcome indicators for the project:

- Project outcome indicator 1: The proportion of the support measures for disease control in accordance with international standards to ECOWAS Member States provided by the West African Health Organisation (WAHO) has increased from 75% to 100%.
- Project outcome indicator 2: The number of adapted communication and coordination mechanisms between the regional level, the national level and the National Coordinating Institutions (NCIs) for disease control has increased from 0 to 3.
- Project outcome indicator 3: The proportion of health risk communicated by the ECOWAS Commission, WAHO and specialised agencies in accordance with the risk communication strategy taking gender and One Health aspects into consideration has increased from 0% to 100%.
- Project outcome indicator 4: The proportion of support missions of the Regional Rapid Response Team (RRRT) for disease control in ECOWAS member states has increased from 0% to 75%.
- Project outcome indicator 5: The number of Local Government Areas (LGAs) in Nigeria and the districts in Ghana reporting regularly via SORMAS-open to NCIs on outbreaks of infectious diseases has increased from 155 to 272 in Nigeria and from 0 to 77 in Ghana.

The following prerequisites or assumptions for the achievement of the project objective were used: the political situation in the region would be stable; the economic situation and the political will in the countries in the region would permit investment in the health sectors; sufficient international support would reach the region and the countries and it would be invested in the establishment of efficient health systems; WAHO would lead, direct and spearhead RCSDC; and the social, security and economic situation in the partner countries during the COVID-19 outbreak would allow the implementation of the activities (this last assumption was added in the results matrix of April 2020). The following hypotheses were proposed: with the improved advisory services provided by the ECOWAS Commission/WAHO and specialised agencies ('specialised agencies' are meant as an operative RCSDC) to the ECOWAS member states, the member states would establish improved disease control mechanisms in accordance with the IHR. Therefore, countries would work more effectively and faster in infectious disease control, which would consequently improve the protection of their population against infectious diseases.

The project objective¹ was to be achieved by four outputs:

- The **first output (output A)** was: The communication of health risks due to infectious diseases, which takes gender and One Health aspects into account, has improved.

This output was addressed in the project's first field of activity **risk communication**, which is related to IHR core capacity 6 (risk communication). The assumptions underlying the achievement of this output were that: the reform of the ECOWAS Commission would have been completed; WAHO would have sufficient financial and human resources; WAHO/RCSDC and the NCIs would take an active role in controlling the COVID-19 pandemic. The hypothesis underpinning the effect of this output in the project objective was that, by improving the health risk communication strategies, the advisory services provided by the ECOWAS Commission, WAHO and specialised agencies would be more effective, and countries would communicate health risks more effectively.

- The **second output (output B)** was "The communication and coordination between ECOWAS institutions and specialised agencies, NCIs and partners in the field of disease control has been strengthened.

This output was addressed in the project's second field of activity, **inter-institutional communication and coordination**, which is related to IHR core capacity 2 (coordination and communication). The hypothesis underpinning this output was that the strengthening of communication and coordination mechanisms between the regional and national agencies, the ECOWAS Commission, WAHO and RCSDC would also improve their advisory services to ECOWAS member states, and countries would communicate better and coordinate efforts more effectively.

- The **third output (output C)** was: Human resources of the ECOWAS Commission, WAHO, RCSDC and NCIs in disease control are strengthened".

This output was related to the project's third field of activity **human resources** (related to the International Health Regulation Core Capacity 7, human resources capacity). Activities planned as part of this third output were linked to the establishment of the Regional Rapid Response Teams that address IHR core capacity 4 (rapid response). Besides, also training in risk communication, and communication and coordination (cross support to first and second fields of activity) were addressed under this output. Here the underpinning hypothesis was that, with the project support to develop human resources of WAHO/RCSDC and national staff, respectively the advisory services of regional organizations would improve and the technical competences and awareness at national level would increase.

In the case of these three outputs, the hypotheses at impact level were that improved advisory services provided by the ECOWAS Commission, WAHO and RCSDC, member states would have better disease control mechanisms and consequently would have better control of infectious diseases, and their populations would be better protected.

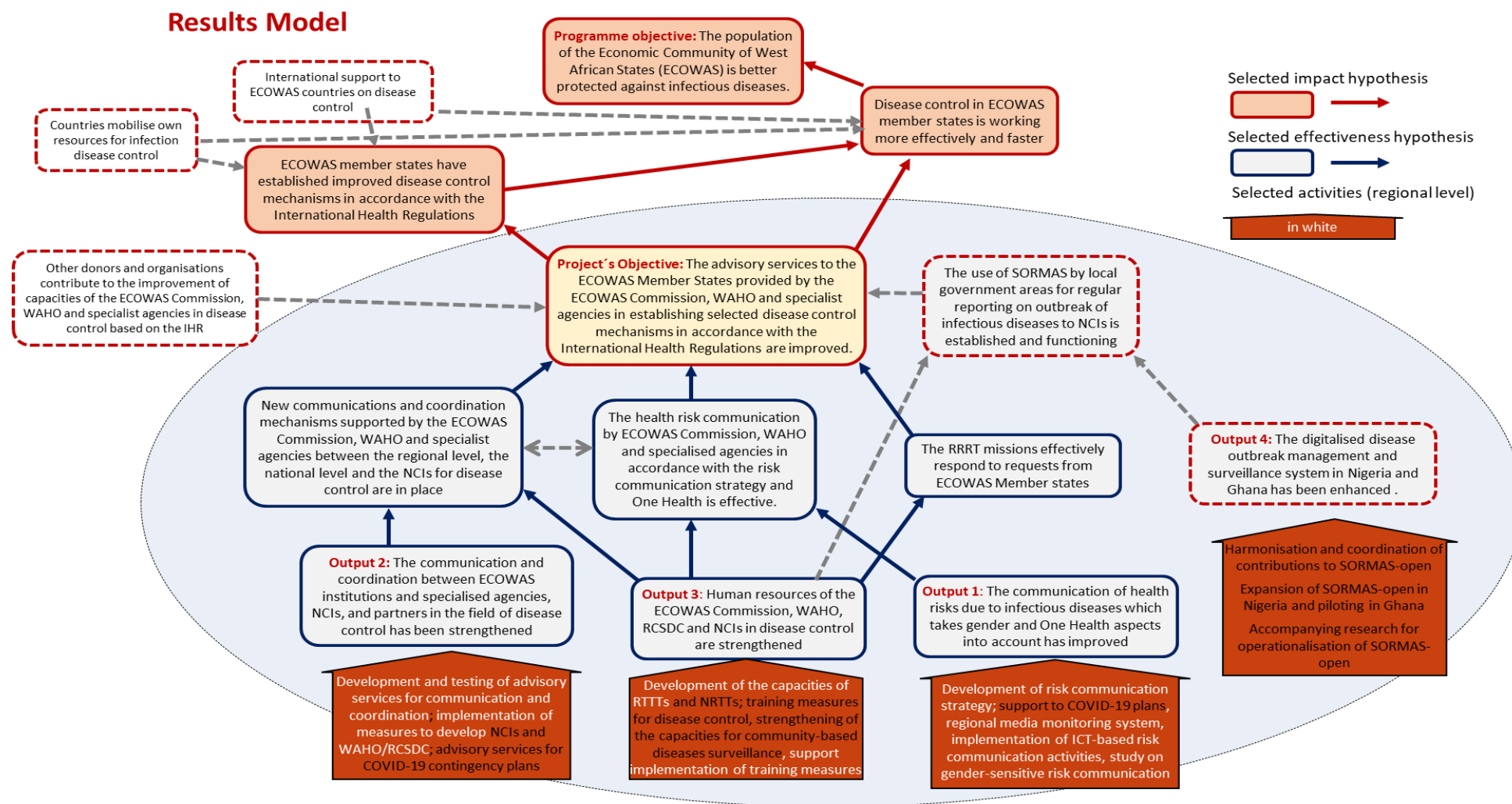
¹ It should be noted that the *first* field of activity was related to the *third* outcome indicator; the second field of activity to the second outcome indicator; the third field of activity to the fourth outcome indicator; and the fourth field of activity to the fifth outcome indicator.

- The **fourth output (output D)** was: The digitalised disease outbreak management and surveillance system in Nigeria and Ghana has been enhanced.

This output was introduced in the project offer of 2018. It was addressed in the project's fourth field of activity, **strengthening the digitalised disease outbreak management and surveillance system**, which is related to IHR core capacity 3 (surveillance). The underpinning hypothesis was that, with the use of SORMAS, ECOWAS member states (Nigeria and Ghana) would have better disease control mechanisms, which would consequently improve disease control and protect their populations.

Figure 2 presents an overview of the theory of change and results model, considering the project's final results matrix (offer of October 2020) and was elaborated by the evaluators during the evaluation process. Activities were designed and carried out at regional level, marked in white in Figure 2 (e.g. update of the ECOSuite portal, see the section on efficiency), and the national level, marked in black in Figure 2 (e.g. direct support for NCIs, SORMAS activities). The selected impact hypothesis pathways are outlined in red, selected effectiveness hypotheses are outlined in blue, and selected activities are in a white font. The focus of the evaluation was on activities carried out at regional level, not at country level, because the country level activities were mainly financed with EU funds, and the project is currently being evaluated by an external evaluation team for its EU component.

Figure 2: Current results model (February 2022), 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

All central documents were available and were of good quality. In addition to the project-related documents (offers, progress reports), other GIZ and BMZ documents such as *Implementing the Emergency COVID-19 Support Programme* (BMZ, 2021a) and *Global Health – An Investment in the Future* (BMZ, 2019), were also considered. The results matrix of April 2020 was used as the basis for this evaluation, as the results matrix presented in the final offer of October 2020 was in German.

The project started before BMZ had introduced its joint procedural reform (*Gemeinsame Verfahrensreform*, GVR), and therefore did not use the new GIZ financial reporting procedure, KOMP (*Kosten-Output Zuordnung*). Consequently, the financial data of the project was not reported considering the project outcomes and output. This was a strong challenge to the project and evaluation teams, as all data entered in the evaluation efficiency tool had to be discussed, subjectively appraised and entered manually. The allocation of resources, especially human resources, per output was made based on general assumptions, not on direct evidence. In total, the evaluators elaborated four different versions of the efficiency tool until a final version was agreed among the evaluation team and the project team. The final version was only agreed on after the evaluation mission had been carried out, limiting the validation of the hypothesis during the evaluation process. Furthermore, the project team could not provide information about the allocation of EU funds per outcome. Due to these challenges in the evaluation of the financial processes, the evaluation team could not conduct a more in-depth evaluation of or monitor the use of funds in relation to the contracting of services or procurement of goods.

Monitoring and baseline data including partner data

The project used a results-based monitoring system, and an assigned staff member was responsible for the monitoring and evaluation activities, including follow-up and reporting between project members. She used a spreadsheet to register and monitor data and indicator progress. All categories necessary for a results-based management system were filled: baseline, yearly status update, sources of verification, time and frequency of data collection and person in charge. The project had operational plans to control and monitor activities. The monitoring matrix was updated once a year and at ad hoc intervals as necessary (group_3), with regular team meetings to analyse and update project progress. Project progress was also presented in detail during the steering committee meetings. Three steering committee meetings were held: the first in 2018, the second in November 2019 (GIZ, 2019c), and the third in April 2021 (GIZ, 2021c). The steering committee meeting planned for 2020 was cancelled due to COVID-19 movement restrictions (group_3). KOMPASS (*Offene Perspektivenerfassung*) was not applied, as tools were not yet in place when the project was established (group_3). The partners made available data for the project's monitoring system (e.g. results of the media

monitoring centre that included information on risk communication published or streamed in the ECOWAS region). Although the project did not use a web-based software system (this is now being implemented in the project's second phase), the quality of the project monitoring system was good. The evaluators had access to the raw data, including the emails and communications sent by partners to the project, and the monitoring system's numbers could be verified.

Most baseline values for project outcome indicators had a value of zero at the beginning of the project, except for indicator 1, which had a baseline value of 75%. The baseline reference was the year 2016, which was added to the results matrix in the offer of 2018. The project considered a baseline value of 0% for the programme indicator, meaning that the project and programme considered that no appropriate prevention and control measures had been taken by the populations of ECOWAS member states before the start of the project activities. This was also the basis for the calculations presented in the project and programme progress reports. However, this is not considered to be representative of the situation at the beginning of the intervention (see section on impact).

The baseline values for the indicators relating to project objectives (outcome level) were mainly adequate. Indicator 1 had a baseline of 75% that was established with the support of WAHO. Baseline values for outcome indicators 2, 3 and 4 were considered to be 0, as they were directly related to project results. However, in the case of indicator 2, one out of the three communication and coordination mechanisms was already in place (ECOSuite). It had to be 'adapted' (the interface had to be included in the preparedness and response portal) during the project implementation period. Baseline values for outcome indicator 5 were adequate: it considered that 155 LGAs in Nigeria were already using SORMAS before the project intervention, and that SORMAS only started to be implemented with the support of the project in Ghana, so no (zero) LGAs had it at the baseline.

Data to monitor the project objectives (outcome level) was obtained directly by project staff from the main counterpart (WAHO/RCSDC) for outcome indicators 1, 3 and 4. For indicator 1, data is considered relatively reliable (the project did not receive information from WAHO/RCSDC for the period January–December 2019). For indicator 3, data is considered reliable, as it was measured by the RCSDC media monitoring system and reconfirmed by project staff by screening risk communications issued by WAHO. The data for indicator 4 is considered reliable, as the information regarding requests for and provision of RRRT support missions was registered by RCSDC and sent to the project staff. The data to monitor outcome indicator 2 was common knowledge among the people involved in the project: two standard operating procedures (SOPs), were created by WAHO/RCSDC with the support of the project and the ECOSuite platform. To monitor outcome indicator 5, the project received the information from the counterpart organisations in Nigeria and Ghana, and the data was reliable.

Secondary data

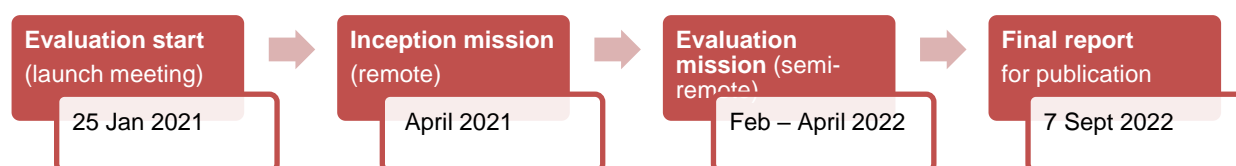
The project did not use general statistical data to monitor its achievements at the outcome level (project objectives). The programme's main indicator referred to the number of PHEICs reported by WHO. Therefore, the evaluation team reviewed various WHO reports published in recent years. The team also used the data reported by the [countries in their self-assessments to WHO on their IHR core capacities](#) (WHO, 2018b).

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, and
- (semi-)remote evaluation

Figure 3: Milestones of the evaluation process



Involvement of stakeholders

The project staff provided the evaluation team(s) with the names of key stakeholders to be contacted and interviewed. These were invited to the launch meeting on 3 February 2021 and to a new launch meeting for the evaluation mission on 21 February 2022 (see information on changing the evaluation team in the section on roles of international and local evaluators). A list of names and contact details was provided to both the first and the second evaluation team, which reviewed and updated partners that should be contacted. The evaluation teams communicated directly with stakeholders and interviewed them in the inception and evaluation mission phases.

Selection of interviewees

The table below presents the list of organisations and stakeholders involved in the evaluation process. These stakeholders were selected based on the stakeholder mapping developed in the inception phase, which was adapted by the second evaluation team with the support of the project staff. The evaluation did not limit the interviews to counterparts in the focus countries, but intentionally selected representatives of other ECOWAS member countries, as the project documents establish that the direct beneficiaries were staff of all ECOWAS member states (see section on relevance). Unfortunately, some of the stakeholders contacted did not reply or replied very late to the request for an interview, probably because the project had counterparts that hold high-ranking managerial and political positions in their organisations and currently have limited time available due to their responsibilities related to the current COVID-19 pandemic. Although this could have had limitations for the evaluation, it was strongly believed that the evaluation team had a good source of general information on the project's achievements with the group of people that the team was able to interview.

It should be noted that the ECOWAS Commission, WAHO and RCSDC were both political and technical counterparts, but their staff were also considered direct beneficiaries. Therefore, for the interview references, ECOWAS, WAHO and RCSDC were included as partner organisations.

Table 2: List of evaluation stakeholders and selected participants

Organisation/company/ target group	Overall number of persons involved in evaluation (including gender disaggregation)	No. of interview participants	No. of focus group participants	No. of workshop participants	No. of survey participants
Donors	4 (1f)	3 (1f)		1 (0f)	
KfW, World Bank, EU					
GIZ	9 (6f)	9 (6f)			
GIZ project team, GIZ headquarters Germany, Nigeria country office					
Partner organisations (direct target group)	26 (7f)	20 (4f)		6 (3f)	
WAHO, RCSDC, representatives of NCIs in Nigeria, Cabo Verde, Burkina Faso, Guinea, Togo, Liberia, Guinea-Bissau					
Other stakeholders (e.g. public actors, other development projects)	4 (1f)	4 (1f)			
WHO, WHO Togo country office; e-health consultant for Helmholtz Centre for Infection Research (HZI)					
Note: f = female					

Data analysis process

Three main semi-structured interview guidelines were used: one for the project counterparts (WAHO, RCSDC), one for the direct beneficiaries (NCI representatives), and one for other partner organisations, other donors or related projects. Dedicated lists of questions were drawn up for project staff to guide the discussion, taking into consideration the interviewee's specific position and responsibilities of individual staff members. Interviews were conducted in the individual interviewee's preferred language (English, German, French or Portuguese). All interviews and the focus group discussion were recorded (except one interview that could not be recorded due to technical problems), and most were transcribed (except some of the recurring interviews with project staff for short clarifications). The main evaluator analysed each interview the main project documents (offers, results matrixes and progress reports, and marked relevant passages relating to the OECD criteria and suggestions. These marked passages were again reviewed and extracted for use.

Roles of international and local evaluators

The evaluation had two different evaluation teams in its two main phases: inception and evaluation mission. The two international consultants who initiated the process in the first half of 2021 organised a launch meeting and a remote inception phase. They were responsible for the assignment until August 2021. However, these two experts did not complete the assignment, and two new international evaluators (Juliette Papy and Lucia Brugnara) were designated to continue the process. They started with the activities in February 2022. Fortunately, the local evaluator, Dr Hugues Traore, already part of the first evaluation group, was also part of the new team and could inform the new members of the team about the processes that had been used and some of the milestones that had been achieved.

A new launch meeting was held with counterparts of the project on 21 February 2022. As the inception phase had already been completed, the two new evaluators had to gain an understanding of the project during the evaluation mission phase. This brought some challenges to the evaluation process, as counterparts who had

already been contacted and had provided initial information had to be interviewed again, and the methods and approaches for the evaluation mission had to be readapted over the course of the evaluation mission.

(Semi-)remote evaluation

As project counterparts and stakeholders were based in different countries in West Africa, and due to the restrictions on movement during the COVID-19 pandemic, the inception phase was conducted remotely and the evaluation mission semi-remotely. Even when travel restrictions were lifted, interviews with stakeholders in many different countries would not have been possible without the support of virtual tools. Many interview partners still had to be contacted many times by email or messaging service before an interview appointment could be fixed. Most interviews were conducted via Microsoft Teams or Zoom, which facilitated the recording of interviews and the exchange of information between interviewee and interviewer (e.g. the virtual sharing of screens with a list of questions, or the immediate sharing of specific documents). Nevertheless, the remote evaluation meant limitations for the evaluation process, as relevant information on the stakeholders' structures and ways of working or informal exchange of information and impressions may have been missed.

Photo 1: Focus group discussion, Guinea (© Hugue Traore, 2022)



4 Assessment according to OECD/DAC criteria

The evaluation follows the OECD criteria of relevance, coherence, effectiveness, impact, efficiency and sustainability. The main methods used were the ‘follow-the-money’ approach for the efficiency criterion and the contribution analysis for the effectiveness and impact criteria.

4.1 Impact and sustainability of predecessor projects

No predecessor project is part of the evaluation because no predecessor project was implemented.

4.2 Relevance

This section analyses and assesses the relevance of the project Support to Pandemic Preparedness in the ECOWAS region.

Summarising assessment and rating of relevance

Table 3: Rating of OECD/DAC criterion: relevance

Criterion	Assessment dimension	Score and rating
Relevance	Alignment with policies and priorities	30 out of 30 points
	Alignment with the needs and capacities of the beneficiaries and stakeholders	26 out of 30 points
	Appropriateness of the design	17 out of 20 points
	Adaptability – response to change	20 out of 20 points
Relevance total score and rating		Score: 93 out of 100 points Rating: Level 1: highly successful

The project design was very well aligned with the main international and BMZ policies and priorities related to outbreak preparedness and response. The project contributed to the achievement of the third Sustainable Development Goal (SDG), good health and well-being, and was well aligned with BMZ’s 2030 Reform Strategy and its One Health strategy, although this strategy was only launched after the project started its activities. The project matched its four fields of activities (coordination, risk communication, human resources and surveillance capacities) with four of the core capacities of the International Health Regulations (IHR), WHO’s legally binding framework that countries should follow to manage PHEICs. In particular, the effort to improve risk communication in the region proved to be extremely relevant.

The project addressed the main needs and requirements of the NCIs, especially the support needed for the development of human resources. WAHO and RCSDC needed to increase their expertise in the technical fields of risk communication and coordination and communication; they also needed to strengthen their own human resources and institutional capacities. The project was well designed to support the above-mentioned technical fields, but a better alignment and design that would support RCSDC’s organisational development, including strengthening its human resources, would have been valuable. Moreover, other needs that were considered more relevant by some of the stakeholders (e.g. improving border surveillance) were not addressed by the project.

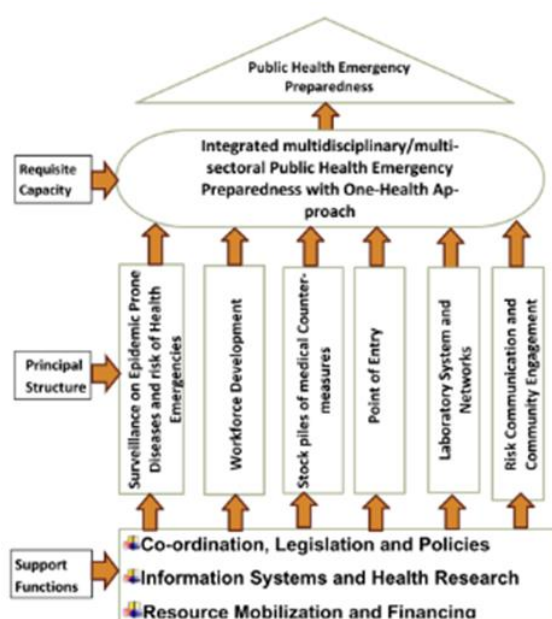
In total, the relevance of the project is rated as Level 1: highly successful, with 93 out of 100 points.

Analysis and assessment of relevance

Relevance dimension 1: Alignment with policies and priorities

The WHO International Health Regulations (IHR) constitute the legally binding framework that countries should follow to manage acute public health events of potential international or national concern (WHO, 2018a). The aim of the IHR is that countries should have the capacities to ‘prevent, protect against, control, and provide a public health response to the international spread of disease’. The ‘inadequate compliance with the IHR [was] a major contributor to the slow response to the [West African] Ebola’ outbreak (Moon et al., 2017). The project was conceptualised specifically to address 4 of the 13 core capacities of the IHR.

Figure 4: WAHO Public Health Emergency Preparedness Framework (ECOWAS, 2019)



As the project strategy is directly aligned with the IHR, it is consequently directly related to the achievement of the SDGs. In SDG 3, good health and well-being, the aim of [target 3.d](#) is to ‘strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks’ (UN, 2022). IHR capacity and health emergency preparedness is measured by the first indicator of this SDG target (indicator 3.d.1). In addition, as the control of and response to infectious diseases and outbreaks protects populations from economic losses and poverty (World Bank Blog, 2021), the evaluators considered that the project design indirectly supports SDG 1, [no poverty](#). The project design is also aligned with SDG 5, [gender equality](#), as it stipulates that its first field of activity is the improvement of a gender-

sensitive communication of health risks. The project also addresses WAHO’s Public Health Emergency Preparedness Framework, acting on three of the six pillars of its principal structure and on its support function (see Figure 4).

Furthermore, the project design is aligned with German Government and BMZ strategies. Even if health is not considered as one of the five core topics in BMZ’s 2030 Reform Strategy (BMZ, 2021c), its second ‘initiative topic’ covers health, pandemic response and One Health, confirming the adequacy of the project’s main topic. The German Federal Ministry of Health establishes that Germany should ‘support successful and coordinated global partnerships ... to reduce the spread of infectious disease ... protecting health in addressing cross-border health threats’ and strengthen the application of the IHR (German Federal Ministry of Health, 2020). The project design adequately addressed these strategies when supporting the regional institutions in the ECOWAS region in strengthening their coordination work between member states in the area of pandemic preparedness and response. The project design was adapted in 2018 to address One Health topics in the areas of risk communication, inter-institutional communication and coordination, already addressing such topics even before the publication of BMZ’s One Health strategy (BMZ, 2021b)

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

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

Interviewees (int_other_1, 3; int_part_1, 2, 10, 16, 19) were almost unanimous in their assertion that the beneficiaries' main need was to strengthen human resources and institutional capacities. These capacities varied between ECOWAS member countries: some NCIs were already established; some were still being created. Technical expertise in communication and coordination, and especially in risk communication, was weak (int_part_1, 2, 13, 15; other_3). WAHO and RCSDC also encountered difficulties in their internal institutional structure and human resources (int_part_1, 2, 16; GIZ_2, 9; other_1). For example, RCSDC was created just before the project started its activities, and 75% of its positions are currently still vacant. The project addressed this issue through capacity building that was tailored to strengthen the implementation of the IHR, and by supporting the elaboration of strategies and SOPs (outcome indicator 2, training activities measured by output indicators C2 and C3). To strengthen RCSDC institutional capacities, the project design included in its plans the elaboration of support measures for organisational development (output indicator B3). To support the capacities of NCIs, the project had staff based in the four focus countries since 2019, as established in the offer of 2018. The project had strong (international) human resources input to provide technical support to the partners. Although the close cooperation with NCIs and the strong technical input were greatly appreciated by some partners (int_part_1, 2), the heavy reliance on international and project staff to carry out activities was seen by some stakeholders as a missed opportunity to use and strengthen African and ECOWAS human resources (int_part_16, 19): 'Why not let us do the job?' (int_part_19).

Additionally, some interviewees reported that, even if the project may have addressed some important IHR core capacities, other core capacities needed attention, such as control and surveillance of terrestrial borders (IHR core capacity 11, 'points of entry') (int_part_16, 19) or animal health (IHR core capacity 3, 'zoonotic events') (int_part_9, 20). Some interviewees also reported that not only two countries (Ghana and Nigeria) should have received support for surveillance IT strategies (int_part_2, 15, 19).

One of the indicators for risk communication (output A, indicator A1) involved the elaboration of a gender-sensitive risk communication strategy, taking into account the concept of 'leave no one behind' and the specific needs of women, a recognised disadvantaged and vulnerable group. The project design contributed rather indirectly to poverty alleviation: as infectious diseases and pandemics have an economic impact on vulnerable and poor groups in particular, by aiming to protect the populations of ECOWAS member states against infectious diseases, the project design indirectly contributed to reducing poverty.

In summary, the project design addressed the needs of the beneficiaries and stakeholders fairly well. However, some interviewees indicated that the project design could have addressed some other recognised needs (IHR core capacity 9, 'points of entry', especially in the terrestrial border crossings between ECOWAS countries) or could have used other strategies (e.g. use existing human resources in the ECOWAS countries).

Relevance dimension 2 – Alignment with the needs and capacities of the beneficiaries and stakeholders – scores **26 out of 30 points**.

Relevance dimension 3: Appropriateness of the design

The project design is generally appropriate to achieve the expected main programme objective, based on the results model. The project was set up with interventions in four fields of activity, which were reflected in its four outputs. Output A had activities related to improving risk communication. Output B had activities related to strengthening inter-institutional communication. Activities under output C were designed to support the creation of the regional and national response teams and training on risk communication (linked to output A) and communication and coordination (linked to output B). Activities under output D were designed to support the implementation of SORMAS in Nigeria and Ghana. Some of the project activities were designed to work in cooperation with WAHO and RCSDC (e.g. the development of a regional risk communication strategy, inter-institutional strategy, related SOPs and an RRRT manual); some were designed to cooperate directly with the

selected ECOWAS member countries. These outputs logically contributed to the programme's main objective (the population of the ECOWAS is better protected against infectious diseases")) and addressed the IHR core capacities identified and selected during the project elaboration period. Additionally, although not considered a 'field of activity', the project was designed to support the rapid response teams (activities under output C) that help to strengthen the rapid response of countries, the fourth core capacity of the IHR (WHO, 2018a).

However, some inconsistencies were identified in the project design. The project objective was to improve the advisory services provided by WAHO/RCSDC to ECOWAS member states, meaning that member states should receive advisory services through the WAHO/RCSDC structure. Therefore, although the outputs and respective activities contributed to the programme objective, there is an inconsistency in the formulation of the project objective, given that some activities are designed to act directly with the ECOWAS country members (see Figure 2). For example, WAHO/RCSDC did not provide advisory services related to SORMAS. Besides, the project provided direct advice to strengthen the NCIs and support the COVID-19 contingency plans – such activities were designed and implemented directly at country level by the project staff, not through the WAHO/RCSDC channels. Nevertheless, such activities at country level were adequate per se and well received by country representatives. Furthermore, although the project supported human resources in risk communication and coordination and communication skills, this was not apparent in the formulation of the activities in the results matrix: it is stated that the training should be in 'disease control' (*Seuchenkontrolle*, indicator C2 and activity C). However, it can be considered that risk communication and coordination and communication are components of disease control, and indicator C3 correctly describes training at national level in 'risk communication' and 'inter-institutional communication' – see results matrix (GIZ, 2020c). In general, the project design was appropriate, sufficiently precise and plausible in terms of project and programme objectives and underlying assumptions. Some inconsistency can be recognised in the formulation of the results matrix and its design.

Relevance dimension 3 – Appropriateness of the design – scores **17 out of 20 points**.

Relevance dimension 4: Adaptability – response to change

One very clear strength of the project was the response to the changes in the project design during its implementation. The first major adaptations were made in 2018, when new funding was sourced from the EU. The project included a new field of activity: strengthening the digitalised disease outbreak management and surveillance system. This addressed a direct request made by Nigeria, and subsequently Ghana, to support the implementation of SORMAS. Togo was included as the fourth focus country. The project was able to intensify its direct advisory services to the focus countries: more support was given to the NCIs, especially to the Emergency Operation Centres (EOCs) (int_GIZ_5; group_3) with the new financial resources. The project also changed its strategy of supporting the rapid response teams. Initially, one of the main strategies used by the project to address and support ECOWAS member countries in their response to outbreaks was the establishment of a Regional Rapid Response Team (RRRT). This team contains a pool of regional experts that can be rapidly mobilised to give support to countries in the event of an outbreak. A list of regional experts and standard procedures was created (outcome indicator 4 and output indicator C1: 'establishment of RRRT'). However, during implementation of the project, the project team realised that countries preferred to use their own human resources to address outbreaks through national response teams (GIZ, 2019a, 2020c, 2021; int_GIZ_1, 5; int_other_3). Therefore, in the 2018 offer (GIZ, 2018a), a new output (C4) was included to support the national rapid response teams (NRRT) in the four focus countries.

The project's most important response to change was the adaptation and upgrading of activities on foot of the COVID-19 pandemic. As early as 1 April 2020, two months after WHO declared the novel coronavirus a PHEIC WHO, 2020, and only 20 days after it was considered a pandemic (Cucinotta & Vanelli, 2020), a new project offer was presented to BMZ (GIZ, 2020a). This included new project activities and an increase of EUR 6.05 million in funds. The main changes were:

- The support of emergency funds of the WAHO for the distribution of infection prevention and control (IPC) and laboratory material for the 15 ECOWAS member countries (under project outcome indicator 1),

- support for procurement measures for the Noguchi Institute at the University of Ghana – EUR 150,000,
- grant agreements with WHO offices in Nigeria, Togo, Liberia, Sierra Leone and Guinea – EUR 150,000 for each country, and EUR 170,000 for Nigeria,
- under output B (field of activity “coordination and communication): development/updating and partial implementation of COVID-19 contingency plans in five ECOWAS member countries (focus countries and Nigeria),
- under output C (field of activity “human resources”): training in risk communication and production and reproduction of risk communication material; training for health staff in the diagnosis and treatment of COVID-19 in focus countries and Nigeria and
- under activity D (field of activity “strengthening of the digitalised disease outbreak management and monitoring system): expansion of the digital outbreak management and disease surveillance tool SORMAS in Nigeria and Ghana (change of final goal from 238 to 272 LGAs in Nigeria, and from 34 to 77 districts in Ghana).

These new activities, especially those relating to the procurement and distribution of infection prevention and control (IPC) material, received new support of EUR 4 million in EU funds as specified in the last offer document (GIZ, 2020b).

The emergence of a pandemic not only confirmed the great importance of the project’s premise but also provided a real opportunity to make relevant adaptations to its strategies. The adaptations in the project design were adequate and were put into practice very quickly as the project was already well placed as an active partner of WAHO and of the six countries (int_part_1, 2; int_other_1; int_GIZ_1). In summary, the project was extremely fast in adapting aspects during its implementation.

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

Methodology for assessing relevance

This evaluation took into account the WHO IHR (WHO, 2018a); the WAHO strategic plan (ECOWAS, 2019); the ECOWAS Regional Strategic Preparedness and Response Plan for Public Health Emergencies (ECOWAS, 2019); the Sustainable Development Goals; (UN 2022) BMZ strategies for COVID-19 (BMZ, 2021a) and One Health (BMZ, 2021b); and BMZ’s 2030 Reform Strategy (BMZ, 2021c). The information obtained from interviews with the project team and key stakeholders (political and implementing partners) was also triangulated.

Table 4: 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	Policies and priorities of <ul style="list-style-type: none"> • SDGs 1, 3 and 5, especially target 3.d • BMZ documents: • <i>Implementing the Emergency COVID-19 Support Programme</i> (2021) • Strategiepaper One Health (2021) • 2030 Reform Strategy • International Health Regulations (2005) • WAHO strategic plan 	Evaluation design: No specific evaluation design applied; the analysis follows the analytical questions from the evaluation matrix Empirical methods: Triangulation of information that includes <ul style="list-style-type: none"> • a review of strategies and other key documents and project documents 	No limitation, data quality was strong
Alignment with the needs and capacities of the beneficiaries and	Direct target groups: Staff from NCIs (and of the health systems in	Evaluation design: No specific evaluation design applied; the	Some counterparts did not respond to the request for an interview; data quality

stakeholders	ECOWAS member countries), staff from WAHO and RCSDC who needed technical capacities in risk communication and coordination; human resource development; and institution building Indirect target group: Populations of ECOWAS member countries	analysis follows the analytical questions from the evaluation matrix Empirical methods: Triangulation of information that includes <ul style="list-style-type: none"> a review of project documents, interviews 	was good
Appropriateness of the design*	Analysis of project offers and reports, especially results matrix from April 2018	Evaluation design: No specific evaluation design applied; the analysis follows the analytical questions from the evaluation matrix Empirical methods: Triangulation of information that includes <ul style="list-style-type: none"> a review of project documents, interviews 	Some counterparts did not respond to the request for an interview; data quality was good
Adaptability – response to change	Analysis of the different offers, inclusion of new components, and the change of context (COVID-19 pandemic)	Evaluation design: No specific evaluation design applied; the analysis follows the analytical questions from the evaluation matrix Empirical methods: Triangulation of information that includes <ul style="list-style-type: none"> project documents, interviews 	No limitation, data quality was strong

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

4.3 Coherence

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

Summarising assessment and rating of coherence

Table 5: Rating of OECD/DAC criterion: coherence

Criterion	Assessment dimension	Score and rating
Coherence	Internal Coherence	48 out of 50 points
	External Coherence	45 out of 50 points
Overall score and rating		Score: 93 out of 100 points Rating: Level 1: highly successful

The project had very high rates of internal coherence, and good external coherence. The project was part of a BMZ-supported programme in which KfW and Physikalisch-Technische Bundesanstalt (National Metrology Institute, PTB) also carried out other projects. Synergies emerged between the selected fields of activity, the division of tasks in the initiatives supported by the German Government (especially between the tasks performed by the KfW project and those performed by the project itself) and the cooperation. This helped to achieve the programme objective. The project design was mostly coherent, although the activities and strategies in the fourth field of activity were not as strongly interlinked to the other three fields.

In terms of external coherence, the intervention complemented the efforts of the ECOWAS Commission and WAHO to strengthen the region's response to outbreaks and pandemics, considered the strategies and policies of these organisations. Some of the project activities were designed to act directly with the ECOWAS member countries. This strategy certainly helped to improve national and subnational capacities, increasing the awareness of national institutions and their capacity to request and respond to the advisory services provided by WAHO/RCSDC. However, it bypassed to some extent the original pathway of the results matrix, which considered that the advisory services of the ECOWAS Commission and WAHO should be improved. The project worked in synergy with and complemented other donors and international initiatives, especially the World Bank's Regional Disease Surveillance Systems Enhancement project (REDISSE).

In total, the coherence of the project is rated as Level 1: highly successful, with 93 out of 100 points.

Analysis and assessment of coherence

Coherence dimension 1: Internal Coherence

The project was developed and implemented in coordination with other German international cooperation initiatives in the ECOWAS region. The project was one of the components (technical cooperation project) of the German cooperation programme Support to Pandemic Prevention in the ECOWAS region, which also contained a second technical component implemented by PTB (project number 2019.2369.7) and a financial component implemented by KfW (project number 2014.68842). While the two other programme components covered IHR core capacity 8 (laboratory), the evaluated project covered other four core capacities. This ensured a clear division of tasks between all three projects to strengthen the IHR in the ECOWAS region (int_other_1; GIZ_9; part_2, 16) (PTB et al., 2020). The project design and implementation were coherent with the overall programme objective ("the population of ECOWAS is better protected against infectious diseases"). The support of five different IHR core capacities was an adequate strategy to systemically strengthen ECOWAS member countries in detecting and reporting potential public health emergencies. Specifically, the SORMAS component supported case reporting and improved communication between the laboratories in the region, including those supported by the KfW project.

Furthermore, while the project focused at regional level, cooperating with ECOWAS specialised agencies (WAHO and RCSDC), other German cooperation projects and initiatives acted directly at national level (e.g. GIZ projects in Liberia, Sierra Leone and Guinea). These also showed a clear division of tasks between the different projects (int_other_1).

Regarding the internal project design, the three initial fields of activity were complementary, as the support for human resources planned and given by the project directly strengthened the capacities for risk communication and coordination and communication of the stakeholders and beneficiaries. However, the fourth field of activity (strengthening of the digitalised disease outbreak management and monitoring system) could have been better integrated and coordinated with the other three fields if the related activities had been implemented in the focus countries. SORMAS was implemented and supported in two other target countries (Nigeria and Ghana), and its activities were planned and coordinated mainly directly with the two target countries and not through WAHO/RCSDC. The fourth field of activity could be seen as an independent project, which the evaluators (int_GIZ_1) understood was added to the original project for practical reasons. It was difficult for the evaluators

to determine if this was the best strategy, as the use of an existing project structure probably benefited the smooth implementation of SORMAS-related activities. Nevertheless, it could also be considered that a new project for the SORMAS component may have given it more flexibility and provided a better 'spotlight' for an interesting initiative that was somehow obfuscated due to the other project strategies, greater challenges and pressuring issues.

As the SORMAS component was not found to be completely coherent with the other project strategies and main concepts, two points were deducted from the total score.

Coherence dimension 1 – Internal Coherence – scores **48 out of 50 points**.

Coherence dimension 2: External Coherence

The intervention complemented and supported the efforts of the ECOWAS Commission and WAHO in pandemic preparedness and response. WAHO's vision is to promote better health through regional integration (see [WAHO logo](#)), and the prevention and control of communicable and non-communicable diseases is one of its main objectives. The ECOWAS Commission and WAHO are directly supported by financial contributions from the member states. These contributions finance WAHO's department of public health, which is responsible for the prevention and control of diseases (int_part_16) and for the operationalisation of WAHO's strategic plan. In particular, the support to human resources creation and training, and coordination (int_part_16) overlap with the project's fields of activity. The project's strategies were built up in a coordinated and aligned way (int_part_16), supporting WAHO's efforts and its internal capacities (int_part_1, 2, 16). However, some counterparts remarked that some actions taken by the project might undermine the capacities of the organisations and the region, as the experts responsible for the activities were external and not affiliated to regional public health agencies and were not originally from the ECOWAS region (int_part_16, 19).

In response to the Ebola crisis and following a recommendation of the ECOWAS Assembly of Health Ministers in March 2015, the ECOWAS Council of Ministers established RCSDC as a regional agency 'responsible for prevention and control of disease across the ECOWAS region' (Herpolsheimer, 2020), under the supervision of WAHO. The regulation for RCSDC was approved in December 2015, and the inaugural meeting was held in June 2016. Although WAHO's headquarters are in Bobo-Dioulasso, Burkina Faso, the RCSDC offices are in Abuja, Nigeria. For better coordination with both organisations and their staff, the project established two offices – one in each of these cities. Although the creation of RCSDC was a clear strategy of the ECOWAS Commission, its establishment and operationalisation were not effortless (Herpolsheimer, 2020). RCSDC is understaffed and since its establishment has had no executive director. The centre is extremely dependent on WAHO, and decisions are made mainly by WAHO rather than within RCSDC (int_GIZ_2, 9; part_2, 16). The project planned and coordinated actions with both WAHO and RCSDC staff. Despite this, many activities were conducted directly with the NCIs in the focus countries, especially when EU funding was obtained (project offer of November 2018) and the country positions were introduced (project staff were allocated in the four focus countries). While this 'country focus' strategy strengthened the specific countries in their pandemic preparedness and response, some interviewees considered that it may have overlooked the chance to support RCSDC (and WAHO) efforts to strengthen its position in the region (int_part_10, 16, 19). This view is not shared by the project team: the team considers that the organisation does not have sufficient staff to implement all the tools and opportunities developed (group_4). The project activities aimed at supporting the organisational development of WAHO and RCSDC (an evaluation of the organisation and functionality of RCSDC and the elaboration of an organisational development plan, indicator B3) were only included in the 2018 offer and conducted in the last month of the first project phase (August 2021) due to the delays caused by the pandemic.

Other initiatives are also intervening in pandemic preparedness and response in the ECOWAS region and supporting the different IHR core capacities. The international organisation with the strongest financial input in the ECOWAS regions is the World Bank through its REDISSE project (phases [one](#), [two](#) and [three](#)). The main

objective of this project is the strengthening of national and regional cross-sectoral capacities for collaborative disease surveillance and epidemic response. The total project cost is more than USD 360 million over the three phases. The project acted in alignment with and in synergy with this World Bank project (int_other_3, 6; part_16).

The project's fields of activity were selected considering the activities and strategies of other donors acting in the region. According to interviewees, other donors in the region were already focusing on issues such as improving laboratory capacities, supporting national public health emergency preparedness and response plans, supporting human resources and surveillance capacities, or strengthening coordination strategies. Yet no other international cooperation or donor initiative was specifically addressing the field of risk communication (int_GIZ_9; part_1, 2; group_1). The counterparts recognised the importance of this specific field of activity in strengthening the IHR core capacities in the region, and the project's general support for improving outbreak preparedness and response in the region (int_part_2, 8, 16, 17, 19; other_6, 7). Unfortunately, the donor coordination meetings were not conducted following the outbreak of the COVID-19 pandemic, causing difficulties for the harmonisation of activities (int_GIZ_1). A regular virtual donor exchange was organised by the United States Agency for International Development (USAID) outside partner forums, and the project tried to involve important donors in its activities. The general impression gained from the interviews was that the project strategies and activities were aligned with other international initiatives in a synergistic approach (int_GIZ_2, 9; part_1, 2, 16; other_1, 6).

As some counterparts reported that the project could have been more coherent with the strategies of institution building and organisational development within RCSDC and the support for local human resources, five points were deducted from the total score.

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

Methodology for assessing coherence

Table 6: Methodology for assessing OECD/DAC criterion: coherence

Coherence: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
Internal coherence	Synergy with the other initiatives supported by the German Government, coherence of project design	Evaluation design: No specific evaluation design applied; the analysis follows the analytical questions from the evaluation matrix Empirical methods: Triangulation of information includes: review of project documents, interviews	Not all German cooperation initiatives in the region could be contacted due to resources and time constraints; data quality was good
External coherence	Other funded projects (e.g. REDISSE); secondary information from WAHO's international cooperation department; adaptations of the project based on WAHO's COVID-19 strategies	Evaluation design: No specific evaluation design applied; the analysis follows the analytical questions from the evaluation matrix Empirical methods: Triangulation of information that includes: <ul style="list-style-type: none"> review of project documents, interviews 	Lack of detailed information from WAHO's monitoring and evaluation system; some international organisations did not respond to the request for an interview; data quality was good

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 7: Rating of OECD/DAC criterion: effectiveness

Criterion	Assessment dimension	Score and rating
Effectiveness	Achievement of the (intended) objectives	26 out of 30 points
	Contribution to achievement of objectives	18 out of 30 points
	Quality of implementation	17 out of 20 points
	Unintended results	20 out of 20 points
Overall score and rating		Score: 81 of 100 points Rating: Level 2: successful

In general terms, the project achieved its intended objective to support WAHO in assisting countries in their disease control in accordance with the IHR. Assistance was given directly to NCIs in focus countries (Guinea, Liberia, Sierra Leone and Togo) and to 'SORMAS countries', to strengthen their capacities to cope with outbreaks. The project assisted with the creation of WAHO's strategies on risk communication and coordination and communication, as well as related SOPs and other tools. It also supported the training of almost 7,000 people at regional level (WAHO and RCSDC staff), national level (NCI and EOC staff, among others) and subnational level (health staff) on various IHR topics. In the SORMAS countries, more than 7,000 users (national and subnational health staff) are now connected to the system. Yet, although the project's outcome indicators were achieved almost in their totality, there were some inconsistencies. Furthermore, some strategies were not as effective as expected (e.g. Regional Rapid Response Team, use of communication channels such as ECOSuite or the RCSDC risk communication platform). The positive unintended result identified was the fast adaptation of SORMAS due to the COVID-19 pandemic.

In total, the effectiveness of the project is rated Level 2: successful, with 81 out of 100 points

Analysis and assessment of effectiveness

Effectiveness – Dimension 1: Achievement of the (intended) objectives

This dimension is assessed based on the project outcome indicators. Indicator 5 was added in the offer of 2018 with the inclusion of the SORMAS component. The outcome was achieved if the five outcome indicators described in the project's results matrix are considered.

Indicator 1: "the proportion of the support measures for disease control in accordance with international standards to ECOWAS member states provided by the WAHO increased from 75% to 100%". The calculation of the indicator considers the number of support measure requests that ECOWAS member states sent to WAHO, and the number of requests answered. It is interesting to note that, as presented respectively in the second (GIZ, 2019a), third (GIZ, 2020c) and fourth (GIZ, 2021a) progress reports, member countries sent a total of 27 requests for support to WAHO in the period between October 2018 and September 2019 (before COVID-19) and 37 requests between October 2019 and September 2020 (initial phase of the COVID-19 pandemic), but only 9 requests between October 2020 and August 2021, although the COVID-19 pandemic

was still ongoing. No reason could be found for this reduction in support requests, but the evaluators speculated that, from the second half of the pandemic, countries already had their response plans in place and were already receiving effective support from different organisations. The second progress report did not give details of the support given by WAHO, but the third and fourth reports stated that all requests were addressed by the organisation.

Indicator 2: “The number of adapted communication and coordination mechanisms between the regional level, the national level, and the NCIs for disease control has increased from 0 to 3”. The project considered these: 1) the Standard Operating Procedures (SOP) in risk communication (WAHO, 2020), 2) the SOP for inter-institutional communication (WAHO, 2021) and 3) the adaptation of the ECOSuite preparedness and response portal, the WAHO/RCSDC virtual platform² for the exchange of surveillance information among ECOWAS member countries. Pondering the adaptation of the mechanisms, the offer of 2016 stated that this should be done after a simulation exercise or after a crisis. Interestingly, the results matrix in the offers of 2018, April 2020 and October 2020 did not state when the mechanisms should be adapted, but under ‘sources of verification’ it is stated that a review (of the mechanisms) should be conducted based on a simulation exercise. However, the evaluators considered that the adaptation of the mechanisms after a crisis such as the COVID-19 pandemic would be more appropriate, as it would use real field experiences. Due to COVID-19-related delays, a simulation exercise was carried out only in March 2021, and the project staff reported that both SOPs were adapted afterwards (group_3). ECOSuite was also adapted, as an original version existed before the project started and this was adapted with the project’s support. Yet, more important than an adaptation of the mechanisms would be the consideration of whether these are functioning and effective (which, unfortunately, is not the case – see the section on effectiveness, dimension 2).

Indicator 3: “The proportion of health risks communicated by the ECOWAS Commission, WAHO and specialised agencies in accordance with the risk communication strategy taking gender and One Health aspects into consideration has increased from 0% to 100%” – During the project, WAHO/RCSDC published risk communication information via different channels like [Twitter](#), [Instagram](#) and [Facebook](#), or announced it at press conferences. The number of communications and press releases increased sharply during the COVID-19 pandemic. WAHO monitored the local media (radio, internet), and it was clear that not only did the number of communications increase but the quality of the information also improved in accordance with the risk communication strategy. If, in the first report period, the indicator was still considered to be 0% (no risk communication strategy in place), in the second report period it was considered that 63% of reports were produced according to the strategy; in the third report period, this had increased to 73%, and in the last report period 94.5% (which, in practical terms, can be considered to be 100%).

Indicator 4: “The proportion of support missions of the Regional Rapid Response Team (RRRT) for disease control in ECOWAS member states has increased from 0% to 75%”. This indicator takes into consideration the number of requests submitted to WAHO. The indicator was formally achieved, as WAHO and RRRT responded to all requests. However, this indicator achievement is also misleading, as only one support request was made in September 2019 by Liberia (Lassa fever outbreak). (See discussion in the section on effectiveness, dimension 2, hypothesis 3).

Indicator 5: “The number of Local Government Areas” (LGAs) in Nigeria and the districts in Ghana reporting regularly via SORMAS-open to NCIs on outbreaks of infectious diseases has increased from 155 to 272 in Nigeria and from 0 to 77 in Ghana”. This indicator was fully achieved. Both countries consider this tool extremely useful, as the surveillance agents are informed almost immediately if a suspected or confirmed case

² As ECOSuite is an internal portal for the staff in ECOWAS organisations and member states, the evaluators did not have access to it. To access [the platform](#), an account is necessary.

of a specific infectious disease is identified in the health care services (district level), including laboratory results (int_part_12; other_2).

It is important to point out that, although the project received an increase of around EUR 10 million thanks to the COVID-19 emergency funds, the only outcome indicator that was adapted was indicator 5. In the second offer (offer of 2018, EU funds), the indicator established that 238 LGAs in Nigeria and 34 districts in Ghana should be using SORMAS. In the third offer (April 2020, BMZ emergency funds of EUR 6 million), this number was increased to 272 LGAs (34 more LGAs) and 77 (43 more districts), respectively. In the last offer (October 2020, EU emergency funds of EUR 4 million), the outcome indicators were not adapted.

Table 8: Assessed and adapted objective indicators for specific projects (outcome level)

Project's objective indicator according to the (last change) offer	Assessment according to SMART* criteria	Specified objective indicator (only if necessary for measurement or understanding)
Project objective: The advisory services to the ECOWAS Member states provided by ECOWAS Commission, WAHO and specialised agencies in establishing selected disease control mechanisms in accordance with the International Health Regulations are improved		
<p>Indicator 1. The proportion of the support measures for disease control in accordance with international standards to ECOWAS member states provided by the West African Health Organisation (WAHO) has increased from 75% to 100%</p> <p>Base value (2018): 75% Target value (August 2021) 100% Final value (August 2021): 100% – during the last year of the project Achievement in % (August 2021): 100% Source: Logframe matrix in 2018 and April 2020 offers and all four technical progress reports</p>	<p>Specific: Partly – there were difficulties in evaluating the specific meaning of 'international standards'. The term was interpreted to mean that if support measures were given, they would have followed the international standards. The denominator used to calculate the proportionality (number of support measures requested by ECOWAS member states) varied considerably over the years.</p> <p>Measurable: Partly – initial values were not defined; initial base value in 2016 and in 2018 was not available.</p> <p>Achievable: Yes</p> <p>Relevant: Yes</p> <p>Time-bound: Yes</p>	<p>Interpreted as total number of supports provided by WAHO in the report period/number of all requests for support issued by member states in the report period.</p> <p>Indicator was adapted during the project – initially, no initial base values or targets were provided.</p>
<p>Indicator 2. The number of adapted communication and coordination mechanisms between the regional level, the national level and the National Coordinating Institutes (NCIs) for disease control has increased from 0 to 3.</p> <p>Base value (2018): 0 Target value (31 August 2021): 3 Final value (August 2021): 3 Achievement in %: 100% Source: Logframe matrix in 2018 and April 2020 offers, technical progress report 4</p>	<p>Specific: Partly – not clearly stated how 'communication and coordination mechanisms' are defined.</p> <p>Measurable: Yes</p> <p>Achievable: Yes</p> <p>Relevant: Partly – not specified if the mechanisms should be functioning and effective</p> <p>Time-bound: Yes</p>	<p>As the definition of 'communication and coordination' is not clear in the results matrix, the definition used by the project was used – the SOPs and ECOSuite. However, other communication and coordination mechanisms were in place.</p>

Project's objective indicator according to the (last change) offer	Assessment according to SMART* criteria	Specified objective indicator (only if necessary for measurement or understanding)
<p>Indicator 3. The proportion of health risks communicated by the ECOWAS Commission, WAHO and specialised agencies in accordance with the risk communication strategy taking gender and One Health aspects into consideration has increased from 0% to 100%.</p> <p>Base value (2018) 0% Target value (31 August 2021): 100% Final value (August 2021): 93.5% Achievement in %: 93.5% Source: Logframe matrix in 2016 and 2018 offers, technical progress report 4, internal project data/communication</p>	<p>Specific: Partly – not clear how 'taking gender and One Health aspects into consideration' can be evaluated. The assumption is that if WAHO's risk communication strategic plan was taken into account (output indicator A1), these aspects would have been considered.</p> <p>Measurable: Yes</p> <p>Achievable: Yes</p> <p>Relevant: Yes</p> <p>Time-bound: Yes</p>	<p>As the evaluation team could not analyse the risk communicated, it was assumed that the assumption made by the counterpart and project (strategic plan was taken into account) was correct</p>
<p>Indicator 4. The proportion of support missions of the Regional Rapid Response Team (RRRT) for disease control in ECOWAS member states has increased from 0% to 75% (based on the number of requests submitted)</p> <p>Base value (2018): 0% Target value (August 2021): 75% Final value (August 2021): 100% Achievement in %: 133%</p> <p>Source: Logframe matrix in 2016 and 2018 offers, technical progress reports</p>	<p>Specific: Yes</p> <p>Measurable: Yes</p> <p>Achievable: Yes</p> <p>Relevant: Not relevant – only one request was made for a support mission, the 'overachievement' of 133% is misleading</p> <p>Time-bound: Yes</p>	<p>RRRT strategy was not as successful as initially expected – WAHO received only one request for a support mission</p>
<p>Indicator 5: The number of Local Government Areas (LGAs) in Nigeria and the districts in Ghana that report regularly via SORMAS-open to NCIs on outbreaks of infectious diseases, has increased from 155 to 272 in Nigeria and from 0 to 77 in Ghana.</p> <p>Base value (2018): 155 (Nigeria)/0 (Ghana) Target Base value (2018): 272 (of 774 LGAs in Nigeria)/ 77 (of 216 districts in Ghana)</p> <p>Final value (August 2021): 272 LGAs Nigeria 77 districts Ghana Achievement in %: 100%</p> <p>Source: Logframe matrix of offers of 2018 and April 2022, technical progress report four</p>	<p>Specific: Yes</p> <p>Measurable: Yes</p> <p>Achievable: Yes</p> <p>Relevant: Yes</p> <p>Time-bound: Yes</p>	

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

The evaluation team concluded that, when all five outcome indicators are considered, the project mainly achieved all its intended objectives and respective targets by the end of the project. However, due to some inconsistencies in the formulation of the indicators, especially relevance (e.g. in outcome indicator 2, only the number of existing mechanisms and not the effectiveness or use of the mechanisms was considered; in outcome indicator 4, there was only one request for a support mission), and no significant adaptation of the outcome indicators after the increase in funds, four points were deducted from the total score.

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

Effectiveness dimension 2: Contribution to achievement of objectives

This section analyses the contribution analysis, including the effectiveness hypotheses that were elaborated and selected during the evaluation process (see Figure 2). The three hypotheses were selected on the basis of the three chosen IHR core capacities – risk communication, communication and coordination, and human resources – that initially framed the project design (fields of activity 1, 2 and 3). In addition, the achievement of the related outputs is presented. Field of activity 4 (SORMAS component) was not included in the elaboration of the effectiveness hypotheses.

- Hypothesis 1: **New communication and coordination mechanisms between regional level, national level and NCIs are in place** – to be confirmed by the achievement of activities under output B, but also under outputs A and C.

The project supported WAHO in elaborating an inter-institutional communication strategy, the `Regional Strategy - Communication and Coordination between Institutions in the ECOWAS Region for the Control of Epidemics` (indicator B1) (WAHO, 2019a), which was technically validated in December 2018 by the ECOWAS member states at the conference of NCI directors and politically ratified in May 2019 at the conference of health ministers in the region. This strategy is one of the main products of the project, and its importance was recognised by many stakeholders as it is a good reference document for communication and coordination between ECOWAS member states (int_part_2; int_GIZ_1, 7). The project implemented measures in training and organisational support to develop the capacities of the EOCs (indicator B2), which clearly improved the coordination mechanisms between the organisations (int_part_2; group_1). The project adequately developed criteria to evaluate not only the establishment but also the functionality of the EOC in the four focus countries. According to these criteria, the centres were 70% functional by the end of the project phase (int_GIZ_5). The project helped with two support measures for the organisational development of WAHO/RCSDC: an evaluation of the organisation and functionality of RCSDC and the elaboration of an organisational development plan. However, due to the COVID-19 pandemic, these support measures could only be finalised in August 2021, the last month of the project activities. The next project phase will support the implementation of the organisational development plan (group_4).

The project supported the updating of the ECOSuite platform (measured under output indicator A2), and provided related training for WAHO, RCSDC and NCI staff in the four focus countries (int_part_18). The platform should link the monitoring systems of the different ECOWAS countries. Some partners reported that they were aware of the platform but prefer to use other communication channels, like email or WhatsApp (int_part_1, 4, 13). Other partners did not know about this platform (int_part_3, 4, 6, 15) or reported that it was not functional (int_part_7, 10).

Figure 5: Risk communication material



Sample de message digital

NCI representatives received training in communication and coordination measures (measured under output indicator C2).³ Training projects were held in 2019 and 2021, both in English and French. The training contents were considered useful by the stakeholders who were interviewed (int_other_3; part_1, 2, 11, 12, 13, 14; group_1, 3), improving collaboration and communication between organisations during a crisis.

- Hypothesis 2: **The risk communication strategies adapted to gender and One Health are effective** – to be confirmed by the activities under output A, but also by the training courses (under activity C).

A gender-sensitive risk communication strategy, which also covered One Health, was elaborated (indicator A1) (WAHO, 2019b) and validated in December 2018 by the annual regional conference of NCI directors. This strategy was considered by many stakeholders as the main success of the project. Not only did it highlight an important IHR core capacity that many ECOWAS country members were not aware of, but it also provided elements for the NCI or related agencies to develop their own policies on risk communication (int_part_1, 15). The project also supported the development of different information and communications technology (ICT) measures (indicator A2). The first measure was the support of the ECOSuite platform (see description of effectiveness hypothesis 1). Furthermore, the project carried out four 'hackathons'⁴ with related mentorship programmes in cooperation with the NCIs in Liberia, Sierra Leone, Nigeria and Guinea between May 2018 and March 2019 (Okoi et al., 2020). The aim of these hackathons was to develop innovative ideas to solve gaps and improve risk communication coverage in the context of pandemic preparedness and response. According to the fourth technical progress report (GIZ, 2021a), the winner of the Nigerian hackathon supported the country's NCI with the COVID-19 risk communication strategy, but this could not be confirmed by the evaluation team. One of the winners of the hackathons informed that, although the product developed is still [available](#), it cannot be implemented due to a lack of funds. Another measure was the support of the development of the [RCSDC risk communication platform](#). The platform's main target group are the NCIs and other related organisations working in the field of pandemic preparedness and response in the ECOWAS region. The platform should provide a space to disseminate risk communication material and news, and facilitate knowledge and

³ Two different kinds of training courses (risk communication/communication and coordination) were reported under output C2. In total, 297 people were trained, surpassing the stipulated target of 220. Unfortunately, the project could not present a disaggregated number for the two different training courses. Nevertheless, project staff (int_GIZ_7) and partners (int_part_1) had the impression that half the participants attended the risk communication course, and half the communication and coordination course.

⁴ Hackathon: In the project context, an event at which experts meet to engage in collaborative computer programming.

experience sharing between stakeholders. Yet, different stakeholders reported that they were not aware of the platform and/or were using other channels (e.g. direct contact by email with RCSDC staff) to access risk communication materials (int_part_1, 13, 15). Furthermore, although the link to the risk communication platform is very prominent on the [WAHO homepage](#), the platform was not accessible on several occasions during the evaluation (default message: critical error on this website).

The project supported RCSDC in carrying out a gender-sensitive risk communication study. This was presented to representatives of different countries in August 2021 (indicator A4). Although the conference was held at the end of the project phase due to the COVID-19 restrictions, it provided information and recommendations for adapting the risk communication strategies in the ECOWAS member countries and it was considered a success by the counterparts (int_part_1; int_GIZ_6).

Another activity that contributed to the second hypothesis was the training of NCI representatives in risk communication (measured under output indicator C2). Representatives of all ECOWAS member countries (staff of NCIs and ministries of health) participated in the training. Training projects were held in 2019 and 2021 in both English and French. The training contents was considered extremely useful by stakeholders (int_part_1, 2,11,13, 14, group_1, GIZ_5, other_3). Training gave capacities to participants to “understand the psychology of health crises and how populations react”, how to develop right messages adapted to the populations directly impacted by diseases as well as to those less affected, how to coordinate and cooperate with media and journalists, and how to avoid dissonance information to partners or to populations (group_1).

- Hypothesis 3: **The Regional Rapid Response Team (RRRT) missions respond effectively to requests from ECOWAS member states** was evaluated considering some of the activities under output C that were related to the regional rapid response teams.

The project supported WAHO in the establishment of a Regional Rapid Response Team (RRRT) by setting up a database for the expert pool (GIZ, 2018b) and facilitating the elaboration of SOPs with guiding principles and mechanisms (WAHO, 2019c). However, although this team was established, WAHO received only one request for a support mission – a Lassa fever outbreak in Liberia. Liberia requested and received the support in September 2019. As already recognised by the project team in the second progress report (covering the period September 2018 to September 2019), countries preferred to use the national response teams, also to demonstrate their own capacity to provide a rapid response. Additionally, the interviewee reported that countries were reluctant to request support from a regional team, as the pool of experts mainly contained experts from one specific country (Nigeria), and using ‘external’ support would mean admitting that their own country did not have sufficient capacities (int_GIZ_1; part_10; other_4). WAHO management was even more reluctant and unable to deploy the RRRT during the COVID-19 pandemic as borders were closed (int_part_10). Unfortunately, the main hypothesis assumption could not be confirmed, as, even if the target was formally achieved (RRRT was established), its services were not really demanded by ECOWAS member states (see alternative explanation in Table 9). However, it is important to mention that the project supported the establishment and training of national rapid response teams (NRTT) in the four focus countries (output indicator C4). However, as these activities did not directly affect the hypothesis that ‘the Regional Rapid Response Team (RRRT) missions respond effectively to requests from ECOWAS member states’, the effectiveness of the national teams was not evaluated in greater detail.

It is important to state that, in addition to the national rapid response team, the project interacted directly in the focus countries, with the support of EOCs, country simulation exercises and staff training, for example. As these did not act directly at regional level, they were not evaluated in greater detail as this was not considered to be part of the main evaluation hypothesis.

With regard to the achievement of objectives concerning disadvantaged groups, the risk communication strategy document recommended that risk communication should ‘ensure the integration of human rights-

based approach, including vulnerable groups; take into account gender ..., and] carry out research on the role of gender in risk communication' (WAHO, 2019b). The document considers vulnerable and at-risk groups, and has adapted related strategies accordingly (int_part_10). Interviewees stated that most of the stakeholders were not aware of the importance of gender aspects in risk communication strategies and that bringing it to light was an important contribution made by the project in the region (int_part_1, 13, 15; GIZ_6). Furthermore, in the Regional Strategy for Communication and Coordination between Institutions in the ECOWAS Region for the Control of Epidemics (project product, under output B1), the chapter on cross-cutting issues mentions that 'gender diversity ... [and] inequalities in health outcomes across vulnerable segments of the population' should be considered in communication and coordination between institutions (WAHO, 2019a).

Table 9: Selected results hypotheses for effectiveness

Hypothesis 1 (activity – output – outcome)	<p>Hypothesis: New communication and coordination mechanisms are in place between regional level, national level and NCIs</p> <p>Activities (mainly described under 'activities B' in the results matrix):</p> <ul style="list-style-type: none"> • Development of advisory services for the implementation of a regional inter-institutional communication and coordination strategy for disease control • Testing of communication and coordination mechanisms by conducting simulation exercises • Extension of the ECOWAS intranet and extranet (ECOSuite platform) in regional institutions and NCIs • Implementation of measures to develop the capacities of NCIs and organisational development of WAHO/RCSDC • Provision of advisory services and support for the country's COVID-19 contingency plans • Provision of training in communication and coordination mechanisms (under 'activities C' in the results matrix) <p>Main results at output level – output B: communication and coordination between ECOWAS institutions and specialised agencies, NCIs and partners in the field of disease control has been strengthened:</p> <ul style="list-style-type: none"> • Inter-institutional communication strategy – regional strategy of ECOWAS/WAHO (indicator B1) – target achieved • Support for ECOSuite update (June 2020) – (part of indicator A2) – target achieved • Support for Emergency Operation Centres (EOCs) in four focus countries (indicator B2) – EOCs are functional – target of 70% achieved • Two measures for organisational development – (output B3) – target achieved • Around 150 people (NCI and Ministry of Health staff) trained in communication and coordination (part of indicator C2) – target achieved <p>Outcome: (If mechanisms are in place), then the advisory services provided by the ECOWAS Commission, WAHO and specialised agencies to the ECOWAS member states to establish selected disease control mechanisms are improved</p>
Main assumptions	Communication and coordination mechanisms would be relevant to ECOWAS member countries, and they would have the opportunity to use these mechanisms in practice (e.g. in the event of outbreaks and pandemics)
Risks/unintended results	Human and financial resources mobilised by member states, WAHO/RCSDC and/or project for the implementation of communication and coordination mechanisms would be lacking in other strategic areas of action (other IHR core capacities, or even other health areas such as mother and child health) – risk partially confirmed (int_other_1; int_part_16, 19)
Alternative explanation	ECOWAS member countries would have other communication and coordination mechanisms in place
Confirmed/ partly confirmed/not confirmed	The hypothesis was partially confirmed – member countries use other communication and coordination mechanisms as well (the alternative explanation is partly correct); the ECOSuite platform is not fully in use

Hypothesis 2 (activity – output – outcome)	<p>Hypothesis: The risk communication strategies adapted to gender and One Health are effective</p> <p>Activities (mainly described under ‘activities A’ in the results matrix):</p> <ul style="list-style-type: none"> • Development of a gender-sensitive risk communication strategy and advisory services on the development/revision of national risk communication plans • Support for COVID-19 plans, materials and activities based on country needs (activity added in April 2020) • Establishment of a regional media monitoring system • Implementation of ICT-based risk communication activities • Conducting of a study on gender-sensitive risk communication • Provision of training in risk communication – (under ‘activities C’ in the results matrix) <p>Main results at output level – output A: In the ECOWAS region, the communication of health risks due to infectious disease, which takes gender and One Health aspects into account, has improved:</p> <ul style="list-style-type: none"> • Development of a gender-sensitive risk communication strategy with an action plan and budget plan, and including the One Health approach, by WAHO and RCSDC in accordance with international standards – (indicator A1) – target achieved • Provision of support for four hackathons (technology competition to develop IT solutions for risk communication) between 2018 and 2019 – (part of indicator A2) – target achieved • Provision of support for an RCSDC risk communication platform – (part of indicator A2) – target achieved • Production of at least 40 media reports on health risks based on WAHO press releases in 2020 – (data from September 2020 – indicator A3) – target achieved • Provision of training for around 150 people (NCI and Ministry of Health staff) in risk communication – (part of indicator C3) – target achieved <p>Outcome: If risk communication strategies are in place, the advisory services provided by the ECOWAS Commission, WAHO and specialised agencies to the ECOWAS member states to establish selected disease control mechanisms are improved</p>
Main assumptions	<p>Health risk communication strategies would be relevant to ECOWAS member countries, and they would have the opportunity to put these strategies into practice (in a real situation of outbreaks or pandemics, e.g. COVID-19)</p>
Risks/unintended results	<p>The extensive media coverage of health risk communication related to outbreaks/pandemics (e.g. the large volume of messages about COVID-19) could saturate public opinion and obfuscate the importance of other key health issues – this risk was refuted (int_part_13, 15)</p>
Alternative explanation	<p>ECOWAS member countries already have effective risk communication strategies and strong capacities in IHR core capacity 6 – this alternative explanation was refuted (int_part_1, 2, 13)</p>
Confirmed/partly confirmed/not confirmed	<p>The hypothesis was confirmed, but the effectiveness of hackathons could not be confirmed</p>
Hypothesis 3 (activity – output – outcome)	<p>Hypothesis: the Regional Rapid Response Team (RRRT) missions respond effectively to requests from ECOWAS member states</p> <p>Activities (described under ‘activities C’ in the results matrix):</p> <ul style="list-style-type: none"> • Development of the capacities of the RRRT • Development of the capacities of the national rapid response teams (NRRT) <p>Results:</p> <ul style="list-style-type: none"> • Establishment of RRRT (indicator C1), SOP elaborated – target achieved • Establishment of NRRT (indicator C4): 4 NRRT established – target achieved • <p>Outcome:</p>

	If the RRRT is in place, the advisory services provided by the ECOWAS Commission, WAHO and specialised agencies to the ECOWAS member states to establish selected disease control mechanisms are improved
Main assumptions	ECOWAS member countries would not have national capacities and would request support from the RRRT in the event of a public health emergency of national or international concern
Risks/unintended results	If not well coordinated with ECOWAS member countries, the establishment of the RRRT could make member countries rely on these regional services, and not promote their own capacity (i.e. develop and strengthen their own national human resources and/or national or subnational rapid response strategies) – this risk was refuted
Alternative explanation	Member countries have enough national rapid response capacities; member countries consider it a national policy to develop and rely on internal resources/national response teams – this alternative explanation was confirmed (int_GIZ_1; progress reports)
Confirmed/partly confirmed/not confirmed	Not confirmed: main assumption could not be confirmed, as WAHO received only one request for support from the RRRT (Liberia, Lassa fever outbreak, 2019) – see alternative explanation

Results hypothesis 1 could be partly confirmed, hypothesis 2 could be confirmed, and hypothesis 3 could not be confirmed. Twelve points were therefore deducted from the total score.

Effectiveness dimension 2 – Contribution to achievement of objectives – scores **18 out of 30 points**.

Effectiveness dimension 3: Quality of implementation

Results-oriented monitoring was established and used for evidence-based decisions and risk management. Data was disaggregated by gender for attendees at training courses. The evaluators could not identify other vulnerable groups or marginalised groups in the monitoring system.

Strategy and processes: A steering committee with representatives of WAHO, BMZ, EU and GIZ (including project staff) was established and met three times. A results model, as described in the various offers presented to BMZ, was developed and adapted during the project implementation period. Indicators were developed, monitored and reported in the technical progress reports of the technical component and in the programme reports prepared jointly with KfW and PTB (PTB et al., 2018, 2019, 2020, 2021). Evidence concerning the involvement of WAHO in the decisions related to the elaboration of the strategies and in the decision-making process was not homogenous: some key stakeholders were very satisfied with the cooperation processes and steering of the project, but others suggested that cooperation between the main stakeholders and the project should have been better planned and implemented (int_part_1, 2, 10, 16, 19).

Learning and innovation: The project team learned from some failures and successes. Adaptations were made in activities and strategies (e.g. inclusion of strategies to support National Rapid Response Teams), and the project included innovations in digital health (inclusion of the SORMAS component) under a new field of activity. The project design was based on Information and Communication Technologies (ICT) solutions (e.g. ECOSuite, training), which were useful during the COVID-19 pandemic: as virtual communication strategies and ICT mechanisms were already part of the project's way of working, the project was to some extent already prepared for the unforeseen coordination and communication challenges of the COVID-19 pandemic.

As some partners considered that coordination and monitoring of the project could have been done in closer cooperation with the main counterpart, three points were deducted from the total score.

Effectiveness dimension 3 – Quality of implementation – scores **17 out of 20 points**.

Effectiveness dimension 4: Unintended results,

The evaluation team assessed this dimension on the basis of whether any results (positive or negative) occurred at the output/outcome levels. The project reports and interviews revealed two positive unintended results. Stakeholders involved in the SORMAS component of the project considered the tool extremely important in improving disease surveillance. The tool had already been migrated into an open source software application [in 2016](#). With the advent of the COVID-19 pandemic, however, a new SORMAS component to cover the novel virus had to be developed quickly. This was done with RPPP's support. The new COVID-19 element in SORMAS was implemented by the [beginning of 2020](#) and helped the Nigerian and Ghanaian health authorities to quickly identify and respond to this new pandemic. The project acted directly with NCIs and EOCs in the four focus countries. The project strengthened the capacities of the organisations with equipment and infrastructure (COVID-19 funds), and training in the specific fields of activity. Not only did this work improve the capacities of the NCIs in risk communication and coordination and communication, but it also affected the full structure of the organisation due to the internal exchange of information and better general management (int_GIZ_5). Coordination mechanisms that were introduced by the project and were planned for use at regional level, such as video conferencing, were used by subnational health staff in member countries (int_part_14). The training sessions were an informal channel for communication and advocacy with donors and other organisations (int_other_1).

Effectiveness dimension 4 – Unintended results – scores **20 of 20 points**.

Methodology for assessing effectiveness

Table 10: 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	Project outcome indicators	<p>Evaluation design: Analytical questions in the evaluation matrix, no specific evaluation design</p> <p>Empirical methods: Analysis of the project documents – results matrix in various offers, progress reports, monitoring and evaluation data in project</p>	No limitation, strong data quality
Contribution to achievement of objectives	<ul style="list-style-type: none"> - If the new communication and coordination mechanisms between regional level, national level and NCIs are in place (see outcome indicator 2 and - if the health risks communication strategies adapted to gender and One Health are effective (see outcome indicator 3) and - if the RRRT missions respond effectively to requests from ECOWAS member states (see outcome indicator 4), then - the advisory services to the ECOWAS Member states provided by the ECOWAS Commission, WAHO, and specialised agencies in establishing selected disease control mechanisms are improved. 	<p>Evaluation design: Contribution analysis</p> <p>Empirical methods: Triangulation of information that includes:</p> <ul style="list-style-type: none"> • analysis of project documents • interviews with project staff, counterparts and beneficiaries • focus group discussion 	Difficult to address the achievement of objectives at the level of particularly disadvantaged or vulnerable groups of beneficiaries and stakeholders (no strong data available); for all other questions, the data quality was strong

Effectiveness: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
Quality of implementation	The extent to which the ECOWAS Commission and WAHO have been involved in the project's internal processes; monitoring and evaluation mechanisms	<p>Evaluation design: Analytical evaluation of project documents, minutes of steering committee meeting, interviews, no specific evaluation design</p> <p>Empirical methods: Review of steering committee minutes; project document; monitoring and evaluation system; interviews with WAHO and ECOWAS stakeholders and with project team</p>	Limitation: Due to time constraints during the interviews with counterparts, the question was not explored in depth; data quality was good
Unintended results	Identification and analysis of unintended results	<p>Evaluation design: Contribution analysis</p> <p>Empirical methods: Triangulation of information that includes</p> <ul style="list-style-type: none"> • analysis of project documents • interviews with project staff, counterparts and beneficiaries • focus group discussion 	Limitation: No report on progress reports, most interviews had no answer to the question

4.5 Impact

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

Summarising assessment and rating of impact

Table 11: Rating of OECD/DAC criterion: impact

Criterion	Assessment dimension	Score and rating
Impact	Higher-level (intended) development changes/results	23 out of 30 points
	Contribution to higher-level (intended) development results/changes	25 out of 40 points
	Contribution to higher-level (unintended) development results/changes	30 out of 30 points
Impact score and rating		<p>Score: 78 out of 100 points</p> <p>Rating: Level 3: moderately successful</p>

The countries in the ECOWAS region have been making progress in implementing better prevention and control measures since the West African Ebola epidemic, but infectious disease threats are still an issue. Since the start of the project, ECOWAS member countries registered two PHEICs and reported accordingly to WHO. Both the vaccine-derived poliovirus infection in Nigeria and the current COVID-19 pandemic are still ongoing. When analysing the IHR core capacities, the countries improved their reports to WHO. However, core competencies varied among ECOWAS countries, and these skills have not improved considerably in recent years. Nevertheless, stakeholders in the region are almost unanimous in affirming that the capacities in outbreak preparedness and response have improved in recent years.

The project contributed to an improvement in disease control mechanisms in ECOWAS member countries. For example, over 220 million people are currently covered by the SORMAS surveillance system in Nigeria and Ghana (GIZ, 2021a). In particular, the improvement in the communication of health risks in ECOWAS member countries can be linked to the project's contribution in this field. This also includes unexpected positive impacts (e.g. improvements in health communication strategies and messages, not only in the field of infectious disease control but also in other areas such as mother and child health). Still, the advisory capacities of WAHO and RCSDC were not strengthened as expected, principally because of internal challenges within the counterpart organisations (human resource restraints), reducing the overall project impact.

In total, the impact of the project is rated Level 3: moderately successful, with 78 out of 100 points.

Analysis and assessment of impact

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

This dimension involved an analysis of the impact that the project had on the infectious disease control mechanisms in ECOWAS member states and the protection of their populations against outbreaks and pandemics. This was assessed using the programme indicator, the IHR core capacities of the ECOWAS member countries, and the information obtained in interviews. The leading questions were based on the main impact hypotheses: if ECOWAS member states had established improved disease control mechanisms in accordance with the IHR and if disease control in ECOWAS member states was working more effectively and faster.

The project was part of the German development cooperation Regional Programme Support to Pandemic Prevention in the ECOWAS Region. This programme had two indicators. The programme indicator for the project was: "The proportion of Public Health Events of International Concern (PHEIC) according to the IHR, for which the population of the ECOWAS region takes appropriate prevention and control measures, increases from 0% to 50%". During the project, two PHEICs were reported in the region. The first PHEIC was the poliovirus, including wild poliovirus which had been eradicated, and vaccine-derived poliovirus (cVDPV2) in Nigeria. The second PHEIC was the COVID-19 outbreak (WHO, 2020). The programme considered that the population in the region increased the proportion of appropriate measures for both PHEICs from 0% to 100%, and that the indicator was thus overachieved (PTB et al., 2021). However, the evaluators consider that this indicator is not strongly relevant, as the formulation of taking 'appropriate measures' is not specific. As an example, Nigeria had already taken measures to end wild poliovirus in its country before the programme started its activities (but the project's results matrix considered 0% measures as the baseline). In addition, during the last year, the vaccine-derived poliovirus caused an 'explosive outbreak... in Nigeria which has caused spread to neighbouring countries' (WHO, 2022b) and although measures were implemented rapidly to protect against COVID-19 in the ECOWAS region, vaccination rates were lower there than in other world regions (Sahel and West Africa Club Secretariat & OECD, 2022), indicating that complete 'appropriate measures' were not fully taken.

Thus, to investigate how countries in the ECOWAS region are prepared for and react to outbreaks, the evaluators also analysed how countries rated in relation to the [IHR core capacities](#) during the last few years

using the WHO self-assessment annual reporting tool (WHO, 2018b). This measured the core capacities⁵ in the project's initial fields of the activity: [risk communication](#), [IHR coordination and national IHR focal point functions](#), and the [development of human resources](#). The core capacities of ECOWAS member countries have changed since 2018, including those of the project's focus countries. However, apart from the risk communication skills, the changes do not present a specific trend: some core competencies improved and some worsened (see Table 12). The data presented covers 2018 to 2020, as the reporting criteria changed between 2017 and 2018 and information from earlier years is not comparable with the current score criteria. Besides, data from 2021 was not yet available at the time of writing.

Table 12: Countries self-report on IHR core capacities (source: WHO)

ECOWAS countries	Average of 13 IHR core capacity scores			Risk communication			IHR coordination and national IHR focal point functions			Development of human resources		
	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020
Liberia	46	46	54	60	60	60	70	70	70	40	40	40
Guinea	55	44	48	40	40	60	60	60	50	80	40	60
Sierra Leone	38	40	49	80	80	80	50	50	60	20	20	40
Togo	32	39	45	20	60	60	30	40	40	20	20	80
Nigeria	52	51	54	20	20	80	100	100	80	60	60	60
Ghana	47	49	49	80	80	80	50	60	60	20	20	20
Benin	35	35	35	40	40	20	60	60	60	60	60	60
Burkina Faso	29	44	51	20	40	40	30	40	70	60	80	80
Cabo Verde	46	48	52	20	40	40	50	40	50	40	40	40
Côte d'Ivoire	44	44	44	20	20	60	20	20	30	80	80	80
Gambia	35	38	35	20	20	60	30	40	40	60	80	80
Guinea-Bissau	40	25	35	40	40	60	40	20	50	60	20	40
Mali	49	48	50	60	60	60	50	50	50	40	40	40
Niger	40	39	10	20	20	20	60	70	0	80	80	0
Senegal	45	54	62	20	40	80	70	80	80	40	60	80
Worldwide (%)	61	63	65	57	60	64	67	70	70	63	63	64
Africa (%)	42	44	49	40	43	55	47	51	54	49	49	52
Focus countries												
SORMAS countries												

Therefore, based on the IHR core capacity indicators, the ECOWAS region did not have a considerable improvement in outbreak prevention and control measures. Nevertheless, almost all interviewees were under the impression that the countries in the ECOWAS region had improved their disease control mechanisms considerably (int_part_1, 2, 16, 19; GIZ_1; other_4, 6, 7), although one interviewee spontaneously referred that this impression may be mistaken if the IHR core capacities reports are taken into account (int_part_10). The evaluators therefore consider that higher-level development changes occurred, but not as expected, and consequently seven points were deducted from the total score.

Impact dimension 1 – Higher-level (intended) development changes/results – **scores 23 out of 30 points.**

⁵ State Parties to the IHR are required to submit to WHO an annual self-assessment of their core capacities for preparedness and response in relation to health emergencies and outbreaks. This self-assessment is based on 24 indicators across the 13 capacities. Indicators were changed in 2018, and data for 2021 was not yet available during the evaluation process.

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

Table 13: Selected results hypotheses for impact

Results hypothesis 1 (outcome – impact)	<p>ECOWAS member states have established improved disease control mechanisms in accordance with the International Health Regulations</p> <p>Outcome: the advisory services provided by the ECOWAS Commission, WAHO and specialised agencies to the ECOWAS member States for the establishment of disease control mechanisms in accordance with the International Health Regulations are improved</p> <p>Impact: Disease control in ECOWAS member states is more effective and faster, and, subsequently, the ECOWAS population has better protection from infectious diseases</p> <p>ECOWAS member states are currently faster and more effective in implementing disease control, and the population is now better protected (int_part_1, 3, 6, 11, 16, 17; GlZ_1; other_1). However, this cannot be confirmed with the data that the countries self-report on their IHR core capacities (see section above). The evaluators found it extremely difficult to evaluate the effect of the project with regard to the improved protection of the ECOWAS population (attribution gap). This difficulty was also addressed by many interviewees (int_other_1; GlZ_1; part_1, 16).</p>
Main assumption	NCIs, ministries of health and related national organisations had enough capacities and resources (financial and human) to establish disease control mechanisms
Risks	Lack of political will of ECOWAS member countries that do not consider pandemic preparedness and response to be a health priority
Alternative explanation	<p>The population of the ECOWAS region is less affected by specific pandemics (e.g. COVID-19) than other populations in the world due to external factors (e.g. demographic profile)</p> <p>ECOWAS member states mobilise enough national resources and/or receive advisory services and support from other donors (e.g. REDISSE project, WHO) and these are the main reasons for the improved disease control mechanisms</p>
Confirmed/partly confirmed/not confirmed	Hypothesis partly confirmed: the main assumption (capacities and resources) is only partially true; one alternative explanation is true (mobilisation of national resources and support from other donors are probably more responsible for the impact achieved)
Results hypothesis 2 (outcome – impact)	<p>(Due to the project's support), the ECOWAS Commission, WAHO and specialised agencies provide effective advisory services to the member states</p> <p>Contributions:</p> <ul style="list-style-type: none"> • Output A: Elaboration of risk communication strategy and SOPs; implementation of ICT measures (elaboration of risk communication platform, support for ECOSuite platform, four hackathons, e-learning courses, SORMAS-open) • Output B: Elaboration of inter-institutional strategy and SOP, EOC plans • Output C: ICT training measures (regional and national level); training of health staff (subnational level) • Output D: Support for implementation of SORMAS in Ghana and Nigeria (direct country support) <p>Outcome: Effective advisory services to the member states</p> <p>Impact: ECOWAS member states have established improved disease control mechanisms in accordance with the International Health Regulations</p>

	<p>According to the interviewees, disease control mechanisms improved in the ECOWAS member states (int_part_1, 2, 7, 13, 16; GIZ_1). Beneficiaries had different opinions on the utility of the advisory services. Representatives could not identify some of the services provided by ECOWAS (e.g. some had no knowledge of the ECOSuite platform) (int_part_3, 6, 11, 15) or did not consider it to be functional (int_part_3). Some thought that coordination strategies needed to be improved, as they were not structured enough (e.g. lack of follow-up), or were mainly reactive (int_other_7; part_3). One interviewee even reported that his organisation had no support from or direct relationship with RCSDC (int_other_5). Yet other interviewees reported that communications and coordination strategies had improved (int_part_3, 4, 6, 9, 11). The risk communication strategic plan supported member countries in improving their own risk communication strategies (int_part_1, 9, 15, 18,), including non-focus countries (int_part_1, 3, 13, 15). SOPs are elaborated, but are not fully in place, also due to a lack of funding and activities on the WAHO/RCSDC side (int_part_1). Training services were extremely well accepted. Training improved disease control in the member countries (int_part_1, 6, 9, 10, 13, 14, 15) and communication on health risks (int_other_7; group_1). Over 220 million people are covered by SORMAS in Nigeria and Ghana, of whom 34 million in the catchment area are supported by the project. Some interviewees reported that support from other organisations and the mobilisation of country-internal resources were the main reasons for the improvement in disease control mechanisms (int_part_16, 19; other_6), or stated that other WAHO advisory services not supported by the project were more relevant to improve disease control mechanisms in the region (int part_3, 4).</p>
Main assumption	WAHO and RCSDC implemented the strategies developed, and member states had an interest in using these advisory services
Risks	<p>ECOWAS Commission, WAHO and RCSDC do not have the capacity and/or political will to implement strategies on pandemic response and preparedness</p> <p>Structural, political, and human resources constrain in the ECOWAS commission, WAHO and RCSDC could jeopardise the effective provision of advisory services</p>
Alternative explanation	<p>The ECOWAS Commission, WAHO and RCSDC receive support from other agencies and/or mobilise enough of their own resources to improve their advisory services to member states</p> <p>ECOWAS member states mobilise enough national resources and/or receive advisory services and support from other donors (e.g. REDISSE project, WHO), which are the main reasons for the improved disease control mechanisms</p>
Confirmed/partly confirmed/not confirmed	The project's contribution to the improvement of disease control in ECOWAS member states can be considered positive due to the provision of human resources advisory services (training courses, SORMAS, risk communication) but not due to other outputs (ECOSuite). However, the alternative explanation (support from other agencies and use of member states' national resources) is also valid – the hypothesis is partially confirmed

RCSDC and WAHO provide financial and technical support to the NCIs. Representatives of NCIs and country agencies participate in training workshops; share experience and practices; receive advice on how to strengthen strategic advocacy and decision-making processes; and receive guidance on how to mobilise resources (int_part_10). RCSDC and WAHO also organise specific thematic groups (e.g. risk communication, surveillance, laboratory) to share experiences and find solutions for issues that countries may encounter. All countries in the ECOWAS region are connected to the RCSDC network, although some are more active than others (int_part_6, 10, 11, 13, 15, 16). The project supported some of the advisory services provided by WAHO and RCSDC, especially risk communication and training of human resources. One indicator that the advisory services provided on risk communication were effective and had an impact at country level was that the four

focus countries already had stronger capacities in this field by the beginning of the COVID-19 pandemic. These countries' experiences were used as examples for other countries in the region – this was explicitly discussed in a meeting between representatives of the ministries of health in the region (int_part_2). However, some strategies that were developed were not used (ECOSuite platform, risk communication platform) (int_part_10, 16) and consequently the expected impact was not achieved, as the new communication strategies were not structured or developed sufficiently and other communication channels for sharing information and reports (e.g. email or WhatsApp) were better accepted by the target group. In addition, the focus countries were pleased with the direct support obtained from the project's country staff for the creation and strengthening of the NCIs, although better coordination of these country activities with WAHO and RCSDC was expected by some partners (int_part_10).

With regard to alternative explanations, one such explanation is that, as COVID-19 led to [lower infection and death rates per capita in Africa than in other regions in the world](#), ECOWAS member states have or developed very strong control mechanisms for infectious disease control, as suggested by some authors. However, some of the same literature suggested that the African population would be less affected by the current COVID-19 pandemic for different reasons, especially because the continent has the youngest population in the world, making it less susceptible to the disease. Another suggestion is that COVID-19 cases and deaths were under-reported in the continent, which would be an indicator of weak control mechanisms (H. H. Musa et al., 2021; S. S. Musa et al., 2021; Oleribe et al., 2021). Therefore, it is difficult to assume that this alternative explanation would be correct or not in the current pandemic context.

When considering the second alternative explanation (that control mechanisms improved due to support provided by other donors and ECOWAS member countries), interviewees reported that the improvement in disease control mechanisms was strongly related to the countries' internal improvement in capacities (mobilisation of own resources) and to other donors, especially the REDISSE project; the project contributed in a synergetic way but was not the main contributor to the improvement achieved during the last few years (int_part_16, 19; other_6).

As both hypotheses were only partially confirmed, 15 points were deducted from the total score.

Impact dimension 2 – Contribution to higher-level (intended) development results/changes – scores **25 out of 40 points**.

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

One important positive unintended higher-level effect that could be identified was that the health risk communication strategies and mechanisms (WAHO risk communication strategy and SOPs) inspired countries to improve, review and implement health communication strategies for other health issues, such as mother and child health or non-communicable diseases (int_part_15). Beyond the responsibility of the project, new training courses for journalists broadcasting in local languages were developed based on the training's provided by the project (group_1). Also, the support and success of SORMAS in Nigeria and Ghana sparked the [interest of other countries](#) in this open source tool: [Germany, France, Switzerland and Fiji](#) implemented SORMAS during the COVID-19 pandemic.

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

Methodology for assessing impact

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

Impact: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
Higher-level (intended) development changes/results	Analysis of the programme indicator relevant for the technical cooperation (number of PHEICs reported over the course of the project); countries in the ECOWAS region self-reporting on IHR core capacities (from 2018 to 2020)	<p>Evaluation design: No specific evaluation design applied; the analysis follows the analytical questions from the evaluation matrix</p> <p>Empirical methods: Analysis of data available in WHO system; interviews with stakeholders</p>	No limitations, data quality was strong
Contribution to higher-level (intended) development results/changes	<p>Selected hypothesis:</p> <ul style="list-style-type: none"> - If ECOWAS member states have established improved disease control mechanisms in accordance with the IHR, and - if the ECOWAS Commission, WAHO and specialised agencies provide advisory services to the member states in effectively applying these mechanisms, then - disease control in ECOWAS member states is more effective and faster, and subsequently, - the ECOWAS population has better protection from infectious diseases 	<p>Evaluation design: Contribution analysis – analysis of the questions from the evaluation matrix</p> <p>Empirical methods: Interviews with project team and stakeholders; analysis of project documents</p>	Strong political context; discussion about internal capacities of counterparts (technical, organisational and financial factors) were avoided or not openly discussed by many of the interviewees; data quality was good
Contribution to higher-level (unintended) development results/changes	Observations by project and evaluators – unforeseen results that were identified during the project implementation period and evaluation process	<p>Evaluation design: Contribution analysis – analysis of the questions from the evaluation matrix</p> <p>Empirical methods: Interviews with project team and stakeholders; analysis of project documents</p>	Unintended results were not reported in progress reports; maybe some results were not recognised; data quality was moderate

4.6 Efficiency

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

Summarising assessment and rating of efficiency

Overall, the project was moderately efficient. Almost all indicators were achieved, except for output B3 (support measures for the organisational development of WAHO/RCSDC). The COVID-19 pandemic caused some delays in project processes. Some services and products were highly appreciated (SORMAS, training, risk communication strategy and related SOP). Costs were allocated almost equally between outputs, with 10% overarching costs. The project team mobilised EUR 8 million from the EU, which led to increased support in the focus countries (Guinea, Liberia, Sierra Leone and Togo) with additional technical advisors in these countries. However, SORMAS is not affordable at the moment for some countries in the region, and some other project services/products were not used (RRRT, EcoSuite platform, risk communication platform). Coordination across outputs and COVID-19-related procurement were resource- and time-intensive due to a complex project management structure. Some delays and challenges in the implementation included organisational requirements, as well as limited capacities within WAHO/RCDSC (understaffing).

Table 15: Rating of OECD/DAC criterion: efficiency

Criterion	Assessment dimension	Score and rating
Efficiency	Production efficiency (Resources/Outputs)	58 out of 70 points
	Allocation efficiency (Resources/Outcome)	20 out of 30 points
Efficiency score and rating		Score: 78 out of 100 points Rating: Level 3: moderately successful

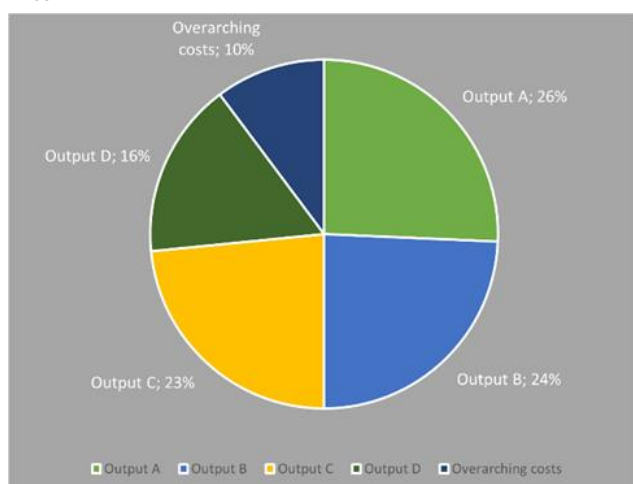
In total, the efficiency of the project is rated **Level 3: moderately successful**, with 78 out of 100 points.

Analysis and assessment of efficiency

Efficiency dimension 1: Production efficiency

This dimension is assessed based on the efficiency tool, which allocates costs to specific outputs of the project, using a follow-the-money approach. The allocation of funds by output (Figure 6) shows a relatively balanced distribution of costs, with costs for the three original outputs (A, B, C) accounting for 73% of all costs, output D (SORMAS) accounting for around 16% of all costs and overarching costs accounting for 10% of all costs, which is reasonable for GIZ standards. This balance between outputs seems to reflect the project design. Residual funds as of February 2022 were about EUR 1.4 million and correspond to unspent funds for procurement, due to important fluctuations in market prices for commodities like personal protective equipment (PPE), changes in WAHO requirements, and returned funds from some recipients and contractors as money was not spent (e.g. travel funds were not used due to travel restrictions). Attempts by the project to get updated information from WAHO and procure other items (i.e. to support vaccine campaigns) were not successful (group_3).

Figure 6: Total costs according to outputs and overarching costs in %



Elements of efficiency:

- Almost all indicators were achieved, except for the organisational development measures for WAHO/RCSDC. This represents good efficiency, especially considering the additional COVID-19 procurement component that was added and the challenges and constraints brought about by the pandemic. It is important to state that although the project mobilised EUR 6 million from BMZ and EUR 4 million from the EU as emergency funding for COVID-19, output indicators were only increased on the training component (output indicator C3 – a target of 340 trained people in the offer of October

2018 which increased to 840 in the offer of April 2022). In the case of output indicator A3, the target of 119 media reports presented in the offer of October 2018 was reduced to only 15 in the results matrix of the 2019 technical report, before the COVID-19 pandemic started. This was not adapted in the offer of April 2020, although the number of media reports naturally increased during the pandemic, also due to support from the project and the increase in funds. In the last offer (October 2020, EU COVID-19 emergency funds), there were no changes to outcome and output indicators or targets. As agreed with BMZ, the GIZ headquarters under the lead of the GIZ Sector Initiative Universal Health Coverage (SV UHC) and Sectoral Department (FMB), established a monitoring system for the use of the COVID-19 emergency funds. The project team sent a bi-weekly, narrative update of the COVID-19 funded activities and purchases. No target indicators were established for these funds (group_4). The evaluators considered that this increase in funds should have at least been partially reflected in the results matrix, with the inclusion of output indicators (and also outcomes, see section on allocation efficiency) related to COVID-19 (e.g. indicators related to the purchase and/or distribution of COVID-19 PPE), and an increase in the targets of the existing indicators (e.g. an increase in the number of media reports). However, as these media reports were not under the direct control of the project staff, but only influenced by them, this specific indicator would be more appropriate at the outcome level.

- The project trained six times more health professionals and regional staff (from ECOWAS, WAHO, RCSDC, NCIs) than planned (a total of 6,767 trained people despite an original target of 1,060 – sum of indicators C2 and C3 target). This is a very good achievement thanks to a very efficient training model and EU co-financing. The training model for risk communication, communication and coordination (training of trainers and cascade training in focus countries) was very efficient, both in terms of use of the material (curriculum) and maximisation of training targets (int_other_3; GIZ_3).
- Successful fund mobilisation with BMZ and the EU (budget increased from EUR 7 million to EUR 26 million, including EUR 8 million from the EU) brought a team of six technical advisors, including four at country level. This was crucial to carry out an effective intervention in the partner countries (direct collaboration and implementation at country level with partners, strengthening of EOCs, operationalisation of NRRTs, training for these teams and for health care workers including through a grant agreement with WHO) (int_GIZ_5).

Figure 7: Description of outputs and costs⁶

	Output A	Output B	Output C	Output D	
Outputs	In the ECOWAS Region, the communication of health risks due to infectious diseases which takes gender and One Health aspects into account has improved.	The communication and coordination between ECOWAS institutions and specialised agencies, NCIs and partners in the field of disease control has been strengthened.	The human resources of the ECOWAS Commission, WAHO, RCSDC and the NCIs in disease control are strengthened	The digitalised disease outbreak management and surveillance system in Nigeria and Ghana has been enhanced	Overarching costs
Costs incl. commitment (Obligo)	3,458,372.41 €	3,273,555.98 €	3,149,191.10 €	2,185,243.51 €	1,393,383.52 €
Co-financing	not available	not available	not available	not available	not available
Partner inputs	37,500.00 €	37,500.00 €	37,500.00 €	37,500.00 €	0.00 €
Total costs	3,495,872.41 €	3,311,055.98 €	3,186,691.10 €	2,222,743.51 €	1,393,383.52 €
Total costs in %	26%	24%	23%	16%	10%
BMZ total costs in % without co-financing	26%	24%	23%	16%	10%

- Outsourcing of services: Two key organisations (GFA Consulting Group GmbH and HZI) and external consultants provided the required technical expertise on pandemic preparedness, ICT and digitalised software for pandemic prevention and control, which were relatively new topics for the German technical cooperation at the start of the project.
- The risk communication strategies and SOP were much appreciated and well used by partners (also for other health issues, e.g. mother and child care). Stakeholders did not have technical expertise in this field, and some were not even aware of its importance.
- The development of a manual for the RRRT with the World Bank was a good example of collaboration with other development partners and gave visibility to the project. The project staff also reported good working relationships with other partners, such as the Robert Koch Institute, Public Health England and WHO (group 4). Nevertheless, a GIZ interviewee mentioned that more collaboration with other development partners could further increase synergies and efficiency (int_GIZ_9). Counterpart contributions were made as agreed in the project design (group_3).

Photo 2: Implementation of SORMAS (Source: © GIZ – first project phase, archive, 2020)



⁶ Unfortunately, the project team could not provide the inputs from the EU co-financing according to output.

Elements that reduced efficiency:

- Implementation delays were caused by administrative/organisational requirements (WAHO, NCIs, GIZ) (int_part_3), and the COVID-19 pandemic (travel bans, evacuation of GIZ staff, prioritising of emergency COVID-19-related procurement and training). Some outputs were not achieved or their achievement was significantly delayed, such as the organisational development measures for WAHO/RCSDC (int_GIZ_9; group_3) and the gender study. As a result, the indicator on organisational development for WAHO/CRDSC is only 50% achieved as only one measure was carried out.
- The consulting company (GFA) collaborated on three different outputs but was not responsible for one output in its totality. The project staff therefore needed time and resources to coordinate and monitor these activities (group_3).
- Even though it was difficult to find local consultants with the technical expertise and bilingual skills (English/French) to work with, the project could have used more regional consultants (int_GIZ_9) to increase sustainability and regional ownership (int_part_16,19). However, this view was not shared by all GIZ staff, who reported that the project hired local experts to work on some of its activities related to ECOSuite, the risk communication platform, the gender study and the risk communication analysis, for example (group 4).
- Even though the use of SORMAS improved the utilisation of human resources at country level and reduced response time, as information flow is electronic and available immediately (int_other_2), SORMAS development and implementation costs were quite high (EUR 2.2 million, including EUR 1.3 million from BMZ). SORMAS training for 721 people in Nigeria and Ghana cost EUR 337,000, an average cost of EUR 467 per person trained. The SORMAS implementation model, with HZI overseeing implementation, training and supervision of SORMAS users, was quite costly. There was limited knowledge management and visibility (which were not priorities for HZI, which, unlike GIZ, is a research institute). The transfer of capacities and ownership of local partners was therefore limited. However, it was a pragmatic strategy at the time, which transferred the risk of innovation to a research institute and ensured that relevant technical expertise was available (group_3). GIZ could have requested a gradual transfer of the implementation role to GIZ/local partners, and stronger involvement of local partners in the development of SORMAS from the onset of the project. RPPP2 changed this approach to give the NCIs an implementer role and HZI the responsibility of SORMAS maintenance and quality assurance (group_3).

Overall, the project efficiency was assessed as good: almost all indicators were achieved, there was good resource mobilisation of EU funds and cost-sharing of key activities and staff, and the training model was very efficient. However, three points were deducted for each of the elements of inefficiency described above: the high costs of some measures (SORMAS); the lack of results in the organisational development of RCSDC (organisational development plan was elaborated, but not applied); and the resource- and time-intensive coordination across the outputs due to a complex project and financial management structure. In addition, although the project mobilised EUR 10 million in COVID-19 emergency funds, the production efficiency of these funds cannot be assessed as the project did not include a specific indicator and target at the output level for this component. Three more points were therefore deducted. In total, 12 points were deducted from the maximum 70 points.

Efficiency dimension 1 – Production efficiency – **scores 58 out of 70 points.**

Efficiency dimension 2: Allocation efficiency

As mentioned in the impact analysis and evaluation, the project had a positive impact on disease control mechanisms in the ECOWAS countries, notably thanks to the strengthening of human resources, the implementation of SORMAS, and the work in the field of risk communication. Nevertheless, the evaluators found it difficult to assess the extent to which the countries have improved their prevention and control measures and the extent to which the project contributed to this and how efficiently it did so (see section on impact). Moreover, while almost all indicators were reached according to the results matrix, they do not always indicate the extent to which the provided services/tools are used by beneficiaries – which is an important factor

to consider for the allocation efficiency analysis. For example, the RRRT is ready to operate, but it received only one request from a country during the project implementation period. Equally, the ECOSuite communication platform was updated but is not fully used. This reduces the allocation efficiency of the project.

SORMAS, another major achievement of the project and greatly appreciated and used by partners in Nigeria and Ghana, remains an expensive, albeit high-quality, tool: SORMAS cost EUR 0.06 per capita for the project (total cost of EUR 2.2 million for a population of 35 million people in its catchment area in Nigeria and Ghana). Still, this is comparable or even cheaper than other integrated disease surveillance and response systems (even though they are not equivalent): according to two studies, the cost per capita for the implementation of DHIS2 (Ethiopia) was USD 0.14 (Sloan et al., 2020) and the cost per capita for the implementation of IDRS in Eritrea, Burkina Faso and Mali was USD 0.16, USD 0.04 and USD 0.02, respectively (Somda et al., 2009). Yet, it should be considered that these studies reported that these countries did not implement DHIS2 only with their national resources, but received support from international donors. A potential rollout of SORMAS in the region raises some questions in terms of its financial sustainability: to be cost-efficient, reduced training costs, increased coverage and locally organised implementation (not HZI) seem to be required. At present, SORMAS remains unaffordable for many countries in the region (int_part_2, 15) and would require significant resource mobilisation with other international donors.

The risk communication strategy was used as a reference for risk communication in the countries. However, the evaluation team could not estimate its actual development costs with the financial documents at hand nor could it find any 'benchmark' in this respect. Finally, it was difficult to evaluate the allocation efficiency, as the project – which was developed before the joint procedural reform (GVR) entered into force – did not include any alternative design and there is no other information on potential alternative strategies. The evaluation team therefore had difficulties making definite assumptions, and the analysis was based on the following ideas following discussions with the project team members.

SORMAS component: The project worked with HZI and did not only rely on the local expertise in Nigeria. This approach was more expensive than it would have been if only local experts had been mobilised. Due to time constraints and to avoid bureaucratic steps, the project opted to assign HZI to work on the component. Moreover, SORMAS was a new system; GIZ had no previous experience with it and stronger quality control was necessary. The project team found that HZI was better equipped to perform greater quality control. The evaluators consider these arguments to be feasible.

Considering the use of the emergency funds, the project carried out the contracts and directly purchase goods for countries. These funds could have been canalised through the WAHO, improving the capacities of the organisation and its position in the region. However, this could have increased the bureaucracy in the purchasing process so, considering the urgency of the situation, the decision that was made for the project to be directly responsible for purchasing goods can be considered appropriated.

The project focused on four of the IHR core capacities, but other capacities could have been chosen. Other donors were also working on strengthening human resources. Nevertheless, the choice of these four IHR is adequate: the work on human resources was synergic to other initiatives, and the risk communication component was not addressed by any other donor or initiative of relevance.

The project had two main offices, one in Abuja, Nigeria and one in Bobo-Dioulasso, Burkina Faso. The project team also considered other ideas, for example having (one or more) offices in the focus countries to act as 'hub office(s)' for the various countries or having only one central office in Burkina Faso. The idea of having hub offices could have improved the coordination and work with the national organisations, but it could also have disconnected the coordination of activities from the regional level. And if only one office had been opened in Burkina Faso (where WAHO has its headquarters), the project would not have been able to cooperate closely

with RCSDC, which has its headquarters in Abuja. The location and maintenance of the two offices was therefore considered adequate.

The project design was developed on the basis that the advisory services of WAHO and RCSDC should be strengthened. Activities were developed at both regional and country level. Gaps were identified at regional level, which caused difficulties for the implementation of the project. This challenge was viewed differently by the various partners: some partners considered that the project's cooperation and work with the regional partners should have been strengthened and better coordinated (int_part_10, 19), others considered that the main challenge was the regional organisation's lack of capacities, especially due to the lack of personnel (group_4; int_other_1) and the bureaucratic procedures (int_GIZ_4; group_4). Some representatives of the regional partners had expectations regarding the procedures for disbursing funds or GIZ's working approaches that could not be addressed by the organisation or project team (group_4). Alternative designs (approaches or activities) that would have addressed some of these factors – more in-depth discussions with partners for a better understanding of the ways in which German technical cooperation worked, specific actions to try to overcome the lack of personnel in the regional organisations (e.g. inclusion of embedded advisors) – could have improved the allocation of the project's resources and the achievement of its results.

As already described in the section on effectiveness, it is important to point out that, although the project mobilised EUR 10 million in COVID-19 emergency funds, it did not adapt the outcome indicators, apart from a modest increase in the number of districts/LGAs in its SORMAS component. Strictly speaking, the efficiency allocation was weak compared to the first offers, as the same outcomes were considered to be achieved but with a higher volume of funds. However, the evaluators recognised that many activities were carried out with the emergency funds and these were positive, although they were not reflected or measured by the outcome (or output) indicators.

To calculate the allocation efficiency, the following weightings were considered:

- 30% of the points were allocated for input-outcome targets; full points were awarded for achieving the five outcome indicators
- 50% of the points were allocated for the real effectiveness of the main expected outcomes (input-outcome effects):
 - RRRT not being used/requested – 10% of the points were deducted
 - ECOSuite and risk communication platform only partially used – (half of effectiveness: 5% each) – 10% of the points were deducted
- 10% of the points were allocated for alternative designs – there was no alternative design to address regional shortages – 3% of the points were deducted
- 10% of the points were allocated for the outcome's adaptation due to the increase in funds (there was no adaptation, expected outcomes were the same with 38% more funds) – 10% of points were deducted

Total deduction: 33% – 10 points of the total allocation efficiency score.

Efficiency dimension 2 – Allocation efficiency – **scores 20 out of 30 points.**

Methodology for assessing efficiency

Table 16: Methodology for assessing OECD/DAC criterion: efficiency

Efficiency: assessment dimensions	Basis for assessment	Evaluation design and empirical methods	Data quality and limitations
Production efficiency (Resources/Outputs)	The basis of this dimension (based on the GIZ efficiency tool) is the way in which resources were allocated to the individual outputs and whether this could have been done more efficiently (costs per output, efficient use of resources following the minimum principle).	Evaluation design: The evaluation uses the follow-the-money approach Empirical methods: Analysis of the efficiency tool and other documents Triangulation with information collected from interviews and emails	<ul style="list-style-type: none"> • Non-KOMP project • Evidence weak • Data on budgeted/actual costs estimated by the project – evaluation based on subjective estimations • EU co-financing not allocated per output • Residual funds not allocated per output • No information on partners' actual contribution • Final version of efficiency toll only finalised after evaluation mission, as project did not have data available – difficulties in triangulating efficiency hypothesis
Allocation efficiency (Resources/Outcome)	The basis of the evaluation is the question of whether the results could have been achieved at a lower cost or could have been maximised using existing resources. This includes an analysis of whether the indicators were sufficiently ambitious given the budget and the increase in the budget that occurred in the new offers	Evaluation design: The evaluation design uses the questions included in the evaluation framework matrix; no specific evaluation design was applied Empirical methods: Analysis of the efficiency tool and other documents provided by the project Triangulation with information collected from interviews and emails	<ul style="list-style-type: none"> • Lack of data on costs of other similar programmes or 'benchmarks' • No alternative design as project was implemented before the GVR entered into force • Alternative designs were only considered as a hypothesis and evaluated on the basis of subjective assumptions

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 17: Rating of OECD/DAC criterion: sustainability

Criterion	Assessment dimension	Score and rating
Sustainability	Capacities of the beneficiaries and stakeholders	12 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: 71 out of 100 points Rating: Level 3: moderately successful

ECOWAS member countries are more aware of the importance of pandemic preparedness and response and are improving their capacities in this area. The capacities of NCIs, WAHO and RCSDC have to be strengthened to increase the sustainability of the strategies that have been developed. The project helps to strengthen the capacities of counterparts, particularly in the area of human resources and training in risk communication and communication and coordination. The organisational development measures that would improve the capacities of RCSDC were not carried out as initially planned. The partners have good ownership of some of the project results, such as strategies for risk communication and communication and coordination, and SORMAS. These results will probably be durable over time. Other results, such as the IT solutions developed with the project's support (platforms, hackathons), the operationalisation of SOPs, and the Regional Rapid Response Team, will be less sustainable if strategies and activities to support them are not reconsidered or finalised.

In total, the sustainability of the project is rated Level 3: moderately successful, with 71 out of 100 points.

Analysis and assessment of sustainability

Sustainability dimension 1: Capacities of the beneficiaries and stakeholders

Since the Ebola pandemic, organisations in the region are more aware of the importance of being prepared and having response strategies to fight infectious diseases. Since then, RCSDC has been created; different organisations have developed response plans; laboratory capacity has increased; people are better trained; and new tools for communication, surveillance and monitoring have been implemented (int_part_1, 2, 10, 18, 19). The capacities of the various (direct) beneficiaries and stakeholders are still very diverse (int_part_1, 2, 19). NCIs, EOCs, WAHO and RCSDC have different levels of development, internal capabilities and political power. The Nigeria Centre for Disease Control (Nigeria CDC), probably the strongest NCI in the region, not only has the capacity to implement the strategies developed and supported by the project but is also very willing to maintain the SORMAS strategy and to support other countries in the implementation of this tool, even in a 'south-north cooperation' (int_part_12). Other NCIs still need strong support from international donors and WAHO to implement strategies and would not be able to put in practice measures related to the Risk Communication Strategic Plan (WAHO 2019b) or the Regional Strategy - Communication and Coordination between Institutions in the ECOWAS Region for the Control of Epidemics (WAHO 2019a) and the related

SOPs (WAHO 2020, 2021) (int_part_1, 2, 13). WAHO and RCSDC are aware of the challenges of these frailer countries, and staff try to give focused support and advice when requested (int_part_1, 2, 16). However, the most serious challenges encountered by the project were the internal organisational capacities of WAHO and RCSDC: although the managers and staff of these organisations are strongly motivated and competent, 75% of the positions in their organogram are vacant, and the institutions would strongly benefit from institution building strategies (int_other_1; GIZ_1, 5, 9; part_2, 16). Since weakness can be encountered in the internal capacities of the beneficiaries and stakeholders, eight points were deducted from the total score.

Sustainability dimension 1 – Capacities of the beneficiaries and stakeholders – scores **12 out of 20 points**.

Sustainability dimension 2: Contribution to supporting sustainable capacities

The project's main contribution to strengthening the capacities of counterparts was its very strong focus on training and human resource development (third field of activity). Gained skills and the increased capacities of training courses improved the preparation and coordination of meetings, encouraged the participation of various stakeholders, including those at subnational level, and improved the quality of reporting (int_part_14). Risk communication training gave trainees new skills, tools and methods on how to better communicate with the public, not only in relation to infectious diseases (int_part_1, 2, 13; int_GIZ_6; group_1), but also other fields (int_part_15). Trained staff also passed on training content to other members of NCIs/EOCs (cascade training/training of trainers" approach) (group_1, 3), thereby increasing the capacities of the organisations.

The project's collaboration with WAHO and RCSDC also supported strengthen the capacities of these organisations. The support for the elaboration of WAHO's strategies and SOPs strengthened the organisations, especially the risk communication technical capacities of RCSDC (int_part_1). However, some counterparts considered the project's approach of directly supporting the focus countries, rather than providing support through RCSDC channels, as a missed opportunity to strengthen the position and capacities of the project's main implementation organisation (int_part_10, 16, 19). The project also planned to develop two support measures for the organisation, but, due to the COVID-19 pandemic, the findings of an organisational development assessment carried out with project support were only presented in the last month of the project activities (final report: 9 August 2021, GIZ 2021a; presentation: 24 August 2022). The capacities of the project's counterparts were supported, but some challenges and criticisms were encountered, especially regarding collaboration with the main counterpart. Consequently, 25% of the points were deducted from the total score.

Sustainability dimension 2 – Contribution to supporting sustainable capacities – scores **23 out of 30 points**.

Sustainability dimension 3: Durability of results over time

As the project's second phase will continue to support activities related to the four fields of activities, sustainability strategies will still be developed in the next project phase. The project will still be operating in a very politically unstable context, and this can strongly influence the durability of the interventions. The political instability and the interest of the ECOWAS countries may affect not only the national and subnational agencies and policies, but also influence the stability of WAHO and RCSDC. However, the following is an overview of the durability of results by the end of the first project phase.

First field of activity – risk communication The risk communication strategy plan (output indicator A1) has a good chance of sustainability, as the document is produced and ratified by the ECOWAS Commission. Human resources responsible for its implementation are active and motivated (int_part_1; GIZ_6), and the usefulness of the strategy is recognised and used by many stakeholders (int_part_1, 2, 3, 13, 15). In addition, advisory services are well accepted by ECOWAS member states, as countries recognise a clear knowledge gap in risk communication and the necessity to improve their risk communication strategies (int_part_1, 13, 15). WAHO/RCSDC created a risk communication network for sharing documents and information (int_part_18). Yet, the risk communication SOPs exist but are not in use (int_part_1). WAHO and RCSDC need to allocate a

budget and planned activities (operational plans) to guarantee sustainability of the products elaborated. Moreover, the risk communication platform is not in use by ECOWAS member states/NCI representatives (int_part_13, 15). The platform is not being updated, as RCSDC does not have sufficient resources and it is currently searching for financial support from other organisations (int_part_1). The platform is currently not [continuously active](#), and it is at risk of not being sustainable. Regarding the strategies and solutions developed by the hackathons, no strong evidence is available to confirm if the solutions developed are still in place (int_GIZ_6). The winner of the Nigerian hackathon was supposed to have developed a workflow for public service messages with the Ministry of Health (int_GIZ_6; group_3), but this could not be confirmed by the evaluators. According to another winner of the competition, the 'aftercare programme' that should have been implemented was not effective as no financial support was available, and the [IT solution](#) produced could not be put in place due to a lack of resources. Considering that the project's new phase will still support training activities for risk communication under output 3, as described in the project's new results matrix (GIZ, 2019b), the total sustainability of the result in this field of activity is rated at 70%.

Second field of activity – communication and coordination The Regional Strategy for Communication and Coordination between Institutions in the ECOWAS Region for the Control of Epidemics (WAHO 2019a) (output B1), which was produced and ratified by the ECOWAS Commission, has a good chance of sustainability. The ECOSuite platform already existed before the project activities started, and the project supported its adaptation and training of WAHO, RCSDC and NCI staff in focus countries in its use. The strategy could be sustainable if the platform is continuously improved and promoted, and if training on its use is expanded to NCIs in other non-focus countries in the region. Neither WAHO nor RCSDC currently have any plans to carry out such activities, but internal discussions are in progress (int_part_18). As many challenges are encountered in maintaining the result in this field of activity, the next project phase will act at an inter-institutional level regarding communication and coordination (output 2, project's new results matrix (GIZ, 2019b), and the evaluators consider that sustainability of the result is at 60%.

Third field of activity – human resources and rapid response teams In general, the strategy of supporting human resource development is considered a good sustainability strategy, due to the general improvement in the region's capacities (int_part_2; group_1). Trainees who took part in the training on risk communication, passed on the information they received to colleagues. The material was also disseminated and shared in local languages, improving the dissemination of the skills within the target organisations. WAHO/RCSDC cooperated with a public health school, Institut Régional de Santé Publique, in Ouidah, Benin, to maintain training courses using the online training version and to supervise possible future trainees. However, lecturers did not follow up on activities after the main training finished (int_part_1). The current construct of the RRRT is not sustainable, as ECOWAS countries did not show an interest in requesting its support. RCSDC should be the organisation responsible for following up the mechanisms and sustainability of the strategy, and work in close collaboration with WHO's Dakar office. However, the evaluation team could not identify any strategy (e.g. financial support, incorporation of the strategy in WAHO/RCSDC activities), and the project staff received no information on the follow-up strategies for the team that should be elaborated by WAHO/RCSDC (int_GIZ_3). The National Rapid Response Teams have a better chance of sustainability, as focus countries have an interest in them, and they are responsible for carrying out activities. The new project phase will include many activities that support the national rapid response team (output 1 of the project's new results matrix) (GIZ, 2019b). The new project phase is also planning one activity to support the Regional RRT (output 2, activity 2). The sustainability of the result is at 65%.

Fourth field of activity – SORMAS The introduction of and support for SORMAS in both Nigeria and Ghana have strong chances of sustainability, especially because both countries have an interest in continuing the use and expansion of the tool (int_other_2; int_part_12). However, SORMAS is very resource-intensive, as it needs a high input of financial resources and continuous staff training. The results of this field of activity have a strong chance of sustainability, also because the new project phase is developing and implementing new activities to

strengthen this field of activity in the new project phase, including at regional level under RCSDC – output 4, project's new results matrix (GIZ, 2019b). A sustainability rate of 90% is calculated for this field of activity.

Considering the weighting given to the sustainability of the results under each of the fields of activity, a total score was calculated: $(0.7 + 0.6 + 0.65 + 0.9)/4$ fields of activity = 71% = 36 points out of a total of 50 points. Sustainability dimension 3 – Durability of results over time – scores **36 out of 50 points**.

Methodology for assessing sustainability

Table 18: 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 WAHO, RCSDC and NCIs in sustaining the results of the project	<p>Evaluation design: No specific evaluation design applied; the analysis follows the analytical questions from the evaluation matrix</p> <p>Empirical methods: Analysis of project documents and interviews; triangulation of information</p>	Limitation: Strong political context; discussion about internal capacities of counterparts – technical, organisational and financial factors – were avoided or not openly discussed by many of the interviewees; data quality was good
Contribution to supporting sustainable capacities	Analysis of how the project helped to improve the capacities of beneficiaries	<p>Evaluation design: No specific evaluation design applied; the analysis follows the analytical questions from the evaluation matrix</p> <p>Empirical methods: Analysis of project documents and interviews; triangulation of information</p>	Limitation: Strong political context; discussion about internal capacities of counterparts – technical, organisational and financial factors – were avoided or not openly discussed by many of the interviewees; data quality was good
Durability of results over time	Durability of results taking into consideration context and specific field of activity	<p>Evaluation design: No specific evaluation designs applied; the analysis follows the analytical questions from the evaluation matrix</p> <p>Empirical methods: Analysis of project documents and interviews; triangulation of information</p>	Some stakeholders that are relevant for the sustainability of the results (e.g. WHO) did not respond to the request for an interview; data quality was good

4.8 Key results and overall rating

The project's topic and design were aligned with the strategies and policies of GIZ, donors and ECOWAS. The project addressed the main needs of counterparts, but the organisational development support for RCSDC could have been explored better, considering that this posed a serious challenge for the implementation of the project. The COVID-19 pandemic also challenged the performance of the project. However, due to the pandemic, the project was able to mobilise extra funds from the COVID-19 emergency funds provided by BMZ and the EU (around EUR 10 million, or 38% of the project's budget), and had the chance to put into practice the tools and mechanisms that were being developed. Some results were effective and had an impact, but others did not achieve the expected performance, and may not be sustainable with the current strategies in place.

The main project results are summarised below.

- The actions in the field of activity „risk communication“ were successful following the creation of the WAHO risk communication strategy and the creation of the related SOPs. Additionally, ECOWAS member countries appreciated and put into practice risk communication mechanisms and strategies with the support of WAHO and RCSDC during the COVID-19 pandemic.
- Communication and coordination of WAHO and RCSDC still takes place through informal channels, on a one-to-one basis and is not well structured, although the project tried to support the creation of coordination mechanisms (int_part_2). Nevertheless, the contribution was positive, especially with the creation of the Regional Strategy for Communication and Coordination between Institutions and related SOP, which improved regional capacities (int_part_2).
- Strengthening human resources for representatives of NCIs and subnational staff using training activities was a very important achievement, and was recognised by many counterparts and key stakeholders. Stronger support for the development of the main counterpart institutions (WAHO and RCSDC) could have been given (int_other_1).
- SORMAS improved the use of human resources at country level (Nigeria and Ghana) and reduced response time, as information flow is now electronic and information is available immediately. SORMAS is compatible with DHIS2 but is stronger in the automation of data management processes at national and subnational levels – data is recorded in real time and can be disaggregated, allowing decisions to be made quickly. However, SORMAS is very resource-intensive, which could hinder the expansion of the solution to other countries in the ECOWAS region.
- The project rapidly channelised the COVID-19 emergency funds, increasing country activities, including the procurement of goods (e.g. PPP, hospital supplies).

Photo 3: COVID-19 – procurement of goods (Source: © GIZ 2020, archive)



Table 19: Overall rating of OECD/DAC criteria and assessment dimensions

Evaluation criteria	Dimension	Max	Score	Total (max.100)	Rating
Relevance	Alignment with policies and priorities	30	30	93	Level 1: highly successful
	Alignment with the needs and capacities of the beneficiaries and stakeholders	30	26		
	Appropriateness of the design*	20	17		
	Adaptability – response to change	20	20		
Coherence	Internal Coherence	50	48	93	Level 1: highly successful
	External Coherence	50	45		
Effectiveness	Achievement of the (intended) objectives	30	26	81	Level 2: successful
	Contribution to achievement of objectives	30	18		
	Quality of implementation	20	17		
	Unintended results	20	20		
Impact	Higher-level (intended) development changes/results	30	23	78	Level 3: moderately successful
	Contribution to higher-level (intended) development results/changes	40	25		
	Contribution to higher-level (unintended) development results/changes	30	30		
Efficiency	Production efficiency	70	58	70	Level 3: moderately successful
	Allocation efficiency	30	20		
Sustainability	Capacities of the beneficiaries and stakeholders	20	12	71	Level 3: moderately successful
	Contribution to supporting sustainable capacities	30	23		
	Durability of results over time	50	36		
Mean score and overall rating		100	81		Level 2: successful *

Table 20: Rating and score scales

100-point scale (score)	6-level scale (rating)
92–100	Level 1: highly successful
81–91	Level 2: successful
67–80	Level 3: moderately successful
50–66	Level 4: moderately unsuccessful
30–49	Level 5: unsuccessful
0–29	Level 6: highly unsuccessful
<p>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.</p>	

5 Conclusions and recommendations

5.1 Key findings and factors of success/failure

The ECOWAS region has a very complex and unstable political context. Communication between countries is hindered due to the three different official languages in the region: five countries are anglophone, eight are francophone and two are lusophone (Portuguese-speaking), and the countries usually have stronger coordination and cooperation within their language group due to their historical boundaries (int_part_2). Other obstacles are the different positions and political interests of the various member countries. All these challenges are reflected in the work of the ECOWAS Commission and specialised organisations. Nevertheless, cooperation in the region has improved, and all countries in the region currently have Emergency Operation Centres and strategic response plans for outbreaks and pandemic situations.

WAHO and RCSDC have very motivated and competent personnel, but the organisations are understaffed, and procedures are not fully traceable or operative. Decision-making processes in the ECOWAS Commission, WAHO and RCSDC are challenging and sometimes inefficient. The institutional capacities of RCSDC are still weak. These were challenges to the project's impact. Although products were revised and developed (e.g. the ECOSuite platform, risk communication platform, SOPs), WAHO and RCSDC do not have enough resources to operationalise or update many of these tools and mechanisms.

The project acted directly in four different focus countries (Liberia, Sierra Leone, Guinea and Togo) plus two 'SORMAS countries' (Nigeria and Ghana). This was a challenge for the internal coordination of the project, as staff were based in six different countries – Nigeria (RCSDC headquarters), Burkina Faso (WAHO headquarters) and the four different focus countries, each of which had one country staff member. Different interests and levels of development among the countries were also a challenge, as strategies had to be adapted at country level. Project staff in the focus countries worked directly with the NCIs. This had a positive effect on the development of country organisations and was very useful during the COVID-19 crisis, as project

staff were able to directly support the procurement and distribution of goods financed by the COVID-19 emergency funds. Nevertheless, some partners considered that an opportunity was missed to build up tighter cooperation between the countries' NCIs and WAHO/RCSDC, as the project took over some RCSDC functions (int_part_10, 19).

There was a good division of roles between international organisations, and the different projects in the regions worked mainly in synergy and did not duplicate actions. More communication and coordination of activities would have been appreciated by some stakeholders (int_part_2; GIZ_1).

The COVID-19 pandemic showed the importance and relevance of the main project topic (pandemic preparedness and response) but also disrupted implementation of the project. Strategies and project design had to be changed, and the project took over roles (procurement of goods, provision of grants to WHO, focus countries and Nigeria) that GIZ as an organisation does not specialise in. Nevertheless, it was a good chance to put into practice some of the strategies that had been developed with the project's support (e.g. WAHO's risk communication strategic plan, related SOPs and opportunities for national and subnational staff to directly use the skills they had gained in the training courses).

Findings regarding 2030 Agenda

Universality, shared responsibility, and accountability

The project directly supported the achievement of SDG 3, [good health and well-being](#), as activities and strategies were created and implemented to directly strengthen the IHR core capacities in the ECOWAS region. IHR core capacities are one of the indicators of this SDG. The project contributed to other three other SDGs: SDG 5 ([gender equality](#)); SDG 16 ([peace, justice and stronger institutions](#)); and SDG 17 ([partnerships for the goals](#)). It did so by supporting the creation of a gender-sensitive risk communication strategy; developing activities to strengthen the counterpart institutions, especially RCSDC and NCIs; focusing on capacity development; and supporting the integration of the 2030 Agenda and SDGs into national development plans (supporting the integration and reinforcement of the IHR in national plans). In addition, as pandemics and outbreaks affect the wealth of countries and individuals, the project also contributed to the achievement of SDG 1 ([no poverty](#)). However, project contributions were too small or could not be recognised to make a difference (yet) when analysing the self-reporting of IHR core capacities by ECOWAS member countries (see section on impact).

Interplay of economic, environmental and social development

Sufficient elements were not available for a more in-depth evaluation of the interplay of economic, environmental and social development, as this was too far out of the scope of the project and programme. It can be assumed, however, that the project does support the economic and social development of the populations in the ECOWAS region with its focus on pandemic response and preparedness.

Inclusiveness/leave no one behind

The project acted directly supported vulnerable groups when considering gender aspects in the risk communication strategy. It acted indirectly if it is considered that outbreaks and pandemics strongly affect the poorest people. The project also tracked the gender of training course participants. However, other strategies, such as specific activities for the inclusion of people with disabilities, could not be identified.

Findings regarding follow-on project

The focus of the new project on One Health is strategic and relevant. It follows BMZ's strategy of coherence with German policies, and correctly shifts the project focus (int_other_1; part_2, 15, 16, 29).

The project had already begun cooperating with the Regional Animal Health Centre (RAHC) during the project's first phase. The organisation was integrated into some project activities, such as the elaboration of the regional strategies and participation in training courses. The project considers RAHC to be a key regional counterpart to implement the One Health approach in the second phase. RAHC and the project will therefore develop and implement strategies in a stronger collaboration. The stronger integration of this regional partner is strategic and adequate. The new project phase is adequately designed since it considers support for strengthening RCSDC's capacities (output 2, activity 1: actualisation and operationalisation of RCSDC's regulations).

5.2 Recommendations

The project has potential for improvement, especially when considering organisational development strategies for the counterparts, a stronger focus on the effectiveness and sustainability of project results, and the project's design and cooperation with main partners. A number of recommendations are listed below.

Recommendations to GIZ/the project/the programme

Organisational development and institution building of partners, regional cooperation

- Consider the creation of embedded advisor or integrated expert (*Integrierte Fachkraft*) positions or advisory staff in WAHO, RCSDC and RAHC.
- Support the elaboration of organisational development plans based on existing international cooperation standards (e.g. institution building plans) and partner strategies (e.g. RCSDC's internal operational plans).
- Support partners in their cooperation with international bodies such as the [International Association of National Public Health Institutes \(IANPHI\)](#) and Africa CDC. IANPHI is currently updating its [Framework for the Creation and Development of National Public Health Institutes](#) in cooperation with the Robert Koch Institute. This process was initiated after the Africa CDC published a new Framework for the Development of National Public Health Institutes in Africa (Africa Union & Africa CDC, 2019).
- Maintain and scale up the support for national and subnational health staff; support the decentralisation of measures within countries, for example field epidemiologist (int_part_15, 19); adapt training projects to national and subnational requirements, including laboratory capacities (int_other_1). The project could consider cooperating with the KfW project in the same programme. Still, this strategy of working at national level should be deeply discussed, supported and implemented in cooperation with the regional partners (WAHO, RCSDC and RAHC), especially considering that the *note verbale* that frames this programme is signed with the ECOWAS Commission, not with individual countries.
- Support south-south cooperation and dissemination of 'best-case-experiences'. Focus countries were better prepared for risk communication during the COVID-19 pandemic; SORMAS countries had good experiences with the implementation of the IT solution. These experiences could be replicated or used as examples for similar solutions in other countries. Mechanisms to disseminate such experiences and share experiences could be supported, promoting south-south cooperation and sharing of experiences among peers. Consider the communication challenges of Portuguese-speaking countries, especially among subnational staff.

Sustainability and dissemination of project achievements

- Human resources and training: Training materials are developed and training is available online in both French and English, see WAHO's [YouTube account](#). As cooperation with the Institut Régional de Santé Publique in Ouidah, Benin proved to be challenging (the follow-up of trainees did not happen as planned), a sound strategy for the dissemination and sustainability of the courses should be considered. This could include, for example, the integration of course contents into the curricula of schools or faculties in the region, the recognition of postgraduate professional training (such as course accreditation, provision of course certificates for participants from recognised schools/institutions), or the use of strategies for e-learning or blended learning purposes. Expand target groups for training courses (e.g. provide risk communication training to individual journalists and media professionals).
- RRRT and NRRT - Reconsider the functions of the RTTT to act as "regional hub" for the exchange of technical information and support, carry out simulations, and act as pool of trainers for NRRTs. WAHO and WHO (regional Dakar office) should coordinate activities and be responsible for mobilising resources. According to Dr Thomas Steffen, State Secretary of the German Ministry of Health, who spoke at a [side event](#) at the Business 7 (B7) meeting organised by the [German Health Alliance](#) (GHA) on 13 May 2022, the ministry is supporting the creation of such a similar global hub, and the German Government is advocating for it among other G7 members.
- Communication and coordination mechanisms: Reconsider the supported mechanisms (ECOSuite, risk communication platforms, SOPs), focusing on their effectiveness. Elaborate and adapt strategies to improve their use and sustainability based on the experiences of the COVID-19 pandemic and beneficiaries' needs.
- SORMAS: Various countries expressed an interest in introducing and expanding the use of SORMAS. However, as SORMAS needs significant human and financial resources, sustainability strategies and the high level of ownership displayed by countries should be considered from the very beginning. Linkages to the RCSDC surveillance systems should be created.
- Hackathon processes and sustainability of the IT solutions: When developing solutions or products, careful consideration should be given considering its sustainability. Even if a solution or product is interesting as a theoretical idea, it cannot be disseminated or sustainable if there is a lack of commitment by partners or if funds are limited. In the case of the existing solutions developed by the IT companies that participated in the hackathons, the project could promote activities that follow up on solutions and dissemination plans.

Project design and cooperation

- Clarify project objectives and strategies with partners to avoid misunderstandings, strengthen cooperation, increase ownership and enhance sustainability.
- Rely more on local/regional experts to develop and implement project activities and consider cooperation with initiatives to support the formation and employment of specialised regional human resources (e.g. the GIZ project in Liberia supporting Tubman University). This would not only eventually increase the capacities of the regional organisations, enhancing the sustainability of strategies, but would also help to tackle the brain drain problem in the region (UNESCO, 2018).
- Review the baseline value and elaboration of the programme indicator number 1: - "the proportion of public health emergency of international concern in accordance with the IHR for which the population of the ECOWAS Region takes appropriate control measures increases from 0% to 50%" (see impact).
- Give greater consideration to the needs of vulnerable groups and the concept of "leave no one behind" (e.g. risk communication adapted for people with disabilities); include gender and vulnerable groups in outcome indicators.

Recommendations to partners:

- Discuss openly with GIZ and BMZ representatives the expectations regarding the approaches taken by the project and the programme, considering the fact that GIZ is a technical cooperation agency (not a financial cooperation agency).
- As the partners, especially the regional partners (WAHO, RCSDC and, now, RAHC), have equal responsibility for the success of the project, also consider the recommendations described above for GIZ/the project/the programme.

Recommendations to donors:

- The *note verbale* that frames this programme is signed with the ECOWAS Commission. Still, the project also acts at national level, which is a successful strategy. In addition, the project follows a technical cooperation approach, not a financial one. Ensure that these strategies are of political and strategic interest for counterparts to avoid misinterpretations and expectations from the different parties.
- Consider that to tackle the challenges of organisational development and institution building, longer cycles of intervention and support are necessary. Processes and results should be considered in longer terms, not only in three- to five-year-cycles.
- When increasing budgets, targets should not only be set for new activities, but should also be reflected in new and adapted expected results. Outputs, outcomes and even impact indicators should be reconsidered and become more ambitious.
- Due to these challenges in the evaluation of the financial processes, the evaluation team could not conduct a more in-depth evaluation of or monitor the use of funds relating to the contracting of services or procurement of goods. These could be covered by an auditing process and/or by the evaluation process currently being carried out for the EU component.

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Annex: Evaluation matrix

Annex: EVALUATION MATRIX

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. interview, 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 strategies including the 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 gender) Orientation of the project design at the (national) objectives of Agenda 2030 Project contribution to certain Sustainable Development Goals (SDGs) Explanation of a hierarchy of the different policies, priorities (especially in case of contradictions) Also consideration of stakeholders such as civil society and private sector in the design of the measure 	<ul style="list-style-type: none"> the following policies and priorities are being considered in the project design and implementation SDGs: 1, 3 and 5, especially target 3.d BMZ documents: <ul style="list-style-type: none"> Corona Sofortprogramm (2021) Strategiepapier One Health (2021) Reformkonzept "BMZ 2030" International Health Regulations (2005) WAHO strategic plan 	<ul style="list-style-type: none"> Triangulation of information considering Review of strategies and other key documents and project documents 	<ul style="list-style-type: none"> Documents: <ul style="list-style-type: none"> SDGs: 1, 3 and 5; especially Target 3.d BMZ documents: <ul style="list-style-type: none"> Corona Sofortprogramm (2021) Strategiepapier One Health (2021) Reformkonzept "BMZ 2030" International Health Regulations (2005) WAHO strategic plan documents developed by ECOWAS Commission/WAHO with project support SCPs, strategies 	no limitation, data quality strong	strong
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"> 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"> the project is addressing the needs of the ECOWAS Commission and WAHO in implementing strategies in the IHR the project is considering the capacities of the ECOWAS 	<ul style="list-style-type: none"> Triangulation of information considering Interviews with partners Review of project documents, 	<ul style="list-style-type: none"> WAHO strategic plan documents developed by ECOWAS Commission/WAHO with project support SCPs, strategies Interviews with stakeholders WAHO - ECOWAS 	limitations: some counterparts could not interviewed, and assess of the capacities of the counterparts was only based on interviews and mostly subjective information; yet, data quality good	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"> documents and strategies developed with the project support considering gender aspects and or needs of specific disadvantaged groups 	<ul style="list-style-type: none"> Triangulation of information considering - focus on 'risk communication' field of action Interviews with WAHORCSDC partners Review of WAHO strategies and other key documents 	<ul style="list-style-type: none"> documents developed by ECOWAS Commission/WAHO with project support SCPs, strategy in risk communication Interviews with stakeholders WAHO - ECOWAS 	limitations: evaluation made on subjective impressions of stakeholders, no stronger data found	moderate
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"> indicator: <ul style="list-style-type: none"> project goal is realistic considering today's perspective changes in the framework have been done considering new conditions the adaptation of activities and strategies focused on the needs of WAHO 	<ul style="list-style-type: none"> Triangulation of information considering Interviews with WAHORCSDC partners Review of WAHO strategies and other key documents 	<ul style="list-style-type: none"> WAHO strategy paper Interviews with stakeholders WAHO - ECOWAS Interview with former and current project director, project staff 	limitations: project is settled in a high political context; perceptions of interviewee strongly depend on the interest and policies of their organisations	good
	Standard	To what extent is the intervention's design sufficiently precise and plausible (in terms of the verifiability and traceability of the system of objectives and the underlying assumptions)?	<ul style="list-style-type: none"> Assessment of the (current) results model and results hypotheses (Theory of Change, ToC) of the actual project logic: <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"> indicators: <ul style="list-style-type: none"> the result matrix is logical in its construction the selected core capacities IHR are considered in the result matrix pathway project staff is working in cooperation and giving support to the WAHO needs training courses (risk communication, coordination, and communication, EOI, rapid response teams) are adequate for the WAHO needs risks were taken into account during the project implementation Co-financing is well integrated into the result matrix logic and overall concept of the project 	<ul style="list-style-type: none"> Triangulation of information considering Interviews with project staff, WAHORCSDC partners project documents 	<ul style="list-style-type: none"> Documents: <ul style="list-style-type: none"> project reports project offers Interviews with stakeholders WAHO - ECOWAS Interview with former and current project director, project staff 	no limitation, data quality strong	strong
	Standard	To what extent is the intervention's design based on a holistic approach to a 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"> the intervention has a synergy with other projects (e.g. economic and social development) by strengthening the IHR capacities in the ECOWAS member countries 	<ul style="list-style-type: none"> Triangulation of information considering Interviews with project staff, WAHORCSDC partners, other donors analysis of documents 	<ul style="list-style-type: none"> Documents: <ul style="list-style-type: none"> project reports project agreements Interviews with stakeholders WAHO - ECOWAS Interview with former and current project director, project staff 	limitations: not all donors or other international agencies responded the request of interviews; data good (information obtained in interviews was consider strong and plausible)	good
	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"> the project adapted its strategies during the COVID pandemic to address its challenges, new policies and strategies 	<ul style="list-style-type: none"> Triangulation of information considering Interviews with WAHORCSDC partners Review of WAHO strategies and other key documents review of project documents (reports, updated agreements) 	<ul style="list-style-type: none"> Interviews with: <ul style="list-style-type: none"> stakeholders WAHO - ECOWAS - former and current GDs former and current project directors project staff Documents: <ul style="list-style-type: none"> project reports project agreements 	no limitation, data quality strong	strong

(1) The 'time of the intervention design' is the point in time when the offermost 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, TC-instruments and especially the results hypotheses as well as the implementation strategy (e.g. methodological approach, Capacity Development (CD) strategy). In GIZ the Theory of Change 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 behavior. 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 behavior. 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.

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 realize synergies within German development cooperation	the project is the considering and following policies and priorities of the German development cooperation considered in the following documents: - BMZ documents: - Corona Sofortprogramm (2021) - Strategiepapier One Health (2021) - Reformkonzept "BMZ 2030" and making a division of tasks considering the other related projects of the German cooperation in the region	Triangulation of information considering - interviews with project staff, WAHORCSDC partners - project documents	BMZ documents: - Corona Sofortprogramm (2021) - Strategiepapier One Health (2021) - Reformkonzept "BMZ 2030" Project documents (EZ and TZ progress reports)	No limitation, data quality strong	strong
	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)? Are synergies leveraged?	• If applicable, also take into account projects of different German resorts/ministries	the project coordinates and takes into account other projects and initiatives of the German cooperation in the region	Triangulation of information considering - interviews with project staff, WAHORCSDC partners - project documents	Project documents (EZ and TZ progress reports) Interviews with - Project team - KW representative	Not all initiatives of the German Cooperation in the region addressing health issues and outbreaks could be contacted; data quality: good	good
	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)?		the project is considering elements of gender, human rights, and other norms and standards of the German cooperation	Triangulation of information considering - interviews with project staff, WAHORCSDC partners - project documents	Project documents (EZ and TZ progress reports) Interviews with - Project team - KW representative - WAHORCSDC	Aspects of gender and other vulnerable groups, or human rights, not deeply described in project documents. Data quality: moderate	moderate
External coherence	Standard	To what extent does the intervention complement and support the partner's own efforts (principle of subsidiarity)?		the project support and transfer actions and responsibilities to the WAHORCSDC	Triangulation of information considering - interviews with project staff, WAHORCSDC partners - project documents- focus group discussion	Project documents (EZ and TZ progress reports) Interviews with - Project team - WAHO representatives	No limitation, data quality strong	strong
	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 organizations and how did co-financing contribute to improved donor coordination?	the project coordinates and harmonize with other donors working in the ECOWAS region in the field of outbreak preparedness and response	Triangulation of information considering - interviews with project staff, WAHORCSDC partners - project documents- focus group discussion	Project documents (EZ and TZ progress reports) Interviews with - Project team - WAHO representatives	Not all initiatives of the international cooperation and international organisations could be contacted/answered the request of interviews. Data quality: good	good
	Standard	To what extent has the intervention's design been designed to use existing systems and structures (of partners/other donors/international organisations) for implementing its activities? To what extent are these systems and structures used?	• Also analysis of whether the project is taking the necessary steps to fully realize synergies with interventions of other donors at the impact level	the project was designed and adapted during its course considering the existing strategies and necessities of the ECOWAS and WAHO	Triangulation of information considering - interviews with project staff, WAHORCSDC partners - project documents	Project documents (EZ and TZ progress reports) Interviews with - Project team - WAHO representatives	No limitation, data quality strong	strong
	Standard	To what extent are common systems (together with partners/other donors/international organisations) used for M&E, learning and accountability?		the project uses M&E harmonized systems considering WAHO expectations and EU expectations	Triangulation of information considering - interviews with project staff, WAHORCSDC partners - project documents	Project documents (EZ and TZ progress reports) Interviews with - Project team - WAHO representatives - EU representative	No detailed information on the M&E system of the WAHORCSDC was available, not could it be clarified in the meetings (time constraints of interviewee)	weak

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 objectives, indicators, selected hypotheses, or more generally a definition of the aspects to be used for evaluation)	Evaluation Design and empirical methods (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. relevant documents, interviews with stakeholder category XY, specific data, specific monitoring data, specific workshops(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) objectives ¹	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?	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	Indicators: Project indicators - outcome level Specially the consideration of the selected hypotheses: - If the new communication and coordination mechanisms between regional level, national level and NCIs are in place (ref. module indicator 2) and, - If the health risk communication strategies adapted to gender and one health are effective (ref. module indicator 3) and - If the RRRIT missions effectively respond to requests from ECOWAS Member states (ref. module indicator 4). Then, - the advisory services to the ECOWAS Member states provided by the ECOWAS Commission, WHO, and specialist agencies in establishing selected disease control mechanisms are improved.	Methods: analysis of project documents - project outcome indicators, project monitoring data	Documents: - project progress reports	No limitations	strong
Contribution to achievement of objectives	Standard	To what extent have the intervention's outputs been delivered as originally planned (or as modified to cater for changes in the environment)?	Indicator: has the project delivered the planned outputs as planned? Have the outputs had to be changed during the project course? Consideration of the selected hypothesis (see box above)	Contribution analysis Methods: Triangulation of information analysis of project documents interviews with project staff, counterparts and beneficiaries focus group discussion	Documents: - project progress reports - interviews with - stakeholders WHO - ECOWAS - NCI representatives - project team	No limitations	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?	Indicator: has the project outputs been used by the counterparts, especially focusing on the IHR core competencies of communication and coordination, risk communication, and rapid response (linkage to the main selected hypothesis); e.g. strategic plans, contents of training courses Consideration of the selected hypothesis (see box above)	Contribution analysis Methods: Triangulation of information analysis of project documents interviews with project staff, counterparts and beneficiaries focus group discussion	Documents and tools developed by ECOWAS Commission/WHO with project support: - SOPs, strategy in risk communication and coordination and communication - accessibility to the online platforms ECOSuite and risk communication platform; content of training courses (videos uploaded to youtube) interviews with - stakeholders WHO - ECOWAS - NCI representatives - project team - focus group discussion	Considering use: no limitation; considering equality on access: limited information	good	
	Standard	To what extent has the intervention contributed to the achievement of objectives?	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)	Indicator: has the project intervention through its products and outputs contributed to the improvement of the advisory services of WHO/HRSSDC to ECOWAS member countries (focus on the selected hypothesis - see box above)	Contribution analysis Methods: Triangulation of information analysis of project documents interviews with project staff, counterparts and beneficiaries focus group discussion	Documents and tools developed by ECOWAS Commission/WHO with project support: - SOPs, strategy in risk communication and coordination and communication - accessibility to the online platforms ECOSuite and risk communication platform; content of training courses (videos uploaded to youtube) interviews with - stakeholders WHO - ECOWAS - NCI representatives - project team	No limitations	strong
	Standard	To what extent has the intervention contributed to the achievement of objectives at the level of the intended beneficiaries?	Project indicators - output level Specially the consideration of the selected hypotheses: - If the new communication and coordination mechanisms between regional level, national level and NCIs are in place (ref. module indicator 2) and, - If the health risk communication strategies adapted to gender and one health are effective (ref. module indicator 3) and - If the RRRIT missions effectively respond to requests from ECOWAS Member states (ref. module indicator 4). Then, - the advisory services to the ECOWAS Member states provided by the ECOWAS Commission, WHO, and specialist agencies in establishing selected disease control mechanisms are improved.	Contribution analysis Methods: Triangulation of information analysis of project documents interviews with project staff, counterparts and beneficiaries focus group discussion	Documents and tools developed by ECOWAS Commission/WHO with project support: - SOPs, strategy in risk communication and coordination and communication - online platforms ECOSuite and risk communication platform interviews with - stakeholders WHO - ECOWAS - NCI representatives - project team - focus group discussion	No limitations	strong	
	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.)	Establishment and delivery of services to the most vulnerable and disadvantaged groups of beneficiaries - are the ECOWAS Commission, WHO, direct beneficiaries are the National Coordination Centers (NCIs) Indirect beneficiaries: population in ECOWAS countries who might benefit from a better health system and better protection against pandemics.	Contribution analysis Methods: Triangulation of information analysis of project documents interviews with project staff, counterparts and beneficiaries focus group discussion	Documents and tools developed by ECOWAS Commission/WHO with project support: - SOPs, strategy in risk communication and coordination and communication - accessibility to the online platforms ECOSuite and risk communication platform; content of training courses (videos uploaded to youtube) interviews with - stakeholders WHO - ECOWAS - NCI representatives - project team - focus group discussion	Limitation: only information of gender of training courses participants, no stronger analysis or follow-up in the project documents	moderate	
Quality of Implementation	Standard	Which internal factors (technical, organisational or financial) were decisive for achievement/non-achievement of the intervention's intended objectives?	Internal factors = within the project's sphere of responsibility / system boundary. The project is implemented jointly by GIZ and the official partner(s).	Investigation of the technical, organizational, and financial factors of the project - which were decisive to achieve the objectives, specially the selected hypothesis	Contribution analysis Methods: Triangulation of information analysis of project documents interviews with project staff, counterparts and beneficiaries focus group discussion	Documents and tools developed by ECOWAS Commission/WHO with project support: - SOPs, strategy in risk communication and coordination and communication - accessibility to the online platforms ECOSuite and risk communication platform; content of training courses (videos uploaded to youtube) interviews with - stakeholders WHO - ECOWAS - NCI representatives - project team - focus group discussion	No limitations	strong
	Standard	Which external factors were decisive for achievement/non-achievement of the intervention's intended objectives (taking into account the anticipated risks)?	External factors = outside the project's sphere of responsibility / system boundary. The project is implemented jointly by GIZ and the official partner(s).	Investigation of the technical, organizational, and financial factors of the counterparts and other related stakeholders - which were decisive to achieve the objectives, especially the selected hypothesis - Focus especially on the ECOWAS/WHO construct, capacities and challenges	Contribution analysis Methods: Triangulation of information analysis of project documents interviews with project staff, counterparts and beneficiaries focus group discussion	Documents and tools developed by ECOWAS Commission/WHO with project support: - SOPs, strategy in risk communication and coordination and communication - accessibility to the online platforms ECOSuite and risk communication platform; content of training courses (videos uploaded to youtube) interviews with - stakeholders WHO - ECOWAS - NCI representatives - project team - focus group discussion	No limitations	strong
	Standard	What assessment can be made of the quality of steering and implementation of the intervention in terms of the achievement of objectives? What assessment can be made of the quality of steering and implementation of, and participation in, the intervention by the partner/steering agency?	Capacity Works considerations: Results-oriented monitoring (RoM / WoM) is established and used, e.g. for evidence-based decisions, risk management. Data are disaggregated by gender and marginalized groups. Unintended positive and negative results are monitored. Conflict-sensitive monitoring and explicit risk-safety monitoring are particularly important for projects in fragile contexts. A bindingly communicated strategy agreed with the partners is pursued. Involvement and cooperation of all relevant actors (including partners, civil society, private sector) Steering decisions influencing the 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/interim 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. The focus is on the outcome level, but for the analysis the unintended effects can also be included on the output level	To what extent have the ECOWAS Commission and WHO been involved in the processes of the project, especially considering the IHR core competencies addressed by the project (risk communication; coordination and communication; rapid response; human resources)? Have results-oriented monitoring been implemented? Could the project provide spaces for learning and innovation?	Methods: Triangulation of information analysis of project documents interviews with project staff, counterparts and beneficiaries focus group discussion	Review of Steering committee Minutes of Meetings; project document; M&E system interviews with - stakeholders WHO - ECOWAS - project team	Limitation: interviews with counterparts focused in other aspects of the project, due to limitation of resources and disponibility of time of counterparts, the question could not be deeply addressed in the interviews	moderate
Unintended results	Standard	To what extent can unintended positive/negative direct results (social, economic, environmental and among vulnerable beneficiary groups) be observed/anticipated?		Could unintended results be observed or anticipated?	Contribution analysis Methods: Triangulation of information analysis of project documents interviews with project staff, counterparts and beneficiaries focus group discussion	Review of project documents interviews with - stakeholders WHO - ECOWAS - NCI representatives - project team	Limitation: no empiric evidence or any information described on reports; interviews was obtained considering unintended results (poor evidence - no information)	weak
	Standard	What potential benefits/risks arise from the positive/negative unintended results? What assessment can be made of them?	also check whether the risks were already mentioned and monitored in the design phase	Which were the benefits/risks of the unintended results?	Contribution analysis Methods: Triangulation of information analysis of project documents interviews with project staff, counterparts and beneficiaries focus group discussion	Review of project documents interviews with - stakeholders WHO - ECOWAS - NCI representatives - project team	Limitation: no empiric evidence or any information described on reports; interviews was obtained considering unintended results (poor evidence - no information)	weak
	Standard	How has the intervention responded to the potential benefits/risks of the positive/negative unintended results?	Check if positive results at the outcome level have been monitored and set in value	How the intervention responded to the benefits or risks of the unintended results?	Contribution analysis Methods: Triangulation of information analysis of project documents interviews with project staff, counterparts and beneficiaries focus group discussion	Review of project documents interviews with - stakeholders WHO - ECOWAS - NCI representatives - project team	Limitation: no empiric evidence or any information described on reports; interviews was obtained considering unintended results (poor evidence - no information)	weak

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 (X), 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 (weak, moderate, good, strong)
Higher-level (intended) development changes ²	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 be designed to contribute be identified/foreseen? (Specify time frame where possible.)	Consider module proposal for suggested impact and program objective indicators (program proposal), if it is not an individual measure Potential basis for assessment program objective indicators, identifiers, connection to the national strategy for implementing 2030 Agenda, connection to SDGs	Programme indicator - the proportion of Public Health Events of International Concern (PHEIC) in accordance with the International Health Regulations for which the population of the ECOWAS Region takes appropriated prevention and control measures Reports of International Health Regulation core capacities - self-reporting of world countries, including ECOWAS country-members	No specific evaluation design Methods: data reported by the WHO on: - PHEIC - International Health Regulation core capacities of countries (worldwide) Interviews with project staff and stakeholders	see box left	No limitations, quality of data strong	strong
	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.)		Programme indicator - the proportion of Public Health Events of International Concern (PHEIC) in accordance with the International Health Regulations for which the population of the ECOWAS Region takes appropriated prevention and control measures Reports of International Health Regulation core capacities - self-reporting of world countries, including ECOWAS country-members	No specific evaluation design Methods: data reported by the WHO on: - PHEIC - International Health Regulation core capacities of countries - specific data for the ECOWAS countries Interviews with project staff and stakeholders	see box left	No limitations, quality of data strong	strong
	Standard	To what extent can higher-level development changes to which the intervention will be 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.)			No specific evaluation design Methods: data reported by the WHO on: - PHEIC - International Health Regulation core capacities of countries (worldwide) Interviews with project staff and stakeholders	see box left	data not available - PHEIC and International Health Regulation core capacities are not disaggregated considering vulnerable groups	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?	Contribution analysis (evaluation design) at 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	Selected hypotheses: - If ECOWAS member states have established improved disease control mechanisms in accordance with the International Health Regulations and - If the ECOWAS Commission, WHO and specialist agencies provide advisory services to the member states in effectively applying these mechanisms, then the disease control in ECOWAS member states is more effective and faster, and subsequently, the population of the ECOWAS is better protected against infectious diseases	Contribution analysis Methods: triangulation of information: - analysis of documents - interviews Interviews with project staff and stakeholders	Documents: - project progress reports Interviews with - stakeholders WAOH - ECOWAS - NCI representatives - project team	Limitation: attribution gap between outcome and impact level (especially considering indirect beneficiaries (population of ECOWAS member countries))	good
	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	see above - selected hypothesis	Contribution analysis Methods: triangulation of information: - analysis of documents - interviews	Documents: - project progress reports Interviews with - stakeholders WAOH - ECOWAS	Limitation: attribution gap between outcome and impact level (especially considering indirect beneficiaries (population of ECOWAS member countries))	good
	Standard	To what extent has the intervention achieved its (original and, where applicable, revised) development objectives at the level of the intended beneficiaries?		see above - selected hypothesis	Contribution analysis Methods: triangulation of information: - analysis of documents - interviews	Documents: - project progress reports Interviews with - stakeholders WAOH - ECOWAS - NCI representatives - project team	Limitation: attribution gap between outcome and impact level (especially considering indirect beneficiaries (population of ECOWAS member countries))	good
	Standard	To what extent has the intervention contributed to higher-level development changes/changes in the lives of particularly disadvantaged or vulnerable groups of beneficiaries and stakeholders that it was designed to bring about? (These may be broken down by age, income, gender, ethnicity, etc.)		see above - selected hypothesis - disaggregated by vulnerable groups	Contribution analysis Methods: triangulation of information: - analysis of documents - interviews	Documents: - project progress reports Interviews with - stakeholders WAOH - ECOWAS - NCI representatives - project team	strong limitation, no data available - difficulties to consider contribution to vulnerable people (attribution gap)	weak
	Standard	Which internal factors (technical, organisational or financial) were decisive for achievement/achievement of the intervention's intended development objectives?	Internal factors = within the project's sphere of responsibility / system boundary. The project is implemented jointly by GIZ and the official partner(s)	Investigation of the technical, organizational, and financial factors of the project which were decisive to achieve the impact, especially considering the selected hypothesis	Contribution analysis Methods: triangulation of information: - analysis of documents - interviews	Documents: - project progress reports Interviews with - stakeholders WAOH - ECOWAS - NCI representatives - project team	limitation: high political context, discussion about internal capacities of counterparts - technical, organisational and financial factors - were avoided or not openly discussed by many of the interviewees	good
	Standard	Which external factors were decisive for the achievement/achievement of the intervention's intended development objectives?	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)	Investigation of the technical, organizational, and financial factors of the counterparts and other related stakeholders - which were decisive to achieve the objectives, especially the selected hypothesis - Focus especially on the ECOWAS/WHO construct, capacities and challenges	Contribution analysis Methods: triangulation of information: - analysis of documents - interviews	Documents: - project progress reports Interviews with - stakeholders WAOH - ECOWAS - NCI representatives - project team	limitation: high political context, discussion about internal capacities of counterparts - technical, organisational and financial factors - were avoided or not openly discussed by many of the interviewees	good
	Standard	To what extent has the intervention achieved structural or institutional changes (e.g. for organisations, systems and regulations)?		To what extent has the project supported the structural or institutional changes of the WHO and RSCDC?	Contribution analysis Methods: triangulation of information: - analysis of documents - interviews	Documents: - project progress reports Interviews with - stakeholders WAOH - ECOWAS - NCI representatives - project team	limitation: high political context, discussion about internal capacities of counterparts - technical, organisational and financial factors - were avoided or not openly discussed by many of the interviewees	moderate
	Standard	To what extent did the intervention serve as a model and/or achieve broad-based impact?	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 ³ also analyse possible potential and reasons for not exploiting it	To what extent have the project activities, products and models have been used by other stakeholders in the region?	Contribution analysis Methods: triangulation of information: - analysis of documents - interviews	Documents: - project progress reports Interviews with - stakeholders WAOH - ECOWAS - NCI representatives - project team	limitation: high political context, discussion about internal capacities of counterparts - technical, organisational and financial factors - were avoided or not openly discussed by many of the interviewees	good
	Standard	How would the situation have developed without the intervention?	usually qualitative reflection, quantitative approaches welcome	How would the situation have developed without the intervention?	Contribution analysis Methods: triangulation of information: - analysis of documents - interviews	Documents: - project progress reports Interviews with - stakeholders WAOH - ECOWAS - NCI representatives - project team	limitation: high political context, discussion about internal capacities of counterparts - technical, organisational and financial factors - were avoided or not openly discussed by many of the interviewees	moderate
	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.)		Have the project recognized changes in the ECOWAS commission and RSCDC and reacted accordingly?	Contribution analysis Methods: triangulation of information: - analysis of documents - interviews	Documents: - project progress reports Interviews with - stakeholders WAOH - ECOWAS - NCI representatives - project team	limitation: high political context, discussion about internal capacities of counterparts - technical, organisational and financial factors - were avoided or not openly discussed by many of the interviewees	moderate
Contribution to higher-level (unintended) development changes	Standard	To what extent has the intervention brought about foreseeable/identifiable unintended (positive and/or negative) higher-level development results?	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-offs ³ 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	Has the project focus on epidemic response influenced the activities and strategies of the main counterparts (WHO and RSCDC) to other health threats and priorities in the region?	Contribution analysis Methods: triangulation of information: - analysis of documents - interviews	Documents: - project progress reports Interviews with - stakeholders WAOH - ECOWAS - NCI representatives - project team	limitation: high political context, discussion about internal capacities of counterparts - technical, organisational and financial factors - were avoided or not openly discussed by many of the interviewees	moderate
	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.)		Has the project focus on epidemic response influenced the activities and strategies of the main counterparts (WHO and RSCDC) to other health threats and priorities in the region, especially considering vulnerable groups (e.g. less or stronger focus on gender aspects/minorities)?	Contribution analysis Methods: triangulation of information: - analysis of documents - interviews	Documents: - project progress reports Interviews with - stakeholders WAOH - ECOWAS - NCI representatives - project team	limitation: high political context, discussion about internal capacities of counterparts - technical, organisational and financial factors - were avoided or not openly discussed by many of the interviewees	moderate

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 X1, 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	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.)?	<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) 	Analysis of the distribution of funds considering the different project outputs and outcomes as described in the results matrix	Follow-the-money approach Contribution analysis - interviews - document analysis	Project financial reports, obligo reports, results matrix Interview with project team	Non KOMP project and no financial reporting available. No data on contribution of partners No allocation of cofinancing costs and residual funds	weak
	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) compared to possible alternatives with a focus on the minimum principle (use of comparative data if available) The project is oriented on internal or external benchmarks in order to achieve its effects economically 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 	Analysis of the distribution of funds considering the different project outputs and outcomes as described in the results matrix	Follow-the-money approach Contribution analysis - interviews - document analysis	Project financial reports, obligo reports, results matrix Interview with project team	Non KOMP project and no financial reporting available. No data on contribution of partners No allocation of cofinancing costs and residual funds	weak
	Standard	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) * This case is always applicable in the technical cooperation (TC), please answer the question bindingly	<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) compared to possible alternatives with focus on output maximization (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 resources, under the same conditions and with the same or better quality 	Analysis of the distribution of funds considering the different project outputs and outcomes as described in the results matrix	Follow-the-money approach Contribution analysis - interviews - document analysis	Project financial reports, obligo reports, results matrix Interview with project team	Non KOMP project and no financial reporting available. No data on contribution of partners No allocation of cofinancing costs and residual funds	weak
	Standard	Were the outputs (products, investment goods and services) produced on time and within the planned time frame?		Analysis of the planned time-frame of funds disbursement and current disbursement reports	Follow-the-money approach Contribution analysis - interviews - document analysis	Project financial reports, obligo reports, results matrix Interview with project team	Non KOMP project and no financial reporting available. No data on contribution of partners No allocation of cofinancing costs and residual funds	weak
Allocation efficiency	Standard	By what other means and at what cost could the results achieved (higher-level project objective) have been attained?		Analysis of the cost of results achieved and elaboration of hypothesis to alternative ways of achieving the same results	Follow-the-money approach Contribution analysis - interviews - document analysis	Project financial reports, obligo reports, results matrix Interview with project team	Lack of data available on costs of other similar programmes or "benchmarks" No alternative design existing as project implemented before the GVR	weak
	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 	Analysis of the cost of results achieved and elaboration of hypothesis to alternative ways of achieving the same results	Follow-the-money approach Contribution analysis - interviews - document analysis	Project financial reports, obligo reports, results matrix Interview with project team	Lack of data available on costs of other similar programmes or "benchmarks" No alternative design existing as project implemented before the GVR	weak
	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) * This case is always applicable in the technical cooperation (TC), please answer the question bindingly	<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 maximizing the outcome (real comparison if available) The project manages its resources between the outputs in such a way that the maximum effects in terms of the module objective are achieved Regular reflection in the project of the input-outcome relation and alternatives Reflection and realization 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 	Analysis of the cost of results achieved and elaboration of hypothesis to alternative ways of achieving the same results	Follow-the-money approach Contribution analysis - interviews - document analysis	Project financial reports, obligo reports, results matrix Interview with project team	Lack of data available on costs of other similar programmes or "benchmarks" No alternative design existing as project implemented before the GVR	weak

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 XV, 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)?	• 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).	Have the ECOWAS commission, WAHO, and RCSDC the resources, interest, and willingness to sustain the results of the intervention? And the NCI in the target and non-target countries?	No specific evaluation design Methods: triangulation of information - interviews, focus group discussion - document analysis	Documents: - project progress reports Interviews with: - stakeholders WAHO - ECOWAS - NCI representatives - project team	limitation: high political context, discussion about internal capacities of counterparts - technical, organisational and financial factors - were avoided or not openly discussed by many of the interviewee	good
	Standard	To what extent do the beneficiaries and stakeholders (individuals, groups and organisations, partners and executing agencies) have the resilience to overcome future risks that could jeopardise the intervention's results?		How strong and resilient are the ECOWAS commission, WAHO, and RCSDC to sustain the benefits of the project?	No specific evaluation design Methods: triangulation of information - interviews, focus group discussion - document analysis	Documents: - project progress reports Interviews with: - stakeholders WAHO - ECOWAS - NCI representatives - project team	limitation: high political context, discussion about internal capacities of counterparts - technical, organisational and financial factors - were avoided or not openly discussed by many of the interviewee	good
Contribution to supporting sustainable capacities	Standard	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?	• 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 inception phase of the evaluation).	How has the project contributed to strengthening the resources of WAHO and RCSDC to sustain the benefits of the project? Have these been considered in the next project phase?	Contribution analysis Methods: triangulation of information - interviews, focus group discussion - document analysis	Documents: - project progress reports Interviews with: - stakeholders WAHO - ECOWAS - NCI representatives - project team	limitation: high political context, discussion about internal capacities of counterparts - technical, organisational and financial factors - were avoided or not openly discussed by many of the interviewee	good
	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)?		How has the project contributed to strengthening the resources of NCIs (in focus and non-focus countries) to sustain the benefits of the project? Have these been considered in the next project phase?	Contribution analysis Methods: triangulation of information - interviews, focus group discussion - document analysis	Documents: - project progress reports Interviews with: - stakeholders WAHO - ECOWAS - NCI representatives - project team	limitation: high political context, discussion about internal capacities of counterparts - technical, organisational and financial factors - were avoided or not openly discussed by many of the interviewee	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.)			Contribution analysis Methods: triangulation of information - interviews, focus group discussion - document analysis	Documents: - project progress reports Interviews with: - stakeholders WAHO - ECOWAS - NCI representatives - project team	No data available, assessment not possible	weak
Durability of results over time	Standard	How stable is the context in which the intervention operates?		What is the political and economic stability of the ECOWAS region? And of the ECOWAS commission itself?	Contribution analysis - interviews - document analysis	Documents: - project progress reports, newspapers reports, documents of ECOWAS commission - Interviews with	no limitation	strong
	Standard	To what extent is the durability of the intervention's positive results influenced by the context?	• Consideration of risks and potentials for the long-term stability of the results and description of the reaction of the project to these	How the ECOWAS commission, WAHO, and RCSDC internal political and structural situation may influence the sustainability of the project effects?	Contribution analysis - interviews - document analysis	Documents: - project progress reports Interviews with: - stakeholders WAHO - ECOWAS	no limitation	strong
	Standard	To what extent can the positive (and any negative) results of the intervention be deemed durable?	• 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 Transitional Development Assistance (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/organizations) or their sustainability ensured? (Clarification in the inception phase)	To what extent can we expect that the results of the project (risk communication strategies, communication and coordination mechanisms) will be maintained?	Contribution analysis - interviews - document analysis	Documents: - project progress reports Interviews with: - stakeholders WAHO - ECOWAS - NCI representatives - project team	some stakeholders that are relevant for the sustainability of the results (e.g. WHO) did not answer the request of interviews. Data quality: good	good



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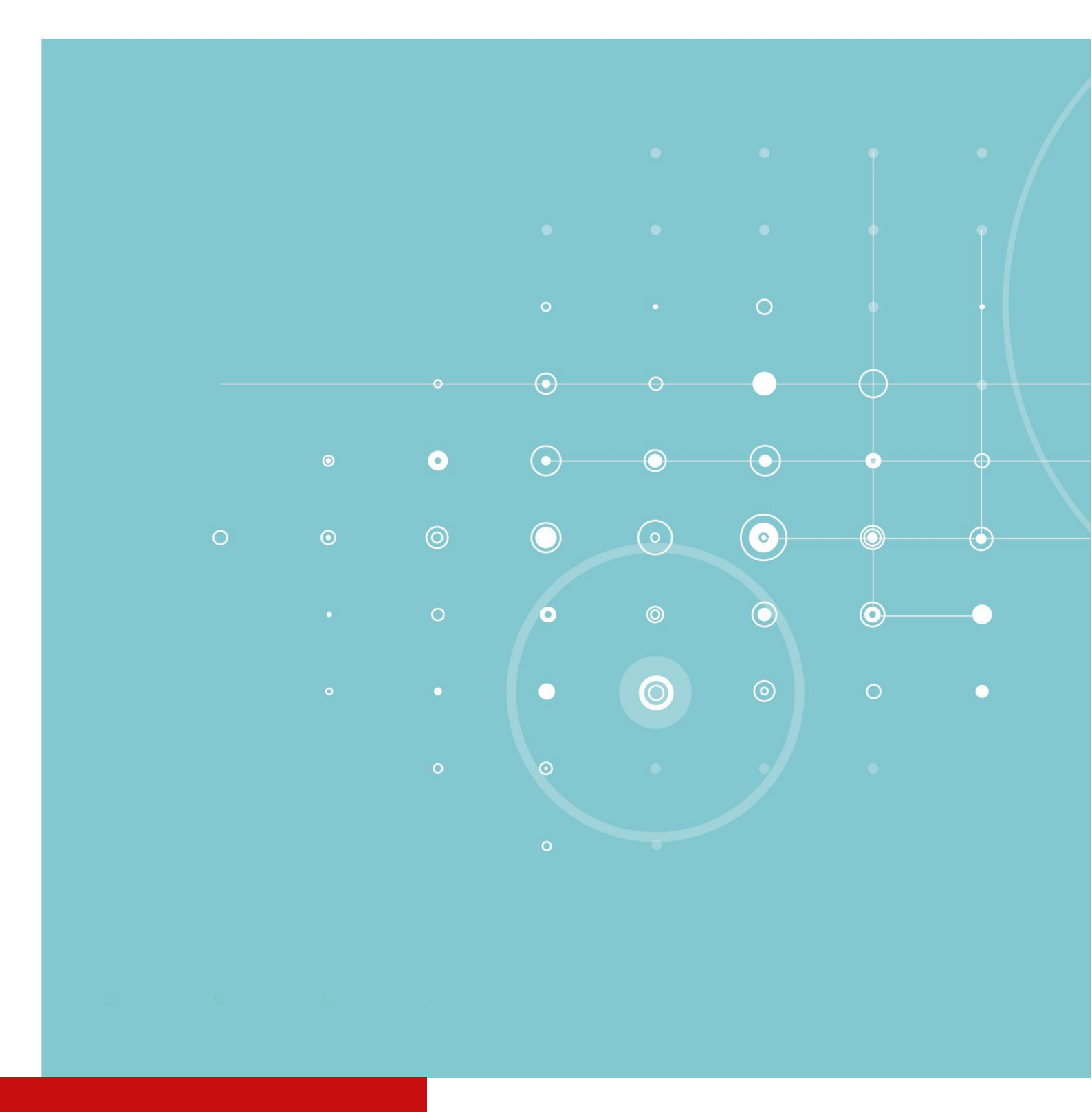
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Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

Registered offices
Bonn and Eschborn

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

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

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