



GIZ Review Health: Brief report

Cross-section evaluation with meta-evaluation, efficiency analysis and evaluation synthesis

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This report was written by external and independent evaluators and only reflects their opinions and assessments.

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0. Summary

0.1 Outline of the purpose and objectives of the review (Cross-section evaluation with meta-evaluation, efficiency analysis and evaluation synthesis)

Rambøll Management Consulting and SEEK Development were commissioned by the German Agency for International Cooperation (GIZ) to conduct the „GIZ Review of Health Programmes“. This review consists of three consecutive studies, each with its own objectives.

In the first study Rambøll Management Consulting conducted a meta-evaluation to review the quality of the 37 centralized and decentralized evaluation reports of health projects drafted between 2009 and 2012. The focus of the review was on the methodical quality and the analytical quality of the DAC criteria. Through the meta-evaluation the main methodological challenges in the evaluation reports were identified and potential areas for improving the planning and conduction of evaluations could be highlighted, especially regarding the efficiency analyses. Besides, the results of the meta-evaluation ensured that only reports with an appropriate methodical quality were taken into consideration for the subsequent studies.

The second study consisted of an efficiency analysis. The goal of this study was to re-analyse the efficiency of the health pro-

grammes. This study incorporated the results of the meta-evaluation related to the efficiency, effectiveness, methodological quality and the ratings of the evaluation reports. The focus of the efficiency analysis was on the examination of the cost structure of the projects and the calculation of the relation between costs and results. Thereby, Rambøll Management Consulting identified the possibilities and limitations of the efficiency analysis arising from the current cost accounting system in place.

Finally in the third study an evaluation synthesis was conducted by SEEK Development. In the context of this evaluation synthesis a comparative content-analysis of the evaluation reports was implemented. This content-analysis included the identification of strengths and weaknesses of the GIZ Health projects. An essential aim of the evaluation synthesis was to point out the main factors of success and failure regarding the effectiveness, sustainability, and efficiency of the health projects and to compare these factors to relevant studies and literature. Based on the results of the evaluation synthesis, sector specific and cross-sectoral potentials for improvement were identified and recommendations for prospective health projects of GIZ developed.

0.2 Summary of the main results and recommendations of the review

In the following section the main results and recommendations of the meta-evaluation, efficiency analysis and evaluation synthesis will be described.

0.2.1 Meta-evaluation

The results of the meta-evaluation illustrate significant quality differences between centralised and decentralized evaluations. Some aspects were identified for which an improvement would be relevant for the quality of both centralised and decentralized evaluations. On the other hand, other aspects were specifically relevant to the quality of either centralised or decentralized evaluations. Seven decentralized evaluations were not integrated in the evaluation synthesis because of methodical weaknesses.

General aspects for which weaknesses were identified in both centralised and decentralized evaluation reports were the methodical quality and the quality of the efficiency analyses. The methodical transparency and the transparent examination of the causality problem can be improved in both centralised and decentralized evaluations. This includes the often missing discussion about pros and cons of the evaluation method chosen and a justification of the selection of the methods and the processes.

There is great potential for improvement concerning the evaluation criterion of efficiency. This applies for both centralised and decentralized evaluations. In most

cases, the weaknesses with regard to the efficiency analysis could be explained by a lack of information available to the evaluators, who rely on data provided by cost accounting systems of the projects and programs they evaluate.

With regard to the *centralised evaluations* the meta-evaluation showed a satisfying report quality, apart from a few exceptions (e.g. some aspects of the methodical quality). Potential for improvement exists especially in terms of individual indicators as for example for the detailed illustration of research and analysis methods or with regard to a clear distinction between effectiveness and impacts.

Concerning the *decentralized evaluations* the potential with regard to methodical quality and the discussion and assessment of the DAC criteria is not fully tapped. The project progress reviews (PPR) in particular relied on a very restricted set of evaluation methods. Furthermore, in many cases it is not possible to distinguish between the analysis and the assessment made by the evaluators in the PPR. These results point to the fact that there is no consistent understanding of PPRs as interim evaluations, whose main function is to deliver a robust basis for decision-making in project management.

Finally, the methodical approach of the decentralized evaluations is not systematic enough. The meta-evaluation shows that in some cases basic quality standards are

not adhered to. Only less than half of the decentralized evaluations have used result chains and indicators as basis for the evaluation to assess the progress regarding the achievements of the objectives.

The *recommendations* derived from the results of the meta-evaluation have been formulated against the background of the current debate on a new M&E policy in GIZ. Central points of discussion in this new M&E policy are the abolishment of the centralised portfolio evaluations and the development of the PPRs into decentralized final evaluations, which should be included in the reporting to the commissioning organization (e.g. BMZ).

0.2.2 Results of the efficiency analysis

An assessment of the efficiency of the examined health projects was difficult due to methodical limitations. Within the projects, there was no classification of specific costs regarding respective outputs and objectives. As a consequence, it was not possible to retrospectively measure the production and allocation efficiency of the cost information of the projects.¹ These dimensions of the efficiency analysis are barely analysed in the evaluation reports. Accordingly, these dimensions of efficiency could not be assessed.

Nevertheless, it was possible to make statements with respect to the combination

of instruments used in the health projects. It could be observed that the combination of instruments did not play a vital role for the efficiency of the projects. The results of the project cost analysis (cluster analysis) showed that the causes for the achieved efficiency level cannot be led back to a specific cost structure or a specific combination of instruments. Neither could a higher or lower efficiency of a specific combination of instruments be derived from the cost-effectiveness-ratios of different project groups (clusters). The qualitative analysis of the selected evaluation reports delivered similar results. Only in a few evaluation reports the combination of specific instruments was directly connected to the achieved efficiency of the project. However, the reason can also be that this that it was not a requirement for the evaluations to analyse this specific aspect.

Overall however, it can be concluded that the efficiency of the health projects is not determined by a specific combination of instruments or specific cost structure.

Altogether the analysis illustrates that the health projects were heterogenous. This holds true for both the cost structure and the different combinations of instruments, as well as for the objectives of the projects and the different thematic focuses. Hence, no “typical” health project emerged from the analyses. This applies also to the different thematic focuses which differ strongly in regard to the intervention logic and implementation of the projects.

¹ Production efficiency describes the relation from used resources (input) to attributable products (outputs), as e.g. workshops of an intervention. In turn, the allocation efficiency describes the relation used resources (input) to attributable effects (outcomes).

In the qualitative assessment of the evaluation reports, however, other reasons emerged as important recurrent factors for the achieved efficiency in the projects. These included, in particular, the use of local resources, the coordination or complementarity with other donors and the performance of the partners. It was shown that the presence or absence of these factors had positive or negative impacts on the efficiency. As a consequence these factors appear as important reasons for the efficiency of the health projects.

0.2.3 Results of the efficiency analysis

The evaluation synthesis comes to ten central results:

1. The average **overall rating** of the health projects (2,4) corresponds to the ratings of GIZ projects in other sectors: The cross-section and cross-regional assessment of GIZ projects („Messen-Bewerten-Verbessern“) published by the monitoring and evaluation unit in 2013 states a general average overall rating of 2.4. Furthermore, the individual health projects got average ratings for the OECD-DAC criteria similar to the cross-section and cross-regional assessment of GIZ projects.
2. The overall rating of the health projects vary moderately depending on the **thematic focusses and regions**. It should be emphasized
- that the projects in the area of health system strengthening (HSS) have an average rating that is slightly higher (2.1) than the projects in the area of HIV/AIDS and sexual and reproductive health and rights (SRHR). This also applies to the comparison with the cross-section average.
3. Gender aspects – whose central meaning for health is recognized in the international debate as well as in German development cooperation – are integrated strongly to moderately as cross-cutting topic in three-quarter of the health projects, for which information is available on this issue.
4. Amongst the OECD-DAC criteria, the criterion of **relevance** is ranked highest on average, with a rating of 1.9.² This is slightly less than the cross-section average (1.6) of this criterion.
5. The average overall assessment of the effectiveness of the health projects corresponds exactly to the level determined in the cross-section report „Messen-Bewerten-Verbessern“ (2.4). The study shows that the project has contributed to the improvement of **the quality of healthcare and the**

² This result was to be expected because the rating of the relevance was also about balancing the expectations of the partners and the contracting partner. Without alignment no assignments are granted.

availability of specialist personnel. This is a clear strength of the GIZ health projects.

6. In the evaluation report chapters concerning effectiveness and impact, a series of factors could be identified that had either positive or adverse effects on the projects' impacts:

- An **integrative approach of project planning and implementation** emerged as a central success factor for the effectiveness of health projects. Especially at the interface of SRHR and HIV there is substantial potential for the integration of programs and health interventions, which a number of projects have successfully tapped into. Altogether there is definitely room to use these integrated project approaches even more systematically and to broaden the use of existing best practices. This would correspond to the international dialogue where the "Integrated Service Delivery" has an increasing importance due to growing positive evidence.
- **Ownership and alignment** are central factors for the achievement of sustainable impacts. This is characterized by ensuring participation in the development and adjustment of the

projects, and aligning projects with national strategies.

- **Impact measurement** is a weakness in some projects – against the background that good impact measurement (the proof of impacts) is increasingly important. In addition, monitoring and evaluation (M&E) is related to effectiveness. There is evidence that insufficient M&E contributes to a weak project steering and is a barrier for achieving impacts. A strong M&E influences the effectiveness in particular when it is used systematically for the steering of projects. In this respect there is evidence of the correlation between the quality of the steering and the quality of the M&E. Only projects with a strong M&E rating get the grade 1 for effectiveness.
- **Knowledge management:** The evaluations indicate that there is improvement potential with regard to knowledge management. Learning experiences and best practices are not sufficiently documented. In addition, they are not reliably communicated to other projects or the GIZ head office for further dissemination. Furthermore, a number of projects did not use the GIZ structure to exchange

knowledge, although they could have benefit from the experiences of other projects.

7. The **sustainability** is a low ranked criterion in the area of health and regardless of the individual thematic health focusses. The average overall assessment of the sustainability is 2,5. This result is nearly consistent with the cross-section analysis of other GIZ projects (2,6). There seems to be potential for a further strengthening of the sustainability of projects. The analysis of the health projects shows that central aspects are a close cooperation with other donors and the local partners such as a reinforced ownership.
8. **In the efficiency assessment of the evaluations the topic of cost efficiency is not addressed extensively.** Only approximately half of the evaluations contain statements concerning the cost-benefit-ratio to justify the rating concerning efficiency. In the projects rated in this manner, the cost efficiency is graded as good or very good in 60% of the cases and as mixed or weak in the remaining 40%. While this suggests room for improvement, the underlying factors of the rating diverge often and it can be questioned to which extent the results are based on a solid foundation. Central success factors for ef-

iciency are– in descending order of their relevance - synergies with other international donors, the use of local resources, and synergies with other projects of the financial and technical cooperation. The average overall assessment of the efficiency is 2,5.

9. **Impact:** With regard to the rating of the overarching development policy results, positive results overweigh. However, the available data and the problem of attribution allow only for cautious conclusions. The average overall assessment of the impact is 2,6.
10. Altogether the program design seems to correspond to **international standards**. Besides the gender aspects (see above), human rights aspects are often mainstreamed in the projects. There seems to be slight potential for improvement for HIV projects. However, in countries with concentrated epidemics, some projects were not target group oriented.

0.2.4 Areas of action and recommendations of the meta-evaluation, evaluation synthesis and the efficiency analysis

From the results of the meta-evaluation, the evaluation synthesis and the efficiency analysis, fourteen areas of action and recommendations for the GIZ can be derived. Five areas of action arose from the results

of the meta-evaluation (areas of action 1-5). Five areas of action were identified by the evaluation synthesis (areas of action 6-10) and four by the efficiency analysis (areas of action 11-14). The recommendations refer to the quality of the evaluation reports and to the conception and implementation of prospective projects in the area of health. Partly, they are cross-sectoral and company-widely relevant, especially the recommendations for efficiency.

Area of action 1: The quality standards for conducting centralised evaluations have, to a large extent, proven valuable. It should be reviewed to which extent these quality standards can be transferred to decentralized evaluations.

Area of action 2: The requirements for the evaluation design should be articulated more clearly in order to increase the methodical quality in the evaluation reports.

Area of action 3: In the decentralized evaluations more local consultants should be appointed to facilitate research triangulation.

Area of action 4: The guideline for the PPRs should be revised and should be presented in a clearer format to make it more useable for the development of evaluation designs.

Area of action 5: For the decentralized evaluations two instruments should be developed which take into account the prospective different functions of the de-

centralized evaluations as instrument for accountability, learning and management.

Area of action 6: In the conception of prospective projects in the area of health the potential for the integration of projects in the areas of HIV, SRHR and the strengthening of the health systems should be reviewed to an even greater extent.

Area of action 7: The internal knowledge management, above all the exchange of knowledge between the projects and the GIZ head office, should be further strengthened to spread learning experiences and best practices of the health projects faster and more effectively.

Area of action 8: The impact measurement of health projects should be strengthened already in the project conception and then in the implementation. The use of existing guidelines for impact measurement in the area of health should be enforced and guidelines for the implementation of baseline studies should be developed.

Area of action 9: Due to the fact that the topic sustainability is a cross-sectoral one, the according strategies should be embedded in the frame of a GIZ-wide debate about sustainability. Central elements of this debate could be a fortified focus on the cooperation with other donors and local partners as well as the improvement of ownership. The systematic conduction of

capacity assessments should be considered.

Area of action 10: In the research questions of GIZ regarding the evaluation criteria (guidance for success assessment) questions for the systematic illustration of the use of instruments and the multilevel approach should be integrated.

Area of action 11: To increase the efficiency of the projects the use of local resources, the coordination with other donors, and the contributions of partners should be improved.

Area of action 12: The GIZ should collect the necessary data for efficiency assess-

ments to get meaningful efficiency analyses.

Area of action 13: In order to increase the quality of the efficiency analyses it should be reviewed in the evaluations to which extent the most efficient implementation strategies are used. Such aspects are discussed in the international debate on value for money.

Area of action 14: To get the whole picture of the achieved efficiency of the projects, the effect of complementarity and cooperation should be recorded quantitatively.



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