Anlage 3a

#### Vorgaben für die Berichterstattung

**1. Berichtspflicht**

Der ZE ist verpflichtet, der ZG die im Vertrag nach Art und Häufigkeit genannten Berichte in der jeweils geforderten Sprache und Anzahl termingerecht vorzulegen. Sofern im Vertrag nichts anderes vereinbart ist, sind die Berichte in deutscher Sprache zu erstellen.

Die Berichte sollen kurzgefasst werden und sich auf Informationen beschränken, die in unmittelbarem Zusammenhang zu dem vom ZE durchgeführten Projekt stehen. Sie sollen für das vom ZE durchgeführte Projekt wesentliche Punkte herausstellen und ggf. Problemlösungen aufzeigen. Aussagen zu politischen und wirtschaftlichen Rahmenbedingungen sollten nur dann gemacht werden, wenn sie für das vom ZE durchgeführte Projekt von Bedeutung sind. Ergänzende Unterlagen (Vermerke, Ausarbeitungen, Veröffentlichungen, Gesetze u. ä.) sind nur dann beizufügen, wenn sie zum besseren Verständnis erforderlich sind.

**2. Sachberichte**

 Sachberichte sind, sofern im Vertrag nicht anders vereinbart, alle 6 Monate vorzulegen. Der Sachbericht sollte max. 10 Seiten lang sein.

 Hinsichtlich Inhalt und Gliederung sind die Vorgaben gemäß Anlage zu beachten; zur Erstellung der Sachberichte ist das im Anhang beigefügte Format zu verwenden. Bitte gehen Sie auf alle für Ihr Projekt und Ihren Umsetzungsstand relevanten Punkte ein.

 Die Berichte sind der ZG elektronisch (als PDF) einzureichen: klinikpartnerschaften@giz.de .

In Bezug auf Inhalt und Gliederung sind die Vorgaben gemäß Anlage zu beachten. Bitte gehen Sie auf alle für Ihr Projekt relevanten Punkte ein. Bitte erweitern Sie die Tabellen nach Bedarf um weitere Zeilen.

**Anlagen:** Gliederung Sachbericht des Zuschussempfängers

|  |
| --- |
| **Hospital Partnerships – Partners Strengthen Health** |
| **Application number:**  |
| **Contract number:** |
| **Project title:**  |
| **Country:**  |
| **Duration of the project:**  |
| **Reporting period:**  |  |
| **Grant recipient (applicant Germany)** |
|  | **Institution:**  |
|  | **Address:**  |
|  | **Authorised representative:**  |
|  | **Project manager:** |
| **Project partner on the ground** |
|  | **Institution:**  |
|  | **Address:**  |
|  | **Project manager:** |
| **Date:**  |
| **Signature of grant recipient:** |

1. Objective of the project according to project proposal
2. Implementation status of main activities

Please name your main activities according to the project proposal and add complementary information in the table below. Could they be carried out as planned or were there any deviations?

|  |  |  |
| --- | --- | --- |
| **Main activity** | **Brief description of the implementation to date** (What has been done so far? Any adjustments or challenges? etc.) | **Implementation status**0 = at risk1 = delayed2 = as planned |
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1. Status of goal achievement according to project proposal
	1. Indicators for achievements of goals
	Please name the indicators individually.

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| --- | --- | --- | --- | --- |
| **Indicator** | **Inital value**(Baseline) | **Actual value** (time of reporting) | **Target value**(project end) | **Measurement tool** |
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* 1. What are the most essential changes that have occurred during the reporting period as a result of your project work?
1. Target groups
	1. Direct target group
	Direct target group describes who is primarily addressed by the project activities (training courses, workshops, e-learning), e.g. physicians, psychologists, nursing staff, midwives, laboratory specialists, hygiene specialists.

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| --- | --- | --- | --- | --- | --- |
| **Target group** | Topic and scope | Number of persons (total) | Female | Male | No indication |
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* 1. Indirect target group
	Indirect target group describes who benefited from the project activities during the reporting period, e.g. treated patients, advised mothers, addressed population groups, etc. (Please do not enter the catchment area of the facility here.)

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| --- | --- | --- | --- | --- |
| **Target group**  | Number of persons (total) | Female | Male | No indication |
|  |   |  |  |  |
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1. Support of structures and processes
	1. Professional consulting/ peer exchange
	How regularly and on which channel (telephone/ Skype/ Mail/ Whatsapp) have you exchanged professional information with your hospital partner or consulted with colleagues?
	2. Cooperations
	To which extent do you cooperate in your partnership project with other institutions (e.g. in networks, expert groups, etc.) in the partner country? What are the aims of these cooperations?

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| --- | --- | --- | --- | --- |
| **Types of cooperations**  | **Established / initiated** | **Terminated** | **Organisations involved** | **Objective** |
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* 1. **Materials developed**Has the project so far produced materials (e.g. recommendations for action, guidelines, curricula, standards, publications, etc.) that have been introduced into the partner organisation's operations or daily work routine?

|  |  |
| --- | --- |
| **Type** | **Field of application / addressee** |
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|  |  |
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1. **Establishment/stabilisation of implemented measures**

Which measures for sustainability or stabilisation have you taken in the reporting period? To which extent is it guaranteed that the knowledge acquired is anchored and applied in the everyday life of the partner institution?

1. **Gender equality**

To which extent can your project contribute to achieving equity between men and women or to gender equality?

1. **Embedding in the country context**
To which extent can your project contribute to the implementation of one or several goals of the national/regional health strategy?
2. **Unintended effects**

Have you observed any positive or negative unintended effects related to your project activities during the reporting period?

1. **Special developments**

Have there been any particular changes at the partner institutions involved or in the partner country that had an influence on the implementation of the project?

**Your feedback is important to us!!**(Please indicate the extent to which you agree with the following statements on a scale from 1 = „very dissatisfied“ to 6 = „very satisfied”).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How satisfied are you with the project´s advisory services in terms of |  | **very****dissatisfied** | **very satisfied** | **don´t know** |
|  |
| 1 | 2 | 3 | 4 | 5 | 6 |
| * the application process?
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| * the project support?
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| * the networking opportunities (workshops, network meetings, etc.)?
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| --- |
| Comments**:** |

THANK YOU!

**List of annexes**

Annex 1: Other *(e.g. project publications, photo documentations with © citation (photographer, place, objects / persons, date).*