

Evaluation of the Pan American Health Organization results-based management framework implementation

Volume II Annexes

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
AMERICAS

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Volume II Annexes

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Abbreviations and acronyms

BWP	biennial work plan
COVID-19	coronavirus disease 2019
ECC	(Office for the) Eastern Caribbean Countries
ERBM	evaluation of RBM
ERG	Evaluation Reference Group
ERP	External Relations, Partnerships, Resource Coordination
FGD	focus group discussion
HQ	Headquarters
JIU	Joint Inspection Unit
KII	key informant interview
M&E	monitoring and evaluation
OECD - DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
PAHO	Pan American Health Organization
PASB	Pan American Sanitary Bureau
PBE	Planning, Budget, and Evaluation Department
PMA	performance monitoring and assessment
PMIS	PASB management information system
PMN	Project Management Network
PWR	PAHO/WHO representative
RBM	Results-based Management
RER	region-wide expected result
SDG	Sustainable Development Goal
SHAA 2018–2030	Sustainable Health Agenda for the Americas 2018–2030
SO	strategic objective
SOP	standard operating procedure
SP	Strategic Plan
SPMS	Strategic Plan Monitoring System
SWOT	strength–weakness–opportunity–threat
ToC	theory of change
ToR	terms of reference
USAID	United States Agency for International Development
WHO	World Health Organization

Annex 1.

Evaluation matrix

Questions	Indicator(s)	Data collection method(s)	Data source(s)
EVALUATION CRITERION: RELEVANCE			
A. How relevant is the design of the Pan American Health Organization's (PAHO) Results-based Management (RBM) system for improving organizational performance and enhancing development results?	Extent to which the features (concept, definitions, tools, processes) of PAHO's RBM system are aligned with international best practices (Joint Inspection Unit [JIU] and Paris Declaration 3)		
	The strategic planning process is participatory and results in clearly formulated long-term objectives for the Organization that reflect PAHO's mandate and comparative advantage, and the priorities of Member States	(1) Key informant interviews (KIIs); (2) Document review	(1) PAHO's senior management, program and technical staff; (2) PAHO's strategic planning documents
	Strategic directions are translated into a cascade of actionable workplans and results-based budgets at the headquarters (HQ), subregional, and country levels	Document review	PAHO's annual progress reports/strategic planning documents
	Expected program results (outputs, outcomes, impact) are summarized in well-defined logframes/results monitoring frameworks, ToCs and all monitoring and evaluation (M&E) tools	(1) KIIs; (2) Document review	PAHO's programmatic documents/databases
	Strategic goals are translated into country-specific plans/monitoring frameworks that show how country-level results will contribute to the achievement of PAHO's Strategic Plan (SP) objectives	Document review	PAHO's RBM system documents
	Processes and instruments in place to guide the allocation of human and financial resources to strategic goals	(1) KIIs; (2) Document review	(1) PAHO's program and technical staff; (2) PAHO's RBM system progress reports/documents/databases
	A performance monitoring framework with quantitative and qualitative performance indicators, targets, benchmarks/milestones, definitions, responsibilities, units of measure, and targeted data collection methods was developed to monitor PAHO's outputs and measure their outcomes and impact	Document review	PAHO's RBM system documents/databases

Questions	Indicator(s)	Data collection method(s)	Data source(s)
	A functioning data management system with clear processes for data collection and analysis, user-friendly reporting tools and templates, quality assurance processes, and clear information flows is in place	(1) KIIs; (2) Document review	(1) PAHO's program and technical staff; (2) PAHO's RBM system documents/databases
	A knowledge management strategy and communication strategy (and place, practice) are in place to promote knowledge generation and guide the dissemination and utilization of information and knowledge	(1) KIIs; (2) Document review	PAHO's RBM system documents/databases
	Extent to which the results and performance monitoring framework is relevant to the tracking of PAHO's organizational effectiveness and PAHO's contribution to development results		
	PAHO's results and performance monitoring framework indicators allow clear linkages to be made between PAHO's programs and interventions and SP outcomes and impact indicators, thereby allowing attribution of results	Document review	PAHO's RBM system documents/databases
	Organizational performance in implementing PAHO's program of work is being monitored at all levels (HQ, subregion, country)	(1) KIIs; (2) Document review; (3) Case studies	(1) PAHO's senior management, program and technical staff; (2) PAHO's RBM system documents/databases
	The system allows the tracking of targeting and equity-related objectives at the country level	(1) KIIs; (2) Document review; (3) Case studies	(1) PAHO's senior management, program and technical staff; (2) PAHO's RBM system documents/databases
	The RBM system facilitates the aim of the Organization to achieve results at country level and put into practice the "country focus"	(1) KIIs; (2) Document review; (3) Case studies	(1) PAHO's senior management, program and technical staff; (2) PAHO's RBM system documents/databases

Questions	Indicator(s)	Data collection method(s)	Data source(s)
	Extent to which the evaluation function fulfills RBM requirements		
	An evaluation policy defines the purpose, scope, and methodologies for project-level evaluations, country program evaluations, and thematic evaluations	(1) KIIs; (2) Document review	(1) PAHO's evaluation staff; (2) Evaluation reports and PAHO's evaluation policy document
	Annual evaluation plans are prepared in consultation with the stakeholders concerned	(1) KIIs; (2) Document review	(1) PAHO's evaluation staff; (2) PAHO's evaluation policy document
	Evaluation reports include mutually agreed, operations-oriented and strategic recommendations, the due follow-up of which is being monitored	(1) KIIs; (2) Document review	(1) PAHO's evaluation staff; (2) Evaluation reports and RBM documents
	Evaluation reports include useful lessons learned based on the experience and results of program implementation and technical cooperation work	(1) KIIs; (2) Document review	(1) PAHO's evaluation staff; (2) Evaluation reports
B. How relevant is PAHO's RBM system with regard to Member States' needs, expectations, and capacities?	Extent to which PAHO's RBM system integrates key stakeholders' priorities and is commensurate with their capacities		
	The percentage of Member States that are satisfied that the key features of PAHO's RBM system respond to their needs and expectations	Survey	Member States' representatives
	The percentage of Member States that feel that they have the necessary capacities to participate in PAHO's RBM processes	Survey	Member States' representatives
C. How have the culture and practice of RBM changed across PAHO over time, and how well was PAHO's RBM system adapted to shifting needs and priorities within the Pan American Sanitary Bureau (PASB) and Member States?	Extent to which PAHO's RBM system design and operation were flexible and adaptable to shifting needs and priorities, at HQ and by Member State		
	Comparison between the original RBM objectives and practices and the current objectives and practices	(1) KIIs; (2) Document review	(1) PAHO's senior management, program staff; (2) PAHO's RBM system documents/databases

Questions	Indicator(s)	Data collection method(s)	Data source(s)
	Comparison between the context, management requirements, and Member States' expectations at the time the RBM system was introduced and the current context, management requirements, and Member States' expectations (including specific events and changes such as the Sustainable Development Goals [SDGs] and COVID-19)	(1) KIIs; (2) Document review	(1) PAHO's senior management, program staff; (2) PAHO's RBM system documents/databases; (3) PAHO staff
	Alignment of PAHO's SP indicators with World Health Organization (WHO) indicators	(1) KIIs; (2) Document review	(1) WHO staff; (2) WHO planning documents and reports
	Relevance of the various changes introduced in PAHO's RBM system over time	(1) KIIs; (2) Document review; (3) Case studies	(1) PAHO's senior management, program and technical staff; (2) PAHO's annual progress reports and RBM system documents/databases; (3) PAHO staff
EVALUATION CRITERION: EFFECTIVENESS			
D. Is there a common understanding of the RBM concept and its purposes across PAHO, and how well is RBM understood in PAHO?	Extent to which RBM is understood in PAHO		
	The percentage of PAHO staff who correctly identify/define key RBM components/elements/fundamentals (principles, concepts, purposes, tools), by function and organizational level (country offices, subregional offices, HQ operational units)	PAHO personnel survey	PAHO staff
	The percentage of PAHO staff who claim (at least basic) understanding of RBM, by region and gender	PAHO personnel survey	PAHO staff
	Extent to which RBM processes, procedures, and tools are accessible/usable by PAHO staff	(1) PAHO personnel survey; (2) Document review; (3) Case studies	(1) PAHO's program and technical staff; (2) PAHO's RBM system documents/databases
	The percentage of PAHO staff who have received RBM training and training on the use of various RBM tools	PAHO personnel survey	PAHO staff
	The percentage of PAHO staff who claim that they are familiar with PAHO's evaluation policy	PAHO personnel survey	PAHO staff

Questions	Indicator(s)	Data collection method(s)	Data source(s)
E. What are Member States' perceptions of the implementation of RBM in PAHO? And what do they expect?	Extent of Member States' satisfaction with RBM implementation		
	The percentage of Member States that believe that RBM implementation in PAHO is progressing as planned, by subregion	(1) KIIs; (2) Case studies; (3) Member State survey	Member States' representatives
	The percentage of Member States that are satisfied with the quality and usefulness of PAHO's evaluation reports	(1) KIIs; (2) Case studies; (3) Member State survey	Member States' representatives
	The percentage of Member States that are satisfied with the quality and usefulness of PAHO's progress reports	(1) KIIs; (2) Case studies; (3) Member State survey	Member States' representatives
	Types of expectations of Member States from PAHO's RBM system	(1) KIIs; (2) Case studies; (3) Member State survey	
	Level of satisfaction of Member States with RBM implementation in PAHO, by subregion	(1) KIIs; (2) Case studies; (3) Member State survey	Member States' representatives
F. To what extent did PAHO's RBM Framework achieve its objectives, including improving accountability and transparency to Member States, and advancing a culture of results? And is RBM adding value to PAHO's work?	Status (stage) of RBM system development (according to JIU metrics) and users' satisfaction		
	Degree to which RBM has been mainstreamed/ integrated into PAHO's operations	(1) KIIs; (2) Case studies	(1) PAHO's senior management, program and technical staff
	The percentage of program managers, country office directors, and subregional office directors who are satisfied that RBM tools and the processes in place for planning, implementation, monitoring, and reporting meet their information and managerial requirements and are efficiently supporting them in their work	PAHO personnel survey	PAHO staff
	The percentage of HQ portfolio managers and department directors who are satisfied that RBM tools and the processes in place for planning, implementation, monitoring, and reporting meet their information and managerial requirements and are efficiently supporting them in their work	PAHO personnel survey	PAHO staff

Questions	Indicator(s)	Data collection method(s)	Data source(s)
	Extent to which a sound, results-oriented resource planning and allocation system is in place		
	Evidence that PAHO's programs and interventions, as well as its financial resources, are well aligned with its long-term objectives	(1) KIIs; (2) Document review; (3) PAHO personnel survey	(1) PAHO's senior management, program and technical staff; (2) PAHO's RBM system documents/databases; (3) PAHO staff
	Evidence of coherence and compatibility between the budgeting and programming cycles and processes	(1) KIIs; (2) Document review; (3) PAHO personnel survey	(1) PAHO's senior management, program and technical staff; (2) PAHO's RBM system documents/databases; (3) PAHO staff
	The existence and functionality of a cost accounting system that allows linkages between expenditures and expected results to be made	(1) KIIs; (2) Document review	(1) PAHO's senior management, program and technical staff; (2) PAHO's RBM system documents/databases
	Extent to which the RBM system has been effective in enabling the timely monitoring and transparent reporting on technical cooperation and program outputs; and the reliable measurement of country-level outcomes and impact		
	Evidence that credible, quality-checked data on country-level outputs, outcomes and impacts are collected, analyzed, and reported periodically (for programs and technical cooperation)	(1) KIIs; (2) Document review; (3) PAHO personnel survey; (4) Case studies	(1) PAHO's senior management, program and technical staff; (2) PAHO's annual progress reports and RBM system documents/databases; (3) PAHO staff
	Evidence that country-level data related to gender and equity and human rights and diversity are collected, analyzed, and reported periodically	(1) KIIs; (2) Document review	(1) Program and technical staff; (2) Progress reports
	Extent to which the RBM system has been effective in enabling the timely monitoring and assessment of organizational performance in program delivery and the provision of technical cooperation		
	Evidence that periodic assessments of program/country/organizational unit performance are undertaken against predefined performance criteria, indicators, and targets	(1) KIIs; (2) Document review	(1) PAHO's senior management, program and technical staff; (2) PAHO's annual progress reports and RBM system documents/databases

Questions	Indicator(s)	Data collection method(s)	Data source(s)
	Existence of a subset of key performance indicators or a dashboard to measure corporate-wide performance in key management areas	Document review	PAHO's annual progress reports and RBM system documents/databases
	Evidence of credible, transparent reports of PAHO's performance and results	(1) KIIs; (2) Document review; (3) PAHO personnel survey	(1) PAHO's senior management, program and technical staff; (2) PAHO's annual progress reports and RBM system documents/databases; (3) PAHO staff
	Extent to which the RBM system makes it possible to measure the role of each level of the Organization, and of Member States, in the achievement of results (i.e., allowing a measure of the attribution of results to PAHO)?		
	Evidence that PAHO biennium programs and budgets clearly identify the concrete deliverables (outputs and services) expected from (1) PAHO HQ's, subregional offices', and country offices' work; (2) its portfolio of programs; (3) its technical cooperation services; and (4) Member States, in order to achieve or contribute to clearly identified development outcomes, and that these are well aligned with SP indicators	(1) KIIs; (2) Document review; (3) PAHO personnel survey; (4) Case studies	(1) PAHO's senior management, program and technical staff; (2) PAHO's evaluation reports; (3) PAHO staff
	Evidence that the outputs delivered by PAHO HQ, subregional offices, and country offices), its programs and its Member States are clearly mapped, with logical links, against measured outcomes	(1) KIIs; (2) Document review; (3) PAHO personnel survey; (4) Case studies	(1) PAHO's senior management, program and technical staff; (2) PAHO's evaluation reports; (3) PAHO staff
	Evidence that PAHO is evaluating the outcomes and impact of its programs, interventions, and technical cooperation	(1) KIIs; (2) Document review; (3) PAHO personnel survey; (4) Case studies	(1) PAHO's senior management, program and technical staff; (2) PAHO's evaluation reports; (3) PAHO staff
	Extent to which PAHO's RBM system generates relevant and timely evidence-based knowledge (lessons learned, best practices) that can be used to improve performance and results		

Questions	Indicator(s)	Data collection method(s)	Data source(s)
	Evidence that evidence-based knowledge (lessons learned, best practices) is generated from performance assessments	(1) KIIs; (2) Document review	(1) PAHO's staff and senior management; (2) Performance assessment reports
	Evidence that evidence-based knowledge (lessons learned, best practices) is generated from evaluations	(1) KIIs; (2) Document review	(1) PAHO's staff and senior management; (2) Evaluation reports
	Extent to which positive or negative performance and results-based information is used for proactive, informed decision-making, strategic planning, improvement, and learning		
	Evidence that performance assessments are used to effectively steer and improve program implementation and results	(1) KIIs; (2) Document review; (3) PAHO personnel survey	(1) PAHO's senior management, program and technical staff; (2) PAHO's annual progress reports and RBM system documents/databases; (3) PAHO staff
	Evidence that performance assessments are used effectively to steer program performance and results	(1) KIIs; (2) PAHO personnel survey; (3) Document review	(1) PAHO's senior management, program and technical staff; (2) PAHO staff; (3) Evaluations
	Evidence that evaluation findings are used effectively for strategic decisions, learning, and improvement	(1) KIIs; (2) PAHO personnel survey; (3) Document review	(1) PAHO's senior management, program and technical staff; (2) PAHO staff; (3) Evaluations
	Evidence that managers have the latitude, flexibility, and authority to utilize resources as required to achieve desired results	(1) KIIs; (2) PAHO personnel survey	(1) PAHO's senior management, program and technical staff; (2) PAHO staff
	Evidence of accountability mechanisms linking program/country/unit performance with resource allocation decisions	(1) KIIs; (2) PAHO personnel survey	(1) PAHO's senior management, program and technical staff; (2) PAHO staff

Questions	Indicator(s)	Data collection method(s)	Data source(s)
G. What are the key achievements, enabling factors, best practices and lessons learned from PAHO's RBM system implementation?	Evidence of key achievements of RBM system implementation	KIIs	PAHO's senior management, program and technical staff
	Evidence of enabling conditions supporting the rollout and implementation of the RBM system	(1) KIIs; (2) Case studies	PAHO's senior management, program and technical staff
	Evidence of best practices learned from RBM system implementation	(1) KIIs; (2) Document review	(1) PAHO's senior management, program and technical staff; (2) PAHO's annual progress reports and RBM system documents/databases
	Evidence of lessons learned from RBM system implementation	(1) KIIs; (2) Document review	(1) PAHO's senior management, program and technical staff; (2) PAHO's annual progress reports and RBM system documents/databases
H. What are the main challenges, gaps, and obstacles that hinder the effectiveness of PAHO's RBM system and the realization of its intended objectives? Did its implementation bring about any unintended consequences?	Percentage of PAHO staff who are dissatisfied with the RBM system, by type of RBM function/process	PAHO personnel survey	PAHO staff
	Evidence of barriers to the successful implementation of PAHO's RBM system and realization of expected benefits	KIIs	PAHO's senior management, program and technical staff
	Evidence of unintended effects on key stakeholders (internal and external) due to RBM implementation	(1) KIIs; (2) PAHO personnel survey	(1) PAHO's senior management, program and technical staff; (2) PAHO staff
I. How can PAHO's RBM system be further improved to further enhance PAHO's effectiveness and accountability? How can PAHO's performance assessment and results frameworks be improved?	Number of areas identified for improvement of PAHO's RBM system	Mixed methods	(1) PAHO's senior management, program and technical staff; (2) PAHO's RBM system progress reports/ documents/databases
	Evidence of discontinued RBM practices worthwhile reinstating	KIIs	PAHO's senior management, program and technical staff

Questions	Indicator(s)	Data collection method(s)	Data source(s)
EVALUATION CRITERION: EFFICIENCY			
J. To what extent did PAHO's RBM contribute to enhancing organizational efficiency? What are the key efficiency gains and efficiency drivers? How can PAHO's efficiency be further strengthened?	Extent to which PAHO's resources (budgets, staff, partnerships, systems, etc.) are adjusted to achieve results in a timely and cost-efficient manner?		
	Evolution of key organizational performance indicators since the adoption of PAHO's RBM system	(1) KIIs; (2) Document review	(1) PAHO's senior management, program and technical staff; (2) PAHO's annual progress reports and RBM system documents/databases
	Stakeholders' perception of how efficiently PAHO's resources (budgets, staff, partnerships, systems, etc.) are allocated to achieve measurable, country-level, and regional results in a timely and cost-efficient manner	(1) KIIs; (2) PAHO personnel survey	(1) PAHO's senior management, program and technical staff; (2) PAHO staff
	Stakeholders' perception of key efficiency benefits of PAHO's RBM system	(1) KIIs; (2) PAHO personnel survey	(1) PAHO's senior management, program and technical staff; (2) PAHO staff
	Member States' perception of the efficiency of PAHO's planning, budgeting, implementation, monitoring, and reporting processes	Member State survey	Member States' representatives
K. How efficient was the rollout and implementation of PAHO's RBM system? What are the key efficiency drivers?	Level of efficiency of the RBM system development and implementation processes		
	Stakeholders' (HQ and field) perception of adequacy of resources allocated to RBM system development and implementation and any changes over time	(1) KIIs; (2) PAHO personnel survey	(1) PAHO's senior management, program and technical staff; (2) PAHO staff
	Number of RBM-related commitments that were delivered on time by PAHO	(1) KIIs; (2) Document review	(1) PAHO's senior management, program and technical staff; (2) PAHO's annual progress reports and RBM system documents/databases
	Average number of days spent each month by country office, subregional office, and HQ staff on RBM-related tasks	(1) KIIs; (2) Document review; (3) Case studies	PAHO's RBM system progress reports/ documents/databases
	Number of staff fully dedicated to the implementation of the RBM system	(1) KIIs; (2) Document review	(1) PAHO's senior management, program and technical staff; (2) PAHO's annual progress reports and RBM system documents/databases

Questions	Indicator(s)	Data collection method(s)	Data source(s)
	Number of budgetary resources allocated to the operation of the RBM system	(1) KIIs; (2) Document review	(1) PAHO's senior management, program and technical staff; (2) PAHO budget and financial reports
	Level of efficiency of the systems and tools in place to support RBM (PASB management information system [PMIS], Strategic Plan Monitoring System [SPMS], etc.)		
	Estimated percentage of time spent each year by country office, subregional office, and HQ staff on RBM-related tasks	(1) KIIs; (2) PAHO personnel survey	(1) PAHO's senior management, program and technical staff; (2) PAHO staff
	Evidence of inefficiencies/duplications in monitoring and reporting tasks that can be avoided	KIIs	PAHO's senior management, program and technical staff
	Evidence of inefficiencies/duplications in planning and budgeting tasks that can be avoided	KIIs	PAHO's senior management, program and technical staff
	Efficiency benefits of PAHO's RBM system as perceived by its stakeholders	(1) KIIs; (2) PAHO personnel survey	(1) PAHO's senior management, program and technical staff; (2) PAHO staff
L. What are the main challenges, gaps, and obstacles that hinder the efficiency of PAHO's RBM system? Did its implementation create unintended bureaucratic burden?	Evidence of barriers hindering the efficient implementation of specific RBM-related tasks	(1) KIIs; (2) PAHO personnel survey	(1) PAHO's senior management, program and technical staff; (2) PAHO staff
	Evidence of unintended bureaucratic burden caused by RBM-related tasks	KIIs	PAHO's senior management, program and technical staff
	Evidence of inefficiencies/duplications that could be avoided	KIIs	PAHO's senior management, program and technical staff
M. What institutional/operational adjustments are needed to ensure that PAHO's RBM system remains fit for purpose and efficient?	Number of areas identified for the improvement of PAHO's RBM system	KIIs	PAHO's senior management, program and technical staff

Questions	Indicator(s)	Data collection method(s)	Data source(s)
EVALUATION CRITERION: COHERENCE AND COORDINATION			
N. How well linked are the various RBM components? What should improve internally in PAHO to harmonize and better align the four components/functions of RBM?	Extent to which appropriate organizational and functional linkages exist between the four RBM components	Document review	PAHO's RBM system progress reports/ documents/databases
	Evidence of formal interaction platforms or channels of communication for inter-unit/divisional work and decision-making (and also linkages between HQ and field stakeholders)	(1) KIIs; (2) Document review; (3) Case studies	(1) PAHO's senior management, program and technical staff; (2) PAHO's annual progress reports and RBM system documents/databases
	Number of areas identified for the improvement of PAHO's RBM system	KIIs	PAHO's senior management, program and technical staff
O. How aligned is PAHO's RBM system with those of WHO and other United Nations agencies and partners? Is PAHO keeping up to date with current RBM practices within the other United Nations organizations?	Extent to which PAHO's RBM system is aligned with the RBM systems of WHO and other relevant United Nations organizations	Document review	PAHO's and other United Nations organizations' RBM system documents
	Evidence of PAHO's participation in RBM communities of practice	KIIs	PAHO's Planning, Budget, and Evaluation Department (PBE) staff
P. How can coordination with PAHO's Member States and partners (WHO's General Programme of Work, the United Nations SDGs, etc.) be improved to harmonize data collection and reporting and avoid duplication?	Level of satisfaction of partners with coordination efforts by PAHO to harmonize data collection and reporting	Interviews	PAHO's senior management, program and technical staff
	The percentage of Member States reporting ease of data collection and reporting to PAHO	PAHO personnel survey	Member States
	Number of areas identified for the improvement of PAHO's RBM system	(1) KIIs; (2) Document review	(1) PAHO's senior management, program and technical staff; (2) PAHO's strategic documents
Q. How can PAHO coordinate better with partners to add value and improve results at country level?	Evidence of a mutual accountability framework based on common outcomes (horizontal accountability across entities, and vertical linking at the global, regional, and country levels)	Document review	Evaluation reports of RBM system development in targeted organizations
	Evidence that established common rules are observed/ applied for PAHO and its partners to work in aligned/ integrated ways	(1) KIIs; (2) Document review	(1) PAHO's senior management, program and technical staff; (2) PAHO's annual progress reports and RBM system documents/databases
R. How can the current RBM Framework, tools, and practice be optimized and improved?	Number of measures/plans to optimize/improve the current RBM Framework, tools, and practices implemented	Mixed methods	

Questions	Indicator(s)	Data collection method(s)	Data source(s)
S. How effectively did PAHO coordinate, communicate, monitor, evaluate, and report on the implementation of RBM?	Level of satisfaction with PAHO's management of RBM implementation across the Organization	KIIs	PAHO's senior management
	Evidence of communication material and reports	Document review	PAHO's progress reports/ RBM system progress reports/documents/ databases
OTHER QUESTIONS			
T. What is the likelihood that the results achieved so far through the implementation of RBM will last?	Extent to which RBM system's gains and benefits will be sustained		
	Adequacy of human and financial resources	(1) KIIs; (2) Document review	(1) PBE staff and PAHO's Human Resources Department; (2) PAHO's strategic documents
	Evidence of senior management, the executive board, and Member States' commitment to RBM	KIIs	PAHO's senior management
U. To what extent have gender considerations been integrated in PAHO's RBM implementation activities/processes	Extent to which gender, equity, and diversity considerations have been integrated in PAHO's RBM implementation activities/processes		
	Existence of relevant guidelines to integrate gender, equity, and diversity considerations in PAHO's operations and RBM system	Document review	PAHO's annual progress reports and RBM system documents/databases
	Existence of specific strategic objectives and targets for gender, equity, and diversity mainstreaming	Document review	PAHO's annual progress reports and RBM system documents/databases
	Evidence that gender-disaggregated data on outputs are available	Document review	PAHO's annual progress reports and RBM system documents/databases
	Evidence that gender-differentiated impact analysis is conducted	Document review	PAHO's annual progress reports and RBM system documents/databases

Annex 2.

Theory of change behind the Pan American Health Organization's Results-based Management Framework

The 2010 document that establishes PAHO's Results-based Management (RBM) Framework does not describe the theory of change (ToC) behind the design of PAHO's RBM system. An attempt to develop this ToC is found in a document prepared by PBE Evaluation, which states that, through the outputs delivered under the four key RBM functions, PAHO is expected to achieve the following organizational outcomes:

- Well-aligned, clear results frameworks;
- Harmonized planning, budget, and resource mobilization processes;
- Improved capacity to track and use clear, measurable results;
- Institutionalized RBM;
- Improved confidence and reporting at the country level;
- Improved transparency.

If realized, these organizational outcomes are expected to improve the quality of PAHO's technical cooperation, thereby contributing, in the longer term, to better development results and improvements in health (crucial to achieving Sustainable Development Goal [SDG] 3) at the country level.

While this ToC clearly shows the medium-term and longer-term results expected from the RBM system, it does not articulate the linkages between specific outputs and the outcome level, nor does it describe the key assumptions or enabling factors underlying the logic model.

The external Evaluation Team has further developed this ToC to articulate the missing linkages between the output and outcome levels and to identify the important assumptions or enabling factors, based on international best practices in setting up RBM systems, including the United Nations Joint Inspection Unit (JIU) criteria, for assessing the maturity of RBM systems. This work also involved a review of the key planning, monitoring, and reporting tools and processes used in PAHO, as described in several useful documents provided to the external Evaluation Team.

The more elaborate ToC (and logic model) is presented in Figure 1.

According to the reconstructed ToC, the following key outputs and services are expected to be delivered under each of the four RBM functions:

- **Planning:** Strategic Plans (SP), program and budgets, resource mobilization efforts, biennial workplans (BWPs), and budgetary and programmatic implementation;
- **Implementation and performance monitoring and assessment (PMA):** RBM Framework; programmatic implementation, progress monitoring, and performance assessment reports; and knowledge material;
- **Independent evaluation:** Evaluation workplan, annual report, decentralized and corporate evaluations, and evaluation reports;
- **Accountability:** Annual reports on PAHO results, quinquennial reports on SP implementation, and communication material.

These outputs, if delivered effectively, will produce the following short-term and longer-term outcomes:

- **Planning:** Harmonized operations for planning, budgeting, and resource mobilization;
- **Implementation and PMA:** (1) Improved organizational ability to track results and organizational performance; (2) enhanced generation of evidence-based information and learning available for use by managers to make timely, informed operational and strategic decisions;
- **Independent evaluation:** Enhanced generation of evidence-based knowledge, corporate accountability, knowledge management, organizational learning, and performance improvement;
- **Accountability:** Enhanced capacity to ensure credible reporting of system-wide progress; improved management of projects, programs, and key initiatives; and improved organizational governance.

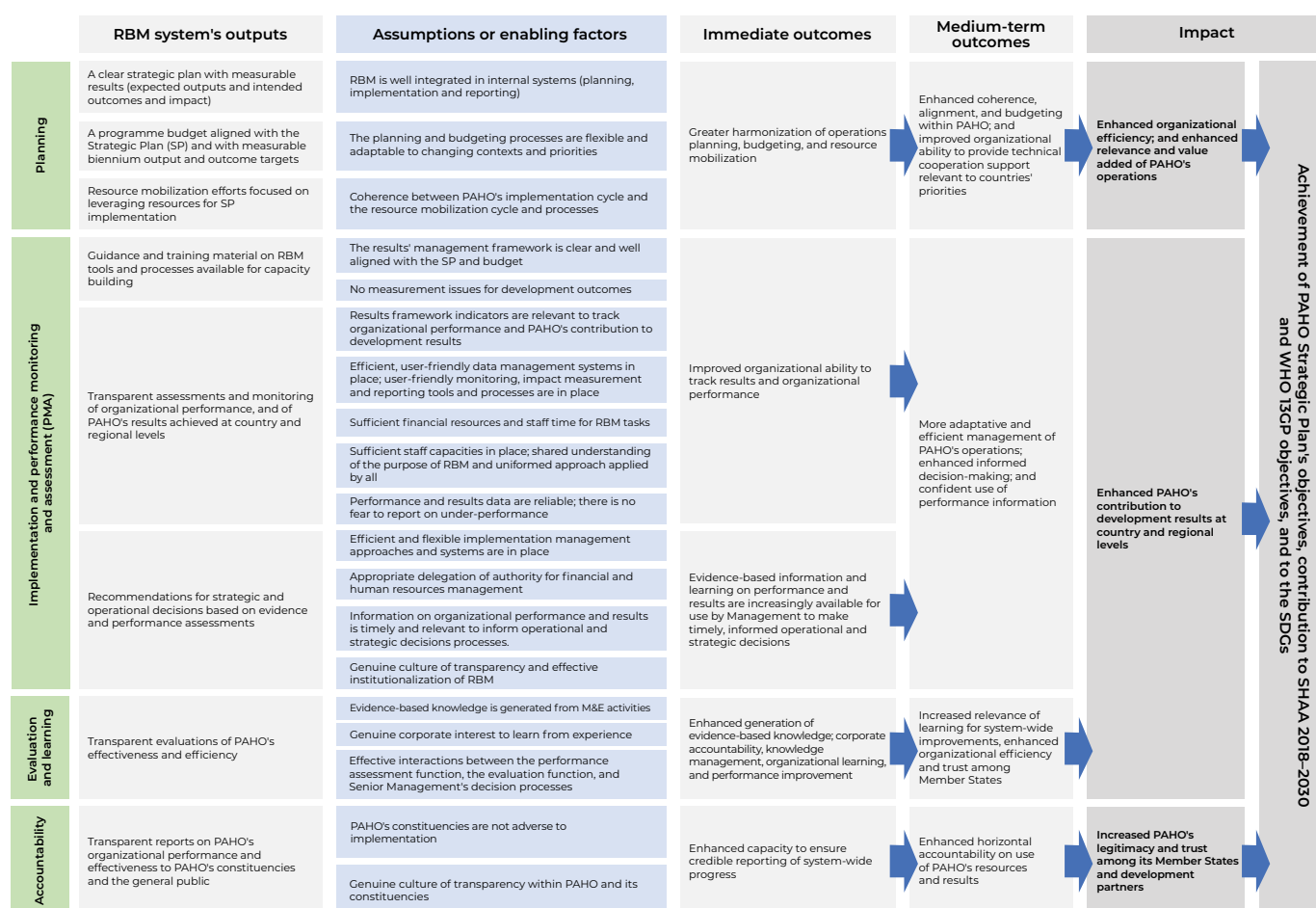
Over time, if these outcomes are achieved, then a series of short- and medium-term impacts are likely to be achieved, leading ultimately to enhanced organizational relevance, efficiency, added value and effectiveness, and the increased legitimacy of PAHO's work:

- **Planning:** (1) Enhanced coherence, alignment, and budgeting within PAHO; (2) improved organizational ability to provide technical cooperation support relevant to countries' priorities;
- **Implementation and PMA:** (1) More adaptive and efficient management of PAHO's operations; (2) enhanced, informed decision-making; (3) confident use of performance information;
- **Independent evaluation:** Increased relevance of learning for system-wide improvements, and enhanced organizational efficiency and trust among Member States;
- **Accountability:** Enhanced horizontal accountability and transparency on use of PAHO's resources and results.

Ultimately, these gradual improvements are expected to contribute to the achievement of PAHO's SP objectives, thus contributing to the achievement of the Sustainable Health Agenda for the Americas 2018–2030 (SHAA 2018–2030), WHO's Thirteenth General Programme of Work, and the United Nations SDGs.

If RBM outputs are to lead to the desired outcomes and impacts, several important enabling factors, or assumptions, need to be in place. These include the need for coherent integration of the various processes and systems; efficient and user-friendly tools and guidance material; good-quality RBM outputs meeting managers' expectations; a results-oriented management culture; sufficient staff capacities and motivation; and sufficient time and budgetary resources.

Figure 1. Theory of change of PAHO's results-based management framework (reconstructed)



Annex 3.

Detailed evaluation approach and methodology

The external Evaluation Team was committed to taking a practical and user-oriented approach to the conduct of the evaluation. The work was intended to be participatory, collaborative, and iterative, interacting with PAHO and its stakeholders, adapting as the assignment matured, and creating space for a range of voices.

The team used a formative, theory-based, and results-based approach that was primarily learning oriented, and aimed at highlighting any changes or adaptations that may assist PAHO in ensuring optimal progress was made over the remainder of the SP period and into the next period.

A combination of qualitative and quantitative data collection methods and analysis techniques was used to strengthen the validity and reliability of data and both triangulate and cross-check corresponding evaluation findings. Content analysis helped to guide qualitative data analysis, and quantitative data allowed some descriptive statistics to be created and basic correlation analysis to be carried out.

Sampling

In close consultation with the evaluation manager, the external Evaluation Team engaged all key informants. The team independently selected both the stakeholders to be engaged face to face and those to be engaged on online platforms such as Microsoft Teams and Zoom. Tailored interview protocols aligned with the evaluation matrix were then developed for each type of stakeholder. These protocols can be found at the end of this annex.

Stakeholders included all those who need to be considered in achieving project or program goals and whose participation and support was crucial to its success, in particular those responsible for managing the RBM process, and others who were responsible for carrying out the various tasks of the RBM process at different levels.

The selection process took into account PAHO's multi-level governance framework, which consists of:

- **Group A** – HQ (regional) level: A sample of staff with responsibilities in the RBM process related to strategy, planning, and policy work, and a sample of technical staff;
- **Group B** – subregional level: A sample of staff with responsibilities in RBM related to monitoring, reporting, and program management, and a sample of technical staff;
- **Group C** – country level: A sample of staff with responsibilities in the RBM process and closest to the implementation of projects and programs, and data collection for monitoring and reporting, and a sample of technical staff;
- **Group D** – donors, partners, and Member State representatives: A sample of Member State representatives and a sample of donors/development partners who can provide insights and lessons learned from PAHO's implementation of RBM within a country context.

Key informants

The external Evaluation Team sought and received responses from a wide cross-section of PAHO staff at HQ and in country offices and subregional offices. Given the time constraints, the selection of respondents for the KIIs was, as far as possible, aimed at those best placed to respond to the evaluation questions on behalf of their respective departments/units; that is, the staff most frequently using RBM as a process, or related tools. Thereafter, a “snowballing” sampling technique based on the recommendations of those initially selected was used to select other interviewees. The initial list of interviewees (from both PAHO and Member States) was based on their functions, experience, use of the system, location, and roles in RBM. For the virtual interviews at the country level, conducted after the abovementioned information had been gathered during the visit to HQ, it was decided that the best approach to ensure engagement was to focus on a small sample of countries. For each country, the universe included PAHO personnel from the management, technical, and administrative areas, and at least one counterpart from the Ministry of Health. The selection of countries followed the same criteria applied in the Inception Report for the case studies (discussed below). The countries selected were Belize, the Plurinational State of Bolivia, Haiti, Honduras, Jamaica, and Paraguay.

Survey

The entire PAHO personnel population was the sample for the administration of the survey.¹ With the support of Human Resources and PBE personnel, it was possible to select the following categories as the most relevant for RBM purposes: employee, Ministry of Health-assigned professional staff, Ministry of Health-assigned general staff, national PAHO consultant, and international PAHO consultant.

¹ The total number of potential respondents was 2361.

In terms of PAHO Member States, the survey was administered to representatives of national governments. To ensure a reasonable response rate, the survey was administered to all 35 PAHO Member States.

Field visits

For the field visits, the selection criteria to identify the three countries, discussed and approved during the inception phase, included program size, geographic balance, presence of both a country and subregional office, potential for enabling successful or challenging studies in the implementation of RBM to be carried out, and availability of PAHO staff (see Table 1).

Table 1. Criteria for selecting participating countries

Country	Subregional office	PAHO priority	No. of staff	Budget 2022/23	Notes
Colombia	–	–	73	USD 14M	Recommended by PAHO staff; large country office with a medium-sized budget
Guatemala	–	Yes	56	USD 21M	Recommended by PAHO staff; large country office with a large budget; PAHO priority country
Barbados (and the Office for the Eastern Caribbean Countries [ECC])	X	–	45	USD 1M	Recommended by PAHO staff; subregional office; large country office with a small budget

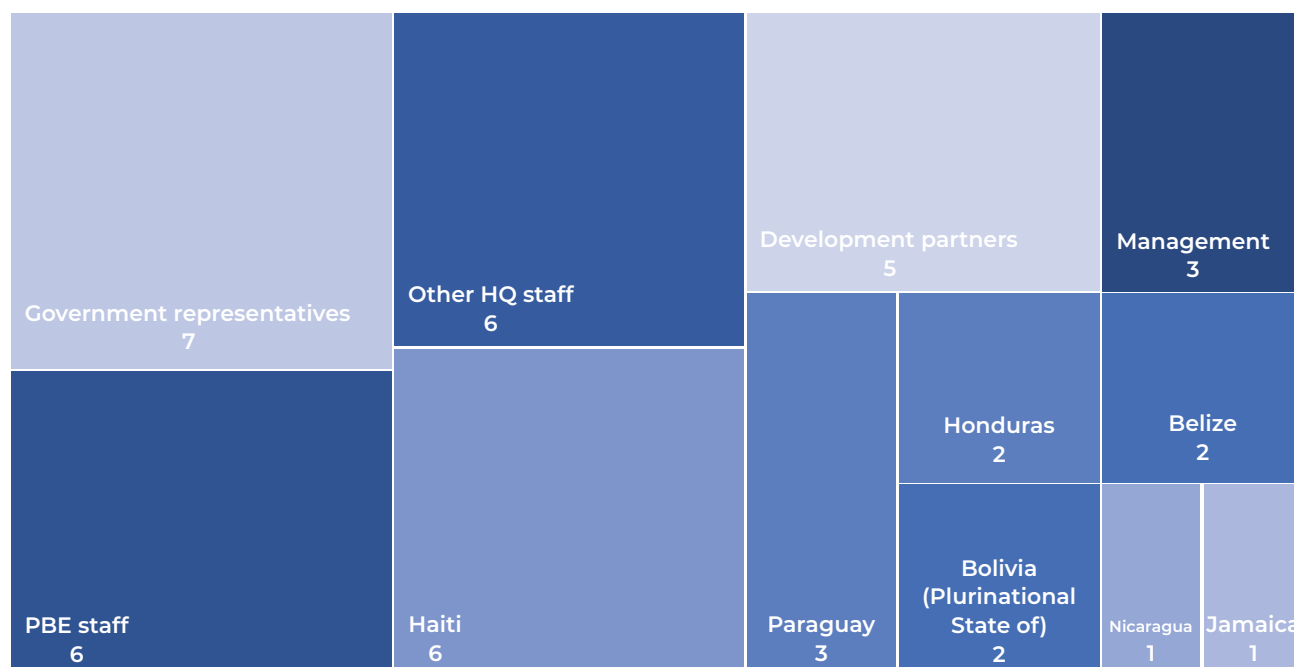
Note: The multi-country office covering Barbados and the Eastern Caribbean Countries (ECC) is a multi-country office with responsibility for 12 cost centers. The total budget is higher than USD 1 million.

Data collection

The evaluation utilized the following methods for data collection between July and September 2023: document review, KIIs, surveys, focus group discussions (FGDs), and field visits. These methods allowed the primary and secondary collection of both qualitative and quantitative data.

- The external Evaluation Team comprehensively reviewed the documents received as part of the remaining phases of the assignment. This detailed review helped to inform the team what exists and what could be built on or strengthened and to enumerate the strengths and weaknesses of, and gaps in, the PAHO RBM system (see Annex 6 for the list of documents received).
- KIIs were conducted by the external Evaluation Team with a range of stakeholders with varying perspectives, using question guides prepared in advance to form the basis for semi-structured individual interviews (see Annex 5 for the KII list). In total, 44 in-depth interviews were conducted either in person or virtually with a sample of executive management staff, country office and subregional office staff, PBE members, the Evaluation Reference Group (ERG) and other HQ staff, and other key partners, between June and August 2023 (see Figure 2 for a breakdown of staff by country/role).

Figure 2. Interviews of staff by country/role



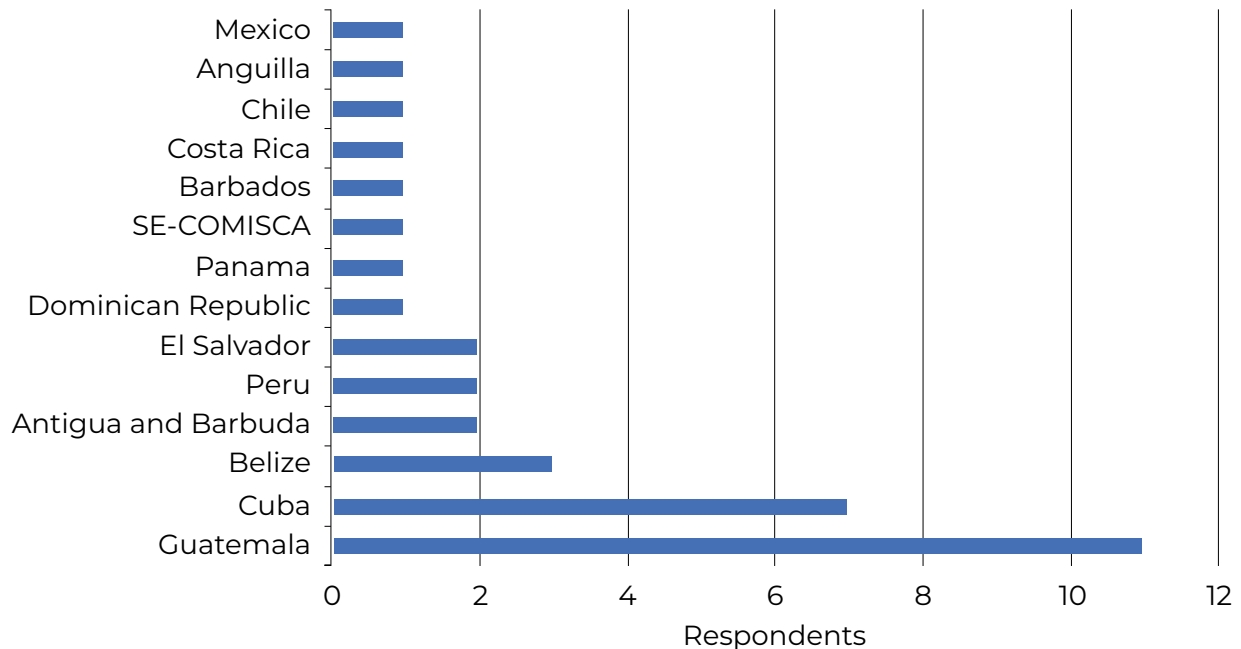
- The external Evaluation Team administered two online surveys in July and August 2023, one targeted at all PAHO staff and the other at Member States (see Annex 7 for the survey results). Using surveys allowed the team to receive input and ideas that capture the strengths and challenges of RBM implementation in a cost-effective manner, ensuring that PAHO staff and Member States were included in this important process. The PAHO survey was administered through PAHO's internal system, Gallup, to comply with organizational IT requirements. The inability to directly manage the survey tool meant that the testing and changes needed took more time and were limited by the software specifications. For example, for the survey results, the team found that the tool does not group respondents according to their areas of responsibility, but instead gives data per level of leadership in the three following categories: (1) department directors, PAHO/WHO representatives (PWRs), center directors, and office directors; (2) supervisors; and (3) individual contributors. The system did not provide an explanation for this classification, but the total response numbers confirmed there was no double counting of participants. Moreover, requests for disaggregated raw data files were inefficient and time-consuming, as multiple requests had to be made, and obtaining the information depended on the availability of the individual being asked. It was also not possible to disaggregate the data between HQ and country office personnel, but only by country office. The team did not have any control over reporting groups (see Table 2 for the distribution of respondents by country).

Table 2. Distribution of PAHO survey respondents by country

Country	Respondents (n)
Argentina	16
The Bahamas	6
Barbados	15
Belize	12
Bolivia (Plurinational State of)	32
Brazil	67
Chile	4
Colombia	37
Costa Rica	11
Cuba	11
Dominican Republic	11
Ecuador	16
El Salvador	16
Guatemala	27
Guyana	18
Haiti	37
Honduras	27
Jamaica	9
Mexico	24
Nicaragua	9
Panama	24
Paraguay	18
Peru	15
Suriname	5
Trinidad and Tobago	5
United States of America	313
Uruguay	10
Venezuela (Bolivarian Republic of)	42
Total number of respondents	840

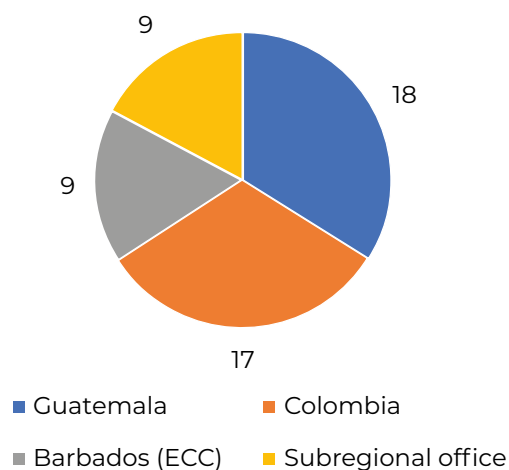
For the Member States survey, the external Evaluation Team aimed to reach all 35 Member States. For this, the team asked for the support of all country offices in the presentation and distribution of the survey tool to their Ministry of Health counterparts. However, the extent to which country offices obliged was beyond the control of the external Evaluation Team. Moreover, as follow-up for greater engagement was not possible, the team had no means of increasing the response rate. Figure 3 depicts the Member States' survey coverage.

Figure 3. Member States survey coverage by country/territory/entity



- Field visits were organized in three countries (Barbados, Colombia, and Guatemala) to allow a more in-depth assessment of the experiences of PAHO's country and subregional office personnel, Ministry of Health representatives, and strategic allies in the use and application of RBM. These visits were carried out in the last week of July and the first three weeks of August in 2023. In Colombia and Guatemala, FGDs were organized to reach a larger number of participants. In Barbados, the visit was focused on KIIs with personnel from both the country office and the subregional office (see Figure 4 for the distribution of respondents by country).

Figure 4. Number of people consulted during field visits ²



Data analysis methods

Several data analysis methods were employed for each of the collection methods highlighted prior to comprehensively assessing the implementation and effectiveness of RBM in PAHO. The main methods included:

- **Document review and textual analysis:** A comprehensive analysis of relevant documents aimed at identifying supporting information and evidence aligned with the evaluation criteria and questions. This process facilitated the synthesis of data around the evaluation themes, including triangulation with interview and survey data.
- **Deep-dive case study analysis:** By pinpointing the critical milestones within the RBM implementation period, this analysis employed process tracing to identify the key events, critical paths, interfaces, and experiences inherent to RBM implementation. It also assessed the manifestation of PAHO's commitments and the execution of RBM implementation and considered contextual changes and the interplay of mechanisms, leading to a clearer understanding of the conditions and actions that either support or impede positive outcomes.
- **Strengths–Weaknesses–Opportunities–Threats (SWOT) analysis:** Findings from interviews and triangulated data from the document review process populated a SWOT framework. The preliminary SWOT analysis was also shared with the ERG in October 2023. The assessment aimed to ascertain the extent to which RBM implementation mechanisms leverage strengths and opportunities, address weaknesses, and mitigate threats.
- **Descriptive statistical analysis:** This helped the team to derive meaningful insights from the survey data and gauge staff's and Member States' perceptions of RBM and its utilization within PAHO.

² Since the Barbados field visit included visits to two offices (the multi-country office for Barbados and the Eastern Caribbean [ECC] and the Subregional Program Coordination Office [SPC]), it naturally involved more stakeholders. This, in addition to three FGDs in Colombia and Guatemala, allowed the Evaluation Team to interview an adequate number of stakeholders.

To ensure the credibility and validity of the research process, a system of methodological triangulation was used to cross-reference data in the search for consistencies and inconsistencies. The findings were then compared and contrasted across the data sources. This helped to provide a rich and detailed basis upon which the data could be analyzed and insights garnered. The process drew on multiple data collection methods, including FGDs, semi-structured interviews, desk reviews, and surveys. The evidence supplied by these different lines of inquiry was in some cases centralized using an evidence matrix (see examples in Table 3).

Table 3. Example of a triangulation/evidence matrix

Criteria, questions, and indicators	Data and findings from different lines of evidence					Findings
	Document review	Interviews	FGDs	Surveys	Field visits/ observations	
	Relevance					
Is the results and performance monitoring framework relevant to tracking PAHO's organizational effectiveness and contribution to development results?	SP and BWP indicators Annual and quinquennial reports of the directors Financial report of the director and report of the external auditor	KIs with HQ staff, Member States, and PAHO's development partners	-	Specific question included in PAHO staff survey	-	PAHO does not adequately measure or report on its contribution to development results
Coherence						
How well linked are the various RBM components?	Evidence found in the RBM Framework, standard operating procedure (SOP), manuals, reports	Evidence from HQ staff, country office personnel, development partners	-	Evidence from PAHO survey	Mentioned during Barbados, Colombia, and Guatemala field visits	Communication among staff in different departments and HQ/country office levels has an effect on the coherent implementation of RBM
Effectiveness						
Is there a common understanding of the RBM concept and its purposes across PAHO, and how well is RBM understood in PAHO?	No evidence of a training program for RBM	KIs with HQ and country office staff	Mentioned in Guatemala	Evidence from PAHO survey	Mentioned during Barbados, Colombia, and Guatemala field visits	There are different levels of understanding of RBM across the Organization. The lack of a comprehensive training program has contributed to this uneven understanding.

Evaluation criteria and matrix

In keeping with standard practice, the evaluation was organized around a set of key evaluation questions and sub-questions, aligned with the Organisation for Economic Co-operation and Development (OECD) evaluation criteria. These were organized into an evaluation matrix that guided the evaluation process, comprising questions linked to indicators, data collection methods, and sources of data. The evaluation matrix presented in Annex 1 was prepared to frame the evaluation criteria and key questions that were considered in the evaluation. The matrix was built on questions in the terms of reference (ToRs) and on the ToC presented in Annex 2, but its development was also informed further by the inception meetings that helped to clarify the expectations of key evaluation stakeholders. A comprehensive review of the initial documentation that was provided also helped the external Evaluation Team gain a more in-depth understanding of the various elements of the RBM system and of the concrete outputs or deliverables of the planning, programming, monitoring, and reporting processes, and also to understand the key gaps and challenges inherent to the system. This further helped the team to shape and fine-tune the relevant questions. The main evaluation questions are presented in Table 4.

Table 4. Evaluation questions

EVALUATION CRITERION: RELEVANCE • How relevant is the design of PAHO's RBM system for improving organizational performance and enhancing development results? • How relevant is PAHO's RBM system with regard to Member States' needs, expectations, and capacities? • How have the culture and practice of RBM changed across PAHO over time, and how well was PAHO's RBM system adapted to shifting needs and priorities within the PASB and Member States?
EVALUATION CRITERION: EFFECTIVENESS • Is there a common understanding of the RBM concept and its purposes across PAHO, and how well is RBM understood in PAHO? • What are Member States' perceptions of the implementation of RBM in PAHO? And what do they expect? • To what extent did PAHO's RBM Framework achieve its objectives, including improving accountability and transparency to Member States, and advancing a culture of results? And is RBM adding value to PAHO's work? • What are the key achievements, enabling factors, best practices, and lessons learned from PAHO's RBM system implementation? • What are the main challenges, gaps, and obstacles that hinder the effectiveness of PAHO's RBM system and the realization of its intended objectives? Did its implementation bring about any unintended consequences? • How can PAHO's RBM system be further improved to further enhance PAHO's effectiveness and accountability? How can PAHO's performance assessment and results frameworks be improved?
EVALUATION CRITERION: EFFICIENCY • To what extent did PAHO's RBM contribute to enhancing organizational efficiency? What are the key efficiency gains and efficiency drivers? How can PAHO's efficiency be further strengthened? • How efficient was the rollout and implementation of PAHO's RBM system? What are the key efficient drivers? • What are the main challenges, gaps, and obstacles that hinder the efficiency of PAHO's RBM system? Did its implementation create an unintended bureaucratic burden? • What institutional/operational adjustments are needed to ensure that PAHO's RBM system remains fit for purpose and efficient?

Table 4. Evaluation questions (continued)

EVALUATION CRITERION: COHERENCE AND COORDINATION	
• How well linked are the various RBM components? What should improve internally in PAHO to harmonize and better align the four components/functions of RBM? • How aligned is PAHO's RBM system with those of WHO and other United Nations agencies and partners? Is PAHO keeping up to date with current RBM practices within the other United Nations organizations? • How can coordination with PAHO's Member States and partners (WHO General Programme of Work, United Nations SDGs, etc.) be improved to harmonize data collection and reporting and avoid duplication? • How can PAHO coordinate better with partners to improve results at the country level? • How can the current RBM Framework, tools, and practice be optimized and improved? • How effectively did PAHO coordinate, communicate, monitor, evaluate, and report on the implementation of RBM?	
OTHER QUESTIONS	
• What is the likelihood that the results achieved so far through the implementation of RBM will last? • To what extent have gender considerations been integrated in PAHO's RBM implementation activities/processes?	

For each evaluation criterion, the evaluation matrix breaks down the main questions into sub-questions and presents the indicators and measures that will determine how performance will be judged. For each indicator, the matrix in Annex 1 also presents data collection methods and sources of information.

This evaluation matrix was one of the key tools used by the external Evaluation Team to guide the evaluation and data collection process, enabling all the necessary data and information to be collected, analyzed, and triangulated.

RBM conceptual framework for analysis, conclusions, and recommendations

While the usual evaluation criteria and questions needed to be covered and provide a standard framework for data collection and analysis, for the evaluation of RBM (ERBM), the external Evaluation Team also wanted to ensure that particularly useful and strategic findings, and therefore analyses and conclusions, would emerge. Therefore, the team also used a conceptual framework that would cross-reference and overlay PAHO's noted RBM components and good practice RBM standards (see Table 5).

Table 5. Conceptual framework for conclusions and recommendations

Components	Set in 2010	Additional innovations to date	International experts/ RBM standards ^a
Planning	Strategic planning program and budget Country Cooperation Strategy Biennial workplans (BWP) and semiannual workplans	Strategic plan monitoring system (SPMS) Hanlon method (adapted)	Overall results to be accomplished are set out Accompanying ToCs are articulated, based at least in part on past experience Specific performance expectations (e.g., targets) established
Implementation and performance monitoring and assessment (PMA)	Voluntary contributions Resource coordination PMA every 6 months	Joint end-of-biennium assessment Use of PASB management information system (PMIS)	M&E of the results being achieved Assessment of the contribution being made by the program's activities to observed results (linked to evaluation)
Independent evaluation and learning	Evaluation function within the Oversight Office	Evaluation function within the Planning, Budget, and Evaluation Department (PBE)	Using empirical evidence gathered on results to improve performance through adjustments to delivery approaches, the underlying ToC and hence the program design, and the performance expectations
Accountability		Indicators Coordinators	Using information from results to present a credible story about what has been accomplished

Note: a. Mayne (2007, 2010, 2015); Lahey and Nielsen (2013); Nielson and Hunter (2013); Nielsen and Montague (2023).

Source: Prepared by the external Evaluation Team with input from PAHO documents and international experts' research.

Data collection protocols

The following protocols were used as a guide during the data collection phase. Semi-structured protocols tailored to different categories of stakeholders allowed the team to consult with a variety of people on some of the same questions to facilitate triangulation, while also exploring other topics as they arose. It also allowed the conversations to be adapted to stakeholders' level of involvement.

Key informant interview guide for HQ, program, and technical staff

- Could you describe your involvement in specific RBM processes and since when you have been associated with these processes?
- In your view, what are the key strengths and benefits of PAHO's RBM system?
- What are the key shortcomings of PAHO's RBM system?
- Is PAHO's RBM system useful for addressing your own needs for performance or results information, or for helping you perform your work better? Is it causing unnecessary bureaucratic burden? How much of your time is dedicated to RBM-related tasks each month?
- Overall, how smooth is the implementation of PAHO's RBM system? What are the enabling factors? What are the key obstacles?
- Are PAHO RBM processes and responsibilities clear (e.g., is there sufficient guidance material)? Are the management information system, planning, monitoring, and reporting tools user-friendly? Was sufficient training provided?

If not raised as strengths or shortcomings:

- How is PAHO's RBM system contributing to enhance PAHO's efficiency and PAHO's effectiveness?
- How is PAHO's RBM system contributing to enhanced decision-making?
- Do you think that PAHO has a sound planning framework? If not, what should be improved?
- Do you think that PAHO has a sound and comprehensive approach to monitoring and evaluation to capture the results of its programs and technical cooperation? If not, what should be improved?
- In your opinion, how strong is PAHO's RBM culture (i.e., would you define PAHO as a results-oriented organization where management decisions are taken based on evidence of performance and results)?
- Is sufficient knowledge generated from PAHO's RBM system? How is this knowledge being used in PAHO? Who generally uses it? And, for what purpose?
- How useful and relevant are PAHO's evaluations?
- Looking forward, how could PAHO's RBM system be improved?

Interview guides for country offices/subregional offices

Introduction

- Could you describe your involvement in specific RBM processes and since when you have been associated with these processes?

Relevance

- How are the projects you work with here designed, managed, monitored, and reported on?
- Are governments consulted in any part of the project cycle? If so, how?
- What is the link between the country office/subregional office and HQ in all these areas of the project cycle?
- Where is your reporting used?

Effectiveness

- Are PAHO's program and budgets a useful basis for planning country-level operations? Are they usually relevant to address their country's needs?
- How do you select the outcomes in focus for the coming biennium?
- What is the usefulness of performance assessment, monitoring, and reporting processes in capturing country-level results that are attributable to PAHO's work?
- What is the link between your allotted budget and the achievement of results?
- How useful are these processes for reflecting on performance (what works and what does not work) and improving it? Do you use information obtained through performance assessment, monitoring, and reporting to feed back into design and management?
- How useful and relevant are PAHO's evaluations?
- Is sufficient knowledge generated from PAHO? How is this knowledge being used in PAHO? Who generally uses it? And, for what purpose?
- In your opinion, how strong is PAHO's RBM culture (i.e., would you define PAHO as a results-oriented organization where management decisions are taken based on evidence of performance and results?).

Efficiency

- How does the PMA process work for you here?
- Are corporate management information systems efficient and user-friendly?
- Are roles and responsibilities for program design, management, monitoring, and reporting clear? What about learning?
- What is the utility of performance assessment and monitoring and reporting processes for improving the efficiency of country offices'/subregional offices' work?

Recommendations

- Looking forward, how could PAHO's RBM system be improved?

Interview guide for national authorities and key development partners – country level

1. What is your role in relation to PAHO's work?
2. Are you familiar with PAHO's RBM processes (strategic and operational planning, monitoring, performance assessment) in country? If so, can you describe how your organization is being/has been associated with these processes? (If respondent is not really familiar with the processes, or does not mention it in their response, the following sub-questions can be asked):
 - a. Is your organization sometimes involved or consulted by PAHO for strategic planning purposes? If so, what is your perception of the efficiency of this process and of the relevance of PAHO's objectives in country?
 - b. Is your organization involved in the co-financing or joint implementation of projects or technical cooperation interventions? If so, what is your perception of the quality and efficiency of PAHO's management processes and of the quality of its monitoring and evaluation systems?
 - c. Is your organization involved in the reporting of PAHO's work (either by contributing data/information or by receiving reports)? If so, what is your perception of its relevance and efficiency?
 - d. Is your organization involved in joint assessments or evaluations with PAHO in your country? If so, what is your perception of the quality and efficiency of these processes and of the quality of PAHO's progress reports or evaluation reports?
3. What are the strengths of PAHO's strategic positioning in country (e.g., its objectives, target groups, sectoral approaches, institutional set-up)? How would you describe PAHO's comparative advantage in the country?
4. According to your knowledge, would you define PAHO as a results-oriented organization in which management decisions are taken based on evidence of performance and results?
5. Looking forward, how could PAHO's RBM system in the country be improved?

Focus group discussion guide³

[Tiempo total - 1 hora]

Introducción [10 minutes total]

Saludo y presentación. Ronda de presentaciones.

Presentar la evaluación

- Explicar los componentes de RBM;
- Identificar cómo ayuda a la implementación de la cooperación técnica, a través de la discusión de fortalezas, debilidades, oportunidades y riesgos.

FGD lineamientos. Es un espacio de discusión e intercambio de ideas, todas las opiniones son bienvenidas y valoradas.

- Confidencial – Todo lo que diga aquí será anónimo. La confidencial también aplica para todos, y al participar, uds. también aceptan no identificar ni divulgar después quién dijo qué durante la discusión.
- Dinámica. Voy a hacer 4 preguntas específicas. La idea es que cada uno responda en el papel, 1 papel por pregunta. Por favor letra legible. Luego, socializamos y discutimos lo que respondimos.

Identificación [15 minutes total]

1. Identificar fortalezas del GBR
2. Identificar debilidades o retos
3. Identificar oportunidades
4. Identificar amenazas externas

Discusión [25 minutes total]

- Socializar entre todos cada punto, identificar duplicados, divergencias;
- Elegir los más importantes;
- Cómo mejorar, recomendaciones para la GBR en Colombia.

Reflexiones finales [10 minutes total]

Lecciones aprendidas de la GBR.

Comentarios finales, información adicional que quieran compartir se puede por email.

Gracias por su tiempo.

³ Because the two FGDs were carried out in Colombia and Guatemala, the FGD protocol was developed in Spanish.

Annex 4.

Case studies

Case study **Guatemala country office**

1. Introduction

The purpose of the brief case studies was to explore RBM practices from the perspective of PAHO country office staff. This an opportunity to understand how well RBM is being implemented in the field. It is not unusual to find gaps between the view of HQ and the view of those in the country offices.

The brief case study aimed to identify strengths, weaknesses, opportunities, and threats at the country office level. Using FGDs, the external Evaluation Team gathered information to create a country office profile that reflects the internal and external environment and how RBM was being used in the components of planning, monitoring, evaluation, and accountability.

From 31 July to 3 August 2023, a member of the team assigned to the evaluation of the implementation of RBM at PAHO, traveled to Guatemala and conducted interviews with 12 staff in the Guatemala country office.

2. Findings

The findings of the case study are organized around the SWOT analysis. Approximately nine staff members from the country office participated in a two-hour session. The SWOT analysis sought to identify first the strengths and weaknesses of the country office from an internal perspective, then the opportunities in and threats from the external environment. Each participant took turns explaining and sharing their thoughts. Table 6 shows the key findings during this session.

Table 6. SWOTs for the Guatemala country office

Strengths	Weaknesses
• PAHO is a key partner for the Ministry of Health; it has built a very good reputation, which has created a high level of trust. • It has demonstrated a strong response capacity, especially when dealing with health emergencies. • The office has a competent, professional team that is respected by its counterparts in the Member State. • PAHO has the credibility and technical capacity to provide advice. • It has good processes for planning technical cooperation, which helps the Member State prioritize support. • It has the capacity to transfer knowledge and implement, monitor, and evaluate technical cooperation.	• The limited onboarding process for new hires does not provide enough skills. • There is a lack of risk analysis and development of flexible plans. • The monitoring or evaluation tools are not effectively being used as tools to identify opportunities. • The delivery times, especially those of the procurement and contracting processes, are too long. • There is a need for greater integration between staff so that all understand the role, not only of each program, but also of the whole system.

Table 6. SWOTs for the Guatemala country office (continued)

Opportunities	Threats
• The changes in the political environment provide opportunities to orient the new officials to PAHO's approach and priorities. • A new government provides an opportunity to open and expand technical cooperation to more strategic areas, both intersectoral and interagency. • These strengths provide opportunities to increase partnerships with key partners in the country.	• The political environment is very delicate, which brings many risks, including social unrest. • The Government may not be able to fulfill its responsibilities for providing health care. • The government budget assigned to health is 1.9% of GDP, one of the lowest in the Region. • Changes in the priorities of the Government for the health sector.

Key findings from the survey and interviews

- a. Selection of key survey comments regarding PAHO's RBM implementation.

What are the key obstacles to or challenges for the efficient implementation of PAHO's RBM system?

- Staff do not have an RBM culture. The organizational culture does not promote it.
- The allocation of resources is not usually aligned with results.
- PMA focuses neither on results, nor on evidence.
- Lack of clarity in the assignment of roles in the process.
- Training and practical application exercises are not offered in country offices.
- There is a lack of in-depth knowledge of the logical framework on the part of all staff.
- Administrative processes that respond to RBM are inefficient (in practice it can be the other way around; level of cooperation varies depending on the process).
- There is a lack of an efficient and systematic M&E process.
- Systematic training/updating of staff to improve the understanding of RBM is lacking.
- There is a lack of a systematic ERBM system for improvement purposes.

What are the three main strengths and achievements of PAHO's RBM system implementation?

- It favors the complementarity of actions between programs by identifying common objectives and points of convergence. It also facilitates interprogrammatic work.
- It has effective and efficient programmatic-financial monitoring and monitoring tools.
- Transparency in accountability generates trust with countries, guaranteeing the optimal use of resources to achieve the objectives.

- It has an SP based on the SDGs.
 - It enables accountability at the strategic level.
 - It is aligned and coherent with national priorities, that is, La Agenda de Salud Sostenible para las Américas 2018–2030 and the 2030 Agenda for Sustainable Change, which facilitate countries' achievement of the SDGs.
 - When planning and implementation is operationalized within the logical framework of the PAHO SP, the system makes it possible to easily identify and report achievements.
 - The RBM system has clearly defined objectives, defined goals, and indicators to measure progress. Its adoption allowed the Organization to orient its actions to results.
 - Its establishment was carried out in a participatory manner with the involvement and training of staff.
 - The Organization's strategic planning overall has improved, although some processes still need to be improved.
- b. During the interviews with personnel, the team identified the following problems:
- There is no capacity-building in the evaluation process.
 - Better coordination is needed between HQ and country office with regard to administrative processes.
 - There are no tools or processes to apply the lessons learned.
 - There is confusion about who owns the planning process.
 - There is little flexibility to make changes in the plans.
 - There is a need to improve the required communications between HQ, the country office, and the Government.
 - People are hired and come onboard bringing different levels of understanding of RBM.
- c. Key results from the survey (responses from 27 people) are shown in Figures 5 and 6.

Figure 5. Satisfaction with RBM for Guatemala country office

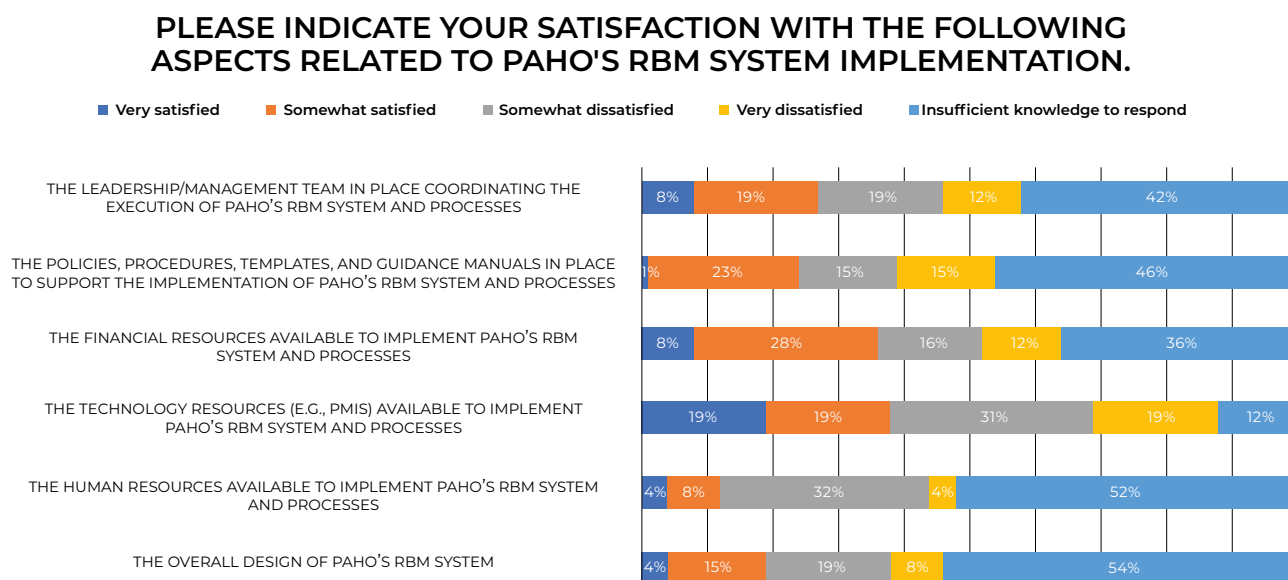
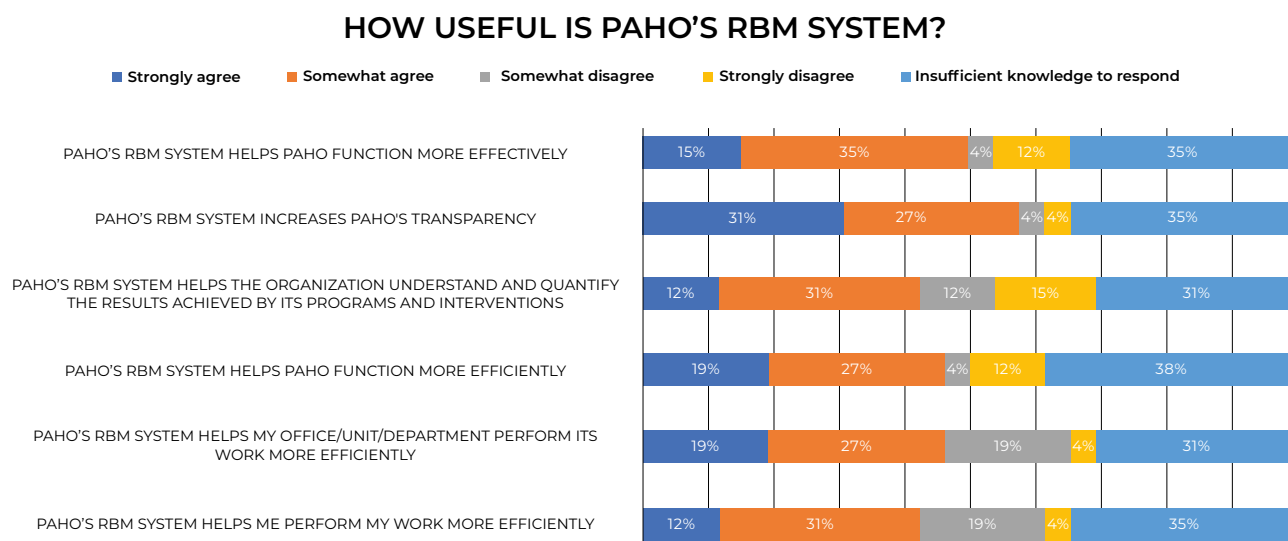


Figure 6. Perception of usefulness of RBM for Guatemala country office



The feedback and responses regarding the RBM system used by PAHO have highlighted several areas for improvement. The primary suggestions revolve around better alignment of financial resources with the country's public health agenda, which would increase flexibility in the use of funding and reduce rigid funding conditions. In addition, there is recognition of the need to improve tools, mechanisms, and processes, with an expectation of observing short-term results.

Staff also mentioned that to increase the effectiveness of the PMIS, the creation of stronger links between planning, budgeting, and progress measurement is recommended. Other proposed improvements include establishing more tangible and achievable performance indicators, disseminating RBM system information to staff, and connecting activities with their contributions toward expected results.

Suggestions also pertained to the area of human resources, namely improving the onboarding process of new staff, conducting performance evaluations, and promoting training and skills development for professionals, with clear examples and demonstrations of planning, implementation, and result assessment aligned with RBM policies and methodologies. The recommendations include the need to make the RBM tools known, train staff in their use, and ensure their adoption, since the system has not been fully embraced thus far. The feedback also recognized the need to review and reformulate internal processes to facilitate the integration of work across the regional, subregional, and country levels.

3. Conclusions and recommendations

PAHO serves as a crucial ally to the Ministry of Health, and has fostered a robust partnership built on mutual trust and its stellar reputation. Acknowledged for its adept emergency response and a team of respected professionals, PAHO excels in providing credible advice and technical support. However, the Organization faces weaknesses in its onboarding processes, as it lacks comprehensive skill development and adaptable planning tools. Addressing these gaps is pivotal to enhancing effectiveness. The evolving political landscape presents opportunities to align new officials with PAHO's vision and expand support into strategic, cross-sectoral domains.

Leveraging existing strengths can augment partnerships within the country. Yet, the fragility of the political environment poses significant threats, including social unrest and shifts in government priorities, especially in healthcare funding. With only 1.9% of GDP allocated to health, one of the lowest in the Region, sustaining healthcare responsibilities might face formidable challenges.

To navigate these challenges, PAHO should focus on developing a training program on RBM, improving onboarding strategies, enhancing planning tools, and actively engaging with the Government to prioritize health sector allocations, thus mitigating potential threats and maximizing available opportunities for broader and more effective cooperation.

Case study

Colombia country office

1. Introduction

This brief case study aims to identify strengths, weaknesses, threats, and opportunities (SWOT) at the country office. Using focus group discussions (FGDs) the external evaluation team gathered information to create a country office profile that reflects the internal and external environment and how RBM has been used in the components of planning, monitoring, evaluation, and accountability.

Between 4 and 23 August 2023, a member of the evaluation team conducted 12 interviews and a FGD with PAHO personnel and key stakeholders in the Colombia country office. In total, 17 people were consulted.

2. Findings

The findings of the case study are organized around the SWOT analysis and summarize perspectives from KII, FGD and survey results. Table 7 below shows the key findings.

Table 7. SWOTs for the Colombia country office

Strengths	Weaknesses
• In Colombia, PAHO is recognized as a key partner for the Ministry of Health and other development partners at the national level. • Excellent reputation among key partners for PAHO's technical skills and knowledge. • Existence of some mentoring and capacity building for national staff. • Efforts to implement technical cooperation from an interprogrammatic approach, with integrated actions. • Capacity to deliver technical cooperation at the subnational and local level (especially in border areas). • Positive leadership, recognized internally and externally, promoting results-oriented management. • Technical cooperation is aligned with national policies, allowing for greater synergies.	• The onboarding process for new hires is not enough to provide sound RBM knowledge. • Competing priorities reduce time capacity and availability to engage in RBM processes. • Uneven access and use of PMIS hinder its efficiency. • Lack of clarity in identifying and presenting Colombia Country Office's contribution to health national changes. • Limited risk management (risks are identified at the beginning, but there is no continuous management). • Personnel turnover because of the PNC policy. • Limited knowledge management and sharing.
Opportunities	Threats
• Personnel is eager to learn and receive more training. • Existing spaces such as the weekly meeting and the PMAs could be expanded/adapted for learning.	• The Colombian context (violence, migration, and natural disasters) creates a lot of demands for cooperation and could hinder BWP implementation. • Changes in the priorities of the government for the health sector.

Other findings from survey and interviews

What are the key obstacles or challenges to an efficient implementation of PAHO's RBM system?

- RBM culture and understanding is uneven across the country office. Leadership positions and administrative personnel are more comfortable with their RBM knowledge, while technical units had varying degrees of understanding and use of RBM.
- As a result, for some, tasks related to RBM processes are perceived as an additional and sometimes heavy workload, especially by technical personnel. For example, during reporting periods, personnel must input data into two different systems (PAHO's and WHO's) since indicators are not the same. This seems like double-work for similar information.
- Planning processes are not completely integrated. For example, the HR Plan, Risk assessment, and resource mobilization plans are not always aligned with the BWP.
- The allocation of resources is not always aligned with results and priorities. For example, VC projects respond to donors' interests and do not always match the priorities of the country.
- Resources management is fragmented by technical areas, and sometimes there is not enough coordination among areas. Moreover, there are no tools for resource management.
- Despite efforts to advance inter-programmatic approaches, the setup of PMIS is unable to capture such collaboration among technical areas.
- Different levels of access to PMIS might cause some delays and create additional work for some individuals.
- Lack of standard tools to monitor VC-funded projects.
- Some consider that the PMA assessment is rather subjective and there are no verification means.
- Not enough spaces for training, knowledge exchange, and collective learning.
- Centralized decision-making at the regional level creates long administrative processes and delays in the implementation of products and services.

What are the three main strengths and achievements of PAHO's RBM system implementation?

- Proactive approach to management, with the ability to respond and adapt on time to changes.
- The existence of periodical meetings that allow the team to monitor and reflect on the implementation of the SP and the BWP, as well as recognize the achievements of colleagues, especially at junior level.

- *Tablero de analisis* – the continuous contextual analysis of the Colombian situation provides evidence for adaptation and decision-making.
- Work is logically organized around the Strategic plan at the three levels
- Starting a new monitoring and reporting role within the Emergencies Unit, to support and expand these processes.
- Greater credibility by clearly communicating results to key partners and stakeholders.
- Transparency in accountability generates trust with the national government.
- Recently, a pilot initiative to process and present PMIS reports through Power BI aims to make understanding of the reports easier and increase the chances of data use.

How can PAHO's RBM system be further improved? (Recommendations)

- Most of the stakeholders mentioned the need for training and capacity building for all the competencies and skills related to RBM (strategic thinking, RBM systems training, resource mobilization, etc.)
- To create communities of practice and foster collective learning.
- Systematization of experiences and good practices, especially at the local and subnational level.
- Increase communication regarding the RBM culture and practices across the country office, to create a shift from a process-oriented mindset to a strategic results-based mindset.
- Make communication at the regional level less vertical, so HQ personnel can better understand the context and realities of Colombia.
- Improve PMIS exportable reports; for example, by supporting integration with Power BI.
- Continue to foster an inter-programmatic mindset to solve public health issues and allow RBM tools to capture it.
- Foster evaluation practice and use of its results, especially for VC-funded projects.

Additional responses from the survey

Figure 7. Satisfaction with RBM at the Colombia country office

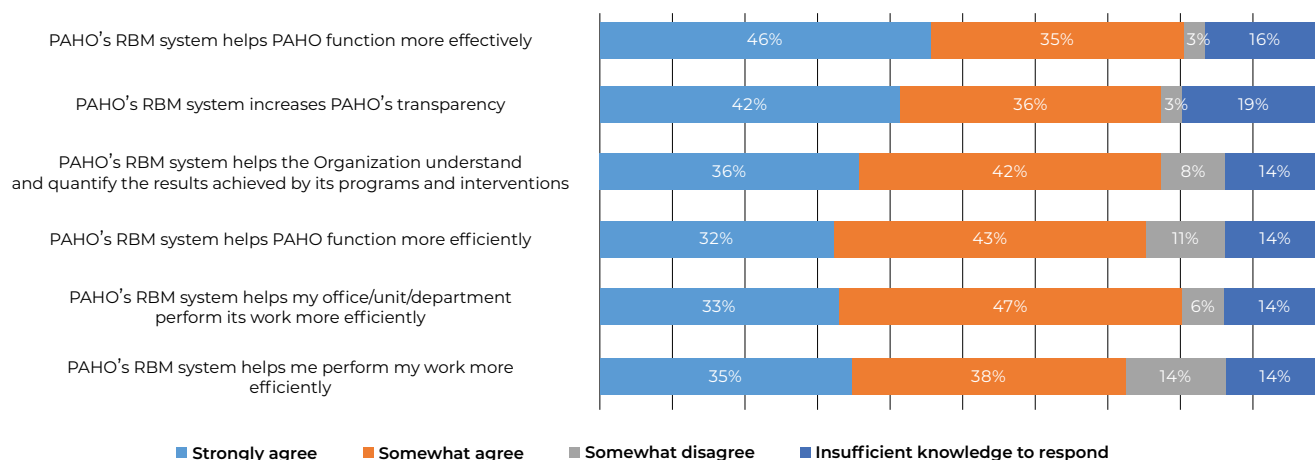
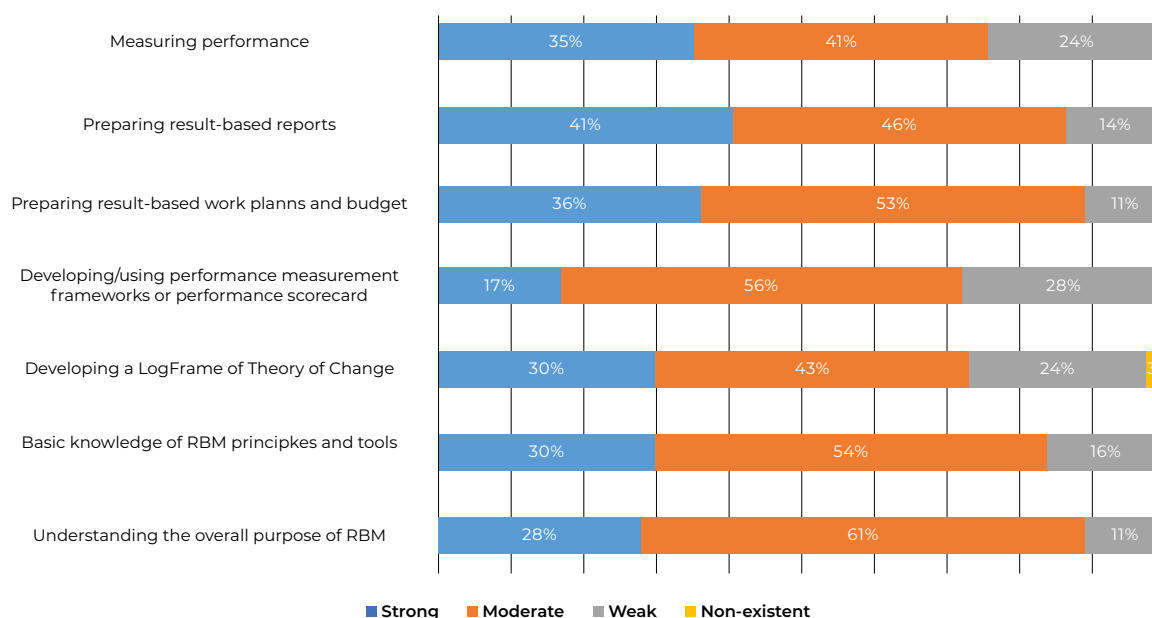


Figure 8. Personal knowledge of RBM principles and tools at the Colombia country office



The feedback and responses from the interviews and survey responses are aligned. There is general satisfaction (over 70%) with the different aspects of RBM. Both PAHO personnel and external stakeholders (ministry counterparts and donors) recognized the country office leadership's efforts to promote an RBM approach to technical cooperation.

Still, there are also some challenges, such as the competing demands of the work that reduce time dedicated to RBM tasks such as planning and reporting, and the limited knowledge regarding tools such as PMIS and resource management tools. Overall, 92% of survey respondents, as well as several interviewees, mentioned they would welcome further training in topics related to RBM.

3. Conclusions and recommendations

PAHO is recognized as a key player in Colombia for its technical capacities, its presence, and capacity to respond to local needs, especially in border areas, and its emergency response; for example, with the Nevado del Ruiz activity. Due to the results-oriented approach to technical cooperation, coordination and integration of units have improved in the past years.

Overall, there has been progress in fostering and integrating the RBM culture at all levels of the country office. However, there is room for improvement. Operational planning and reporting are the main processes in which personnel participate, despite capacity and time constraints. On the other hand, evaluation and learning are not as consolidated. Improving risk management can also contribute to mitigating potential threats and changes, and maximizing opportunities. This should be paired with a comprehensive training program, stronger onboarding processes, and increased knowledge and use of monitoring and reporting tools. A stronger RBM implementation would support PAHO's communications about how it has contributed to changes in the health sector.

Annex 5.

List of people interviewed

Stakeholder category	Name	Office
HQ PAHO staff	Jarbas Barbosa da Silva Jr.	Director
HQ PAHO staff	Mary Lou Valdez	Deputy director
HQ PAHO staff	Kristan Beck	Administrator
HQ PAHO staff	Rony Maza	PBE
HQ PAHO staff	Nicole Wynter	PBE – Planning
HQ PAHO staff	Andrea Morales	PBE – Planning
HQ PAHO staff	Travis High	PBE – Planning
HQ PAHO staff	Diana Quinteros	PBE – Budget
HQ PAHO staff	Patricio Corral	PBE – Budget
HQ PAHO staff	Luis Jimenez McInnis	External Relations, Partnerships, and Resource Mobilization
HQ PAHO staff	David O'Regan	Office of Internal Audit
HQ PAHO staff	Sebastian García	Evidence and Intelligence for Action in Health
HQ PAHO staff	Gerry Eijkemans	Social and Environmental Determinants for Health Equity
HQ PAHO staff	Santiago Cornejo	Regional Revolving Funds
PAHO country offices	Edwin Bolastig	Belize country office
PAHO country offices	Roberto Bohrt	Bolivia country office
PAHO country offices	Gilberto Barros	Bolivia country office
PAHO country offices	Kwami Dadji	Haiti country office
PAHO country offices	Jean Marie Rwangabwoba	Haiti country office
PAHO country offices	Dago, Didobeu Charles Etienne	Haiti country office
PAHO country offices	Symplice Mbola Mbassi	Haiti country office
PAHO country offices	Darlene Omeir Taylor	Haiti country office
PAHO country offices	Saah Fayiah	Haiti country office
PAHO country offices	Marcos Breve	Honduras country office
PAHO country offices	Ana Ramirez	Honduras country office
PAHO country offices	Ian Stein	Jamaica country office
PAHO country offices	Carlos Ayala	Nicaragua country office
PAHO country offices	Blanca Cousiño	Paraguay country office
PAHO country offices	Diana Correa	Paraguay country office
PAHO country offices	Marcelo Korc	Paraguay country office

Stakeholder category	Name	Office
Government representative	Jorge Polanco	Belize Ministry of Health
Government representative	Maria Bolivia Rothe	Bolivia Ministry of Health
Government representative	Jean Patrick Alfred	Haiti Ministry of Health
Government representative	Jose Angel Vasquez	Honduras Ministry of Health
Government representative	Jacquiline McKenzie	Jamaica Ministry of Health
Government representative	Hugo Chaparro	Paraguay Foreign Affairs
Government representative	Cecilia Irazusta	Paraguay Ministry of Health
Development partner	Charlotte McDowell	Global Affairs Canada (GAC)
Development partner	Matilde Neret	Inter-American Development Bank
Development partner	Nicola Magri	Inter-American Development Bank – Haiti office
Development partner	Heidi Mihm	The United States Agency for International Development (USAID)
Development partner	Ricardo Polastro	WHO
Field visit stakeholders	Gerardo Alfaro	Guatemala country office
Field visit stakeholders	Arinda Phillips	Guatemala country office
Field visit stakeholders	Ana Lucía Jimenez	Guatemala country office
Field visit stakeholders	Michelle Coutiño	Guatemala country office
Field visit stakeholders	Elizabeth Sologaistoa	Guatemala country office
Field visit stakeholders	Julio R. Gatica	Guatemala country office
Field visit stakeholders	Alexandre Florencio	Guatemala country office
Field visit stakeholders	Marc Rondy	Guatemala country office
Field visit stakeholders	Diego Costa	Guatemala country office
Field visit stakeholders	Ricardo Rosales	Guatemala country office
Field visit stakeholders	Carlos Rosales	Guatemala country office
Field visit stakeholders	Virginia Herzig	Guatemala Ministry of Health
Field visit stakeholders	Edwin Montufar	Guatemala Ministry of Health
Field visit stakeholders	Leslie Samayoa	Guatemala Ministry of Health
Field visit stakeholders	Amalia Del Riego	ECC multi-country office (Barbados country office)
Field visit stakeholders	Taraleen Malcolm	ECC multi-country office (Barbados country office)
Field visit stakeholders	Prabhjot Singh	ECC multi-country office (Barbados country office)
Field visit stakeholders	Guy Earle	ECC multi-country office (Barbados country office)
Field visit stakeholders	Kim Foster	ECC multi-country office (Barbados country office)
Field visit stakeholders	Fiona Anthony	ECC multi-country office (Barbados country office)
Field visit stakeholders	Katrina Smith	ECC multi-country office (Barbados country office)

Stakeholder category	Name	Office
Field visit stakeholders	Dean Chambliss	CRB subregional office
Field visit stakeholders	Guillermo Sandoval	CRB subregional office
Field visit stakeholders	Sandra Jones	CRB subregional office
Field visit stakeholders	Atiba Clarke	CRB subregional office
Field visit stakeholders	Lealou Reballos	HQ decentralized (neither subregional office nor country office)
Field visit stakeholders	Karen Broome	HQ decentralized (neither subregional office nor country office)
Field visit stakeholders	Mark Sami	Caribbean Public Health Agency
Field visit stakeholders	Serena Bender-Pelswijk	Caribbean Community
Field visit stakeholders	Carlene Radix	Organisation of Eastern Caribbean States
Field visit stakeholders	Alana Shurry	USAID
Field visit stakeholders	Simone Bannister	UK Foreign, Commonwealth & Development Office
Field visit stakeholders	Gina Tambini	Colombia country office
Field visit stakeholders	Luis Proaño	Colombia country office
Field visit stakeholders	Leidy Caballero	Colombia country office
Field visit stakeholders	Lucy Arciniegas	Colombia country office
Field visit stakeholders	Mauricio Cerpa	Colombia country office
Field visit stakeholders	Monica Padilla	Colombia country office
Field visit stakeholders	Evelyne Degraff	Colombia country office
Field visit stakeholders	Guillermo Gonzalves	Colombia country office
Field visit stakeholders	Yenny Chacon	Colombia country office
Field visit stakeholders	Esperanza Gomez	Colombia country office
Field visit stakeholders	Fernando Alarcon	Colombia country office
Field visit stakeholders	Laura Osorio	Colombia country office
Field visit stakeholders	Yamile Celis	Colombia country office
Field visit stakeholders	María Lucía Rubio	United Nations Population Fund (UNFPA)
Field visit stakeholders	Reto Grüninger	Swiss Agency for Development and Cooperation
Field visit stakeholders	Clara Suarez	Colombia Ministry of Health
Field visit stakeholders	Edilma Suarez	Colombia Ministry of Health

Annex 6.

List of documents consulted for the evaluation

Type	Title, brief description, or document reference/number	Details
Internal PAHO-related documents on RBM		
Policies, framework, SPs, and budget	CD50 RBM framework (PDF) <i>PAHO Results-based Management Framework</i>	PAHO RBM Framework. 2010
	PAHO 2011 – RBM Framework	PAHO RBM Framework. 2011
	<i>Strategic Plan. 2008–2012</i>	PAHO SP 2008–2012
	<i>Strategic Plan. 2014–2019</i>	PAHO SP 2014–2019
	<i>Strategic Plan. 2020–2025</i>	PAHO SP 2020–2025
	CD55–7 PAHO-Hanlon Method <i>Methodology for the Programmatic Priorities Stratification Framework of the PAHO Strategic Plan</i>	Methodology for the Programmatic Priorities Stratification Framework of the PAHO SP. 2016
	CE160 INF-3 PMIS <i>The Sustainable Health Agenda for the Americas 2018–2030</i>	Status of PMIS, 2017 The Sustainable Health Agenda for the Americas 2018–2030
	OD363 report 2022–2023 <i>Program Budget of the Pan American Health Organization 2022–2023</i>	Program Budget of PAHO 2022–23
	OD358 2020–2021 <i>2020–2021 Program Budget of the Pan American Health Organization</i>	Program Budget of PAHO 2020–21

Type	Title, brief description, or document reference/number	Details
Internal PAHO-related documents on RBM		
Internal reports	CD58/5 <i>Report of the End-of-Biennium Assessment of the PAHO Program and Budget 2018–2019</i>	PAHO Results Report of the End-of-Biennium Assessment of the PAHO Program and Budget. 2018/2019
	CE126/26 2000 Report on SP and ME <i>External Auditor's Report on Strategic Planning, Monitoring and Evaluation in the Pan American Health Organization</i>	External Auditor's Report on Strategic Planning, Monitoring and Evaluation in the Pan American Health Organization. 2000
	CD55/5 2014–2015 End-of-Biennium Report <i>Report of the End-of-biennium Assessment of the Program and Budget 2014–2015</i>	Report of the End-of-Biennium Assessment of the Program and Budget 2014–2015
	CD56/5 2016–2017 End-of-Biennium Report <i>Report of the End-of-biennium Assessment of the PAHO Program and Budget 2016–2017</i>	Report of the End-of-Biennium Assessment of the Program and Budget 2016–2017
	End-of-Biennium Report	Report of the End-of-Biennium Assessment of the PAHO Program Budget 2020–2021
	End-of-Biennium B18–19 Category 6	Final End-of-Biennium 2018–2019 and SP 2014–2019 Assessment Report, Category 6
	JIU/Note/2005/1 RBM review in PAHO	Review of the Implementation of Results-Based Management in PAHO, JIU, 2005
	PAHO RBM-SP Gap Analysis, Full Report	Gap Analysis Report on PAHO's RBM and SP, 2012
	WHO/PRP/18.1 <i>Thirteenth General Programme of Work 2019–2023</i>	Thirteenth General Program of Work 2019–2023. WHO, 2019
	Gap Analysis Report PowerPoint presentation – John Patterson	Result-Based Management & SP: Gap Analysis Report. Executive Management Team Overview Presentation. John Patterson, February 2012
	Gap Analysis Report PowerPoint presentation – Jens Flanding	Result-Based Management & SP: Gap Analysis Report (Feb 2012). Highlights for SP 2014–2019 and Program Budget 2014–2015 Workshop. Jens Flanding, April 2013

Type	Title, brief description, or document reference/number	Details
Internal PAHO-related documents on RBM		
	OD362 report 2020 <i>Financial Report of the Director and Report of the External Auditor for 2020</i>	Financial report of the director and report of the external auditor
	OD365 report 2021 <i>Financial Report of the Director and Report of the External Auditor for 2021</i>	Financial report of the director and report of the external auditor
	OD366 report 2022	Quinquennial report 2018–2022 of the Director of the PASB
	CE160/INF/3 report 2017	Status of PMIS
	CD38/11 report 1995 <i>American Region: Planning, programming, monitoring and evaluation system: AMPES</i>	American Region Planning, Programming, Monitoring, and Evaluation System (AMPES)
	OD364 report 2021 <i>Annual Report of the Director of the Pan American Sanitary Bureau</i>	Annual Report of the Director of the PASB
	OD368 report 2023 <i>Annual Report of the Director of the Pan American Sanitary Bureau</i>	Annual Report of the Director of the PASB
	Sample of PMIS reports on BWP progress	Sample of multiple countries on BWP, delivered by country offices' personnel
Confidential report	The Office of Internal Oversight and Evaluation Services Report RBM and RM (extracts from the report)	Results and Risks: A Review of Results Based Management and Enterprise Risk Management in the Secretariat, and of the Scope for Greater Coherence Between the Two Activities. 2012
Powerpoint presentations	RBM in PAHO 2008–2022	Implementation of RBM in PAHO from 2008 to 2022
	RBM 2022	RBP updates in 2022
	RBM in PAHO at glance	Implementation of RBM in PAHO
	ToC RBM3, 4 November 2022	ToC on RBM (draft elements of ToC)
	PBE briefing on RBM at PAHO	PPT used during the session with PBE team

Type	Title, brief description, or document reference/number	Details
Internal PAHO-related documents on RBM		
General documents: policy, organogram, timeline, etc.	PAHO evaluation policy	PAHO E-Manual Policy on Evaluation 2021
	PAHO evaluation handbook	PAHO Handbook to Results-Based Evaluations: From Policy to Practice. 2022
	PAHO organizational chart Organizational Chart of the Pan American Sanitary Bureau	Organizational chart of the PASB
	PBE organizational chart	Organizational chart of PBE
	RBM Background Note newly developed document for the ERBM	Background concept notes and elements of RBM in PAHO
	Timeline of RBM development – newly developed for the ERBM	Key milestone on RBM development across international development organizations, WHO, and PAHO
	Updated ToRs of the ERBM (14 December 2022 version). Updated in March 2023	Updated ToRs for the RBM evaluation including suggestions for additions of sub-questions that reflect the views of a group of key PAHO staff engaged in RBM consulted by the Senior Advisor on Evaluation
	E-manual for RBM processes	Documents for PMA2 SOP; OP22–23 SOP, and VC projects SOP
	Standard List of Products and Services 2022–2023	Microsoft Excel file with a list of standard products and services in English and Spanish
	List of Country Cooperation Strategies	List of country cooperation strategies developed and approved during the PAHO SP 2014–2019 and between 2020 and 2023
	Sample of Country Cooperation Strategies	Several country cooperation strategies from different countries and periods
	Definition of PAHO's work in the country offices	Definition and sources to differentiate technical cooperation and technical assistance
	PAHO Top Donors	Main sources of funding for PAHO overall and the three countries where field visits were conducted
	List of Outcome Cluster and Outcome Facilitators	Outcome cluster and outcome facilitators (which also shows changes made with the new organization structure) and the other with the outcomes and output indicator facilitators
	PAHO Acronyms Glossary	Acronyms used by PAHO in English and Spanish
	Training materials	Training materials (e.g., on ToC, on evaluation, on RBM, etc.) – old ones (2021) and new ones (2022, June 2023)
	Examples of plans and progress reports	Actual examples (from different time periods under review) of country-level plans and progress reports (annual and completion)
	Job descriptions of several positions in PAHO	Post descriptions for different positions (deputy director, assistant director; director of administration; directors of the Communicable Diseases, External Relations, Partnerships, Resource Coordination [ERP], Financial Resources Management [FRM], Noncommunicable Diseases and Mental Health, PBE, Health Emergencies [PHE]; the PBE team; senior advisor of the ERP; PWRs; program officers; and administrative officers, among others)

Type	Title, brief description, or document reference/number	Details
Internal PAHO-related documents on RBM		
Evaluation reports	Evaluation progress report May 2021 to December 2022	
	Evaluation of PAHO's Response to COVID-19	
	WHO 2023 – RBM Evaluation <i>Independent Evaluation of WHO's Results-Based Management Framework</i>	Independent Evaluation of WHO's Results-Based Management Framework. WHO, January 2023
	Council of Europe 2021 – Evaluation of RBM <i>Evaluation of Result-Based Management in the Council of Europe</i>	Evaluation of Result-Based Management in the Council of Europe. Council of Europe, 2021
	JIU 2014 – <i>Analysis of the Evaluation Function in the United Nations System</i>	Analysis of the Evaluation Function in the United Nations System. JIU, 2014
	JIU 2017 – Summary report RBM in the United Nations <i>Summary report of Results-Based Management in the United Nations Development System: Analysis of Progress and Policy Effectiveness</i>	Summary report of Results-Based Management in the United Nations Development System, Analysis of Progress and Policy Effectiveness. JIU, 2017
	JIU 2017 – RBM in the United Nations, full report <i>Results-Based Management in the United Nations Development System: Analysis of Progress and Policy Effectiveness</i>	Full report of Results-Based Management in the United Nations Development System, Analysis of Progress and Policy Effectiveness. JIU, 2017
	Office of the United Nations High Commissioner for Human Rights 2019 – RBM Evaluation <i>Independent Evaluation of the Implementation of Results-Based Management at the United Nations Office of the High Commissioner for Human Rights (OHCHR), Final Evaluation Report</i>	Independent Evaluation of the Implementation of Results-Based Management at the United Nations Office of the High Commissioner for Human Rights (OHCHR), Final Evaluation Report. 2019
	UNFPA 2019 – RBM Developmental Evaluation	Developmental Evaluation of RBM at UNFPA. 2019
	United Nations Department of Economic and Social Affairs 2016 – RBM in the United Nations Development System <i>Results-Based Management in the United Nations Development System</i>	Results-Based Management in the United Nations Development System. Angela Bester, 2016
	United Nations Development Programme (UNDP) 2007 – RBM Evaluation <i>Evaluation of Results-Based Management at UNDP</i>	Evaluation of Results-Based Management at UNDP. 2007
	MOPAN 2017–18 Performance Assessment – World Health Organization (WHO)	2017–18 Performance Assessment of the World Health Organization (WHO)

Type	Title, brief description, or document reference/number	Details
Internal PAHO-related documents on RBM		
Guideline, Framework	JIU 2017 – High Impact Model RBM	Results-Based Management in the United Nations System, High-Impact Model for Results-Based Management, Benchmarking framework, stages of development and outcomes. JIU, 2017
	Korea International Cooperation Agency, 2013 – RBM Guideline on Health Sector Programs	Result-based Management Guideline on Health Sector Programs. 2013
	OECD Development Co-operation Directorate (DCD) Results Teams – Concept Note on RBM	Learning from evaluations and reviews of RBM approaches and systems, development of guiding principles, concept note
	United Nations Development Group 2011 – <i>Results-Based Management Handbook</i>	RBM handbook harmonizing RBM concepts and approaches for improved development results at country level. United Nations Development Group, 2011
	United Nations Evaluation Group, 2007 – <i>The Role of Evaluation in Results Based Management</i>	The role of evaluation in RBM. United Nations Evaluation Group, 2007
Published literature	Line et al., 2011 – <i>Contribution Analysis Applied: Reflections of Scope and Methodology</i>	Contribution Analysis Applied: Reflections of Scope and Methodology, Line et al. 2011
	Mayne, 2008 – <i>Building an Evaluative Culture for Effective Evaluation and Results Management</i>	Building an Evaluative Culture for Effective Evaluation and Results Management. John Mayne, 2008
	Mayne, 2007 – <i>Challenges and Lessons in Implementing Results-Based Management</i>	Challenges and Lessons in Implementing Results-Based Management. John Mayne, 2007
	OECD, 2019 – <i>Learning from Results-based Management Evaluations and Reviews</i>	Learning from Results-based Management Evaluations and Reviews. OECD, 2019
	OECD, 2018 – <i>Learning from Results-based Management Evaluations and Reviews</i>	Learning from Results-based Management Evaluations and Reviews. OECD, 2018
	OECD, 2017 – <i>Strengthening the Results Chain: Synthesis of case studies of RBM by Providers</i>	Strengthening the Results Chain: Synthesis of case studies of RBM by Providers. OECD Development Policy Papers. 2017
	Edward T. Jackson and Yusuf Kassam, 1998 – <i>Knowledge Shared: Participatory Evaluation in Development Cooperation</i>	Participatory Evaluation in Development Cooperation. Edward T. Jackson and Yusuf Kassam, 1998
	Global Environment Facility, 2017 – review of RBM <i>Review of Results-Based Management in the GEF</i>	Review of Results-Based Management in the GEF. 2017
	Vähämäki J, Schmidt M, Molander J, 2011 – Review: Results Based Management in Development Cooperation	Review of RBM in development cooperation. Vähämäki J, Schmidt M, Molander J, 2011

Annex 7.

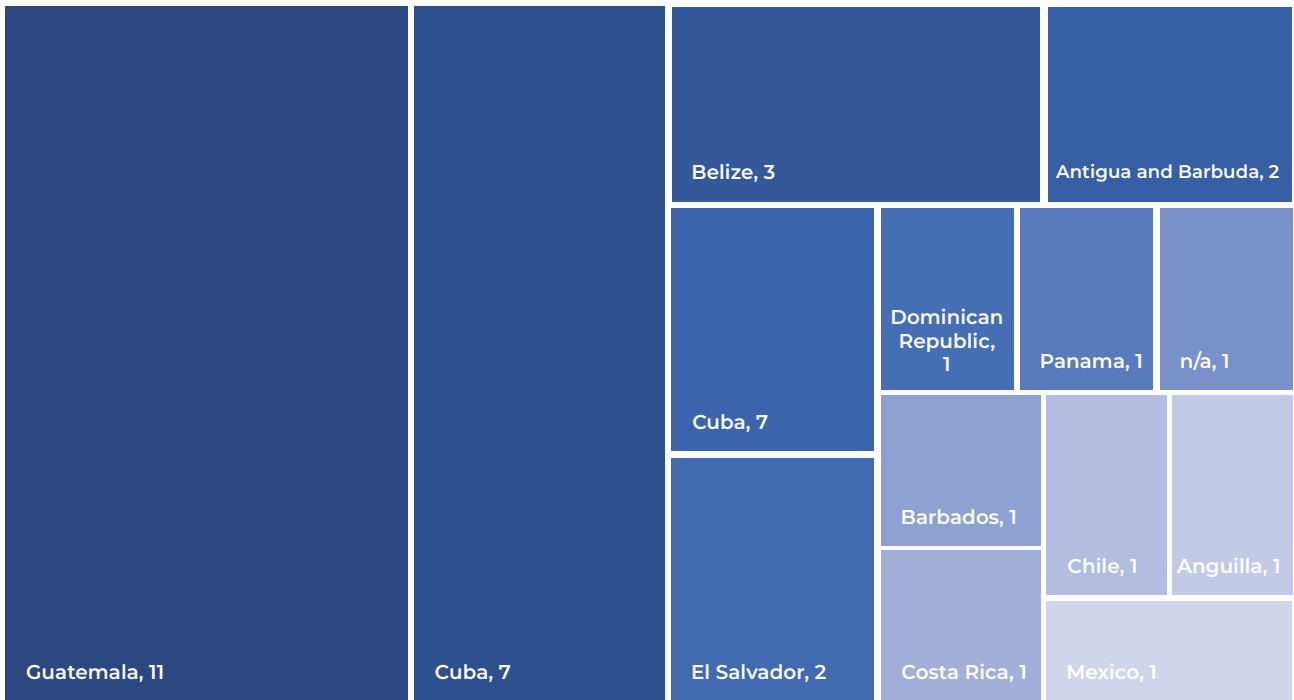
Survey data

Member State survey analysis

The Member State survey was distributed with the support of the evaluation advisor via email to all the PWRs, targeting all 35 Member States. The survey was available in Spanish and English and was open until 18 August 2023. In total, 35 usable responses from 13 different countries were received as shown in Figure 7. The overall response rate of 37% was sufficient,¹ showing support from Member States in conducting the evaluation.

Country distribution

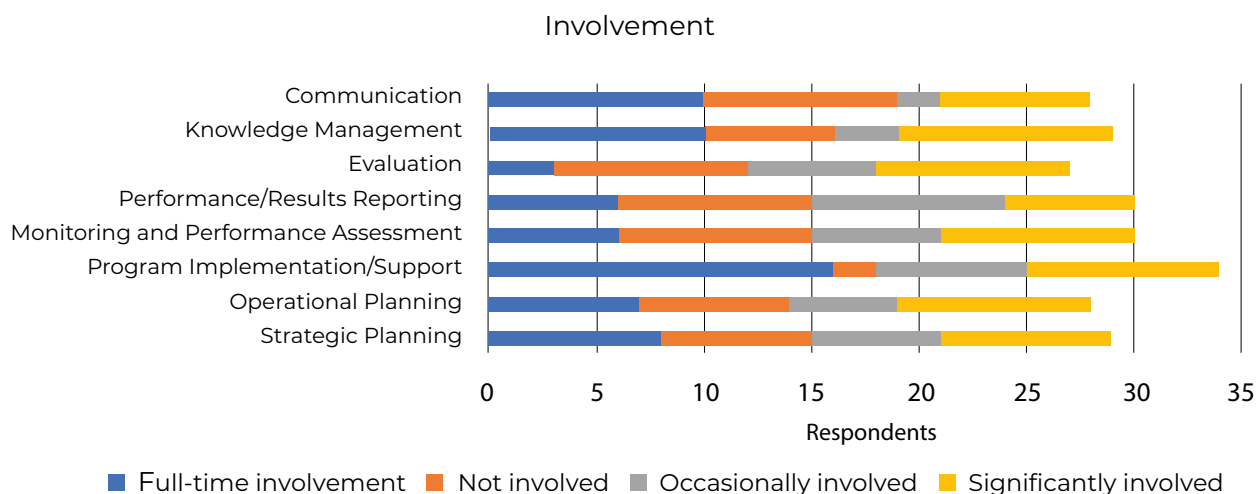
Figure 9. Countries and territories participating in the Member State survey



¹ It is relevant to note that evaluation surveys nowadays have an average response rate of between 20% and 30%, especially since the global pandemic. Therefore, a 37% response rate is considered good.

Please indicate in which functions you have participated and how frequent your involvement is with PAHO's work.

Figure 10. Level of involvement in RBM



Strategic planning and budgeting

To the best of your knowledge, do you agree or disagree with the following statements related to PAHO's strategic planning and budgeting processes?

Figure 11. Perceptions of strategic planning (1)

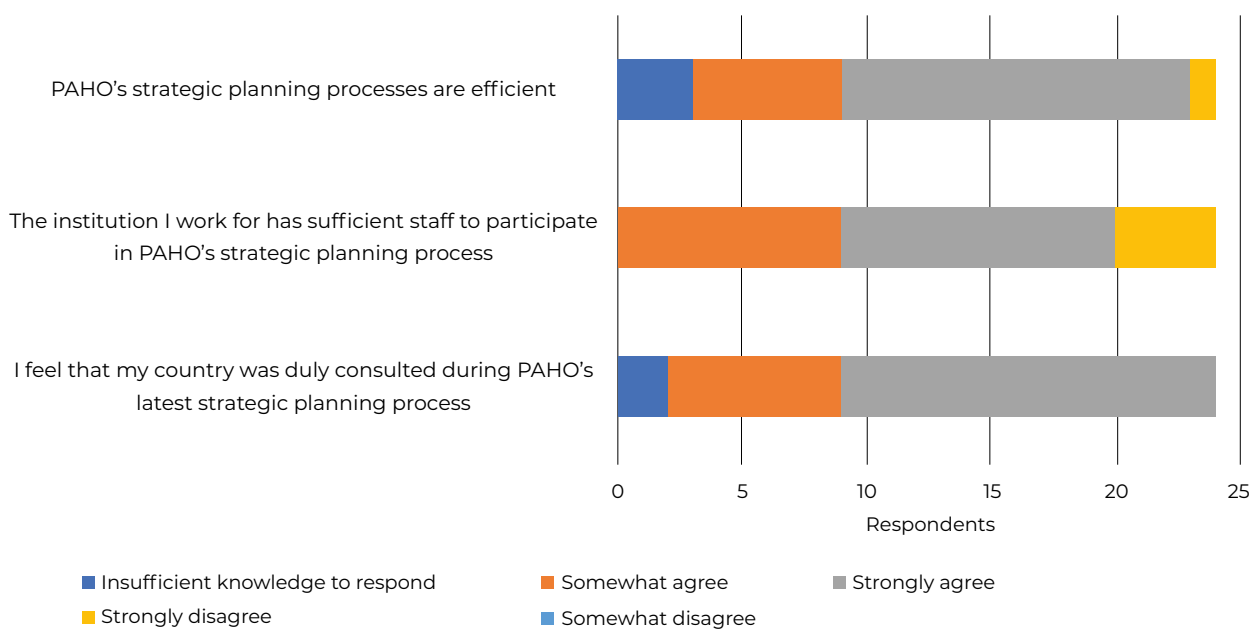


Figure 12. Perceptions of strategic planning (2)

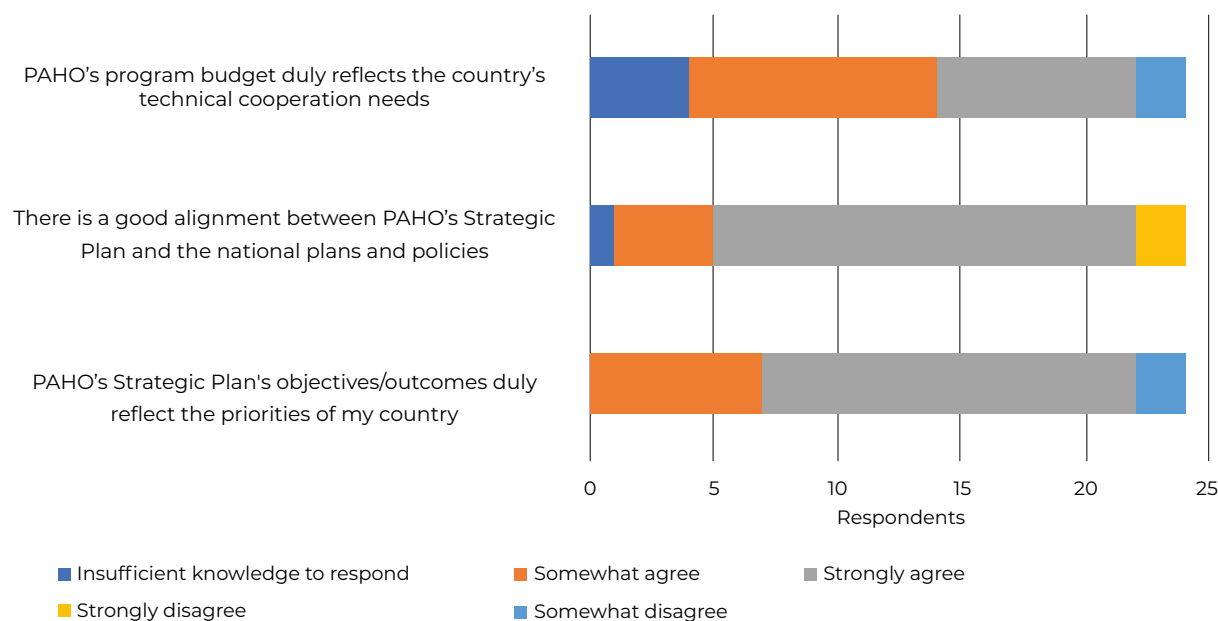
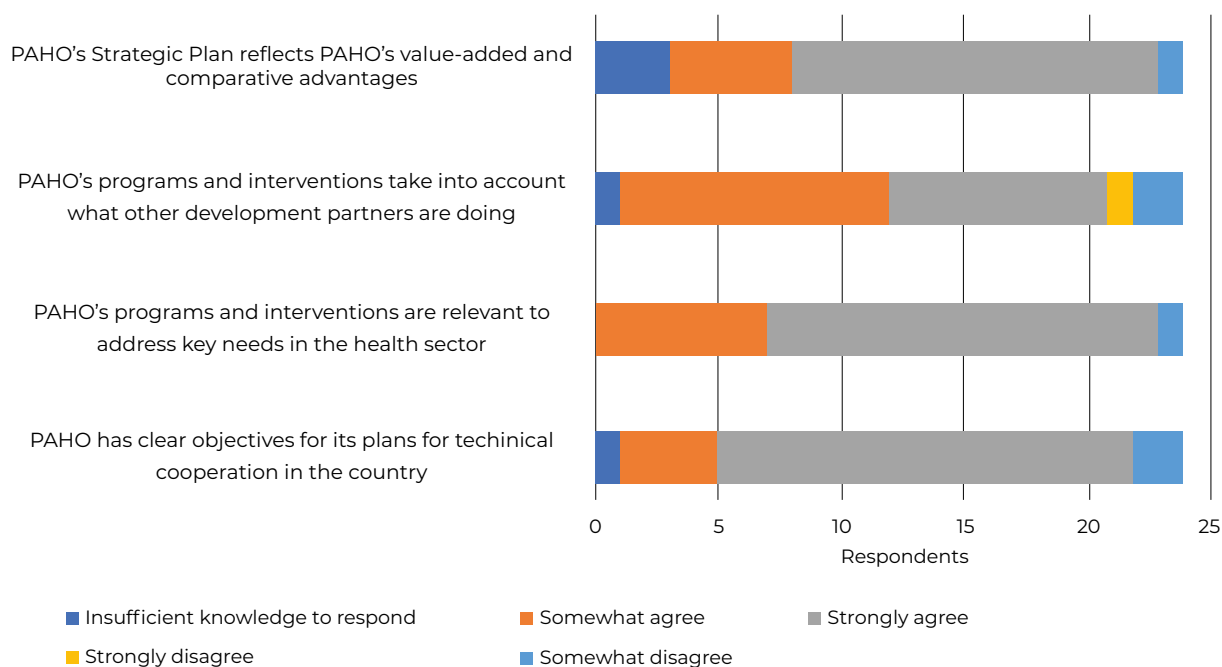


Figure 13. Perceptions of strategic planning (3)



Additional comments on strategic planning

- PAHO's priorities are aligned with Member States' interests or are broad enough to be linked to Member States' existing national plans and health targets. Nevertheless, it should consider context-specific factors related to health emergencies.
- Planning processes are participative and include relevant stakeholders.
- There is an annual meeting to evaluate priorities and strategic objectives, which is great for the relationship between the Ministry of Health and PAHO.
- One respondent stated that:

Although the program budget has funding duly distributed, it is insufficient when distributed among countries, particularly in upper-middle-income countries. Although our needs are different from those of low- and middle-income countries, the interventions that we must carry out in our countries are more expensive, which requires a larger budget.

- Another stated that "[t]here should be complementarity with other political and strategic instruments of the entities of the Central American Integration System (SICA) such as the SICA Regional Health Policy and the Health Plan for Central America and the Dominican Republic 2019–2024."

Monitoring and evaluation

To the best of your knowledge, do you agree or disagree with the following statements related to PAHO's M&E and reporting processes?

Figure 14. Perceptions of M&E (1)

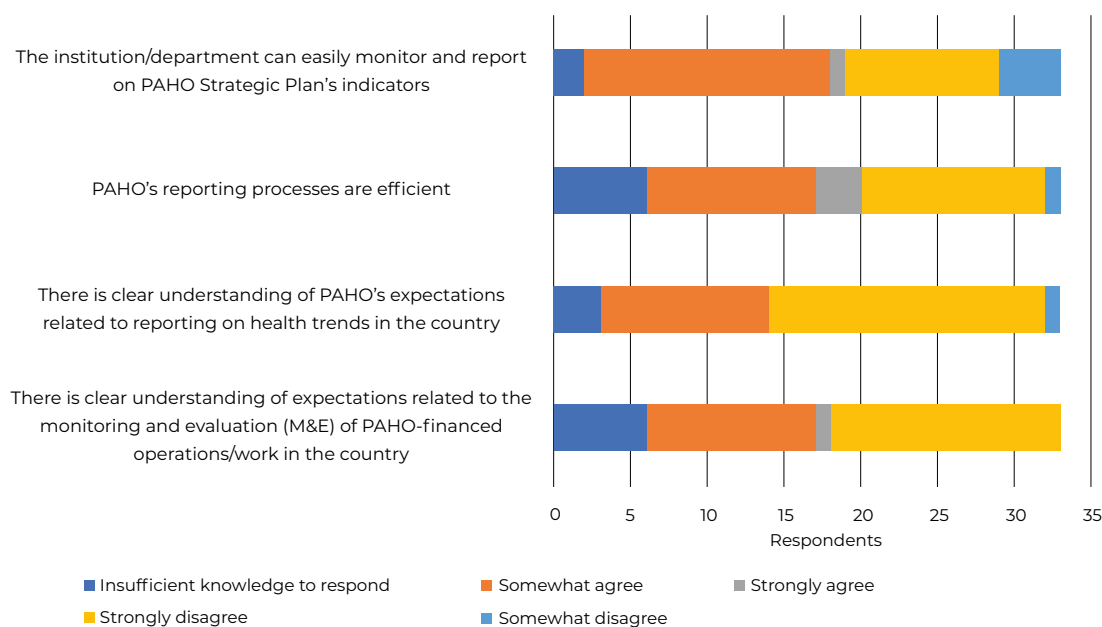


Figure 15. Perceptions of M&E (2)

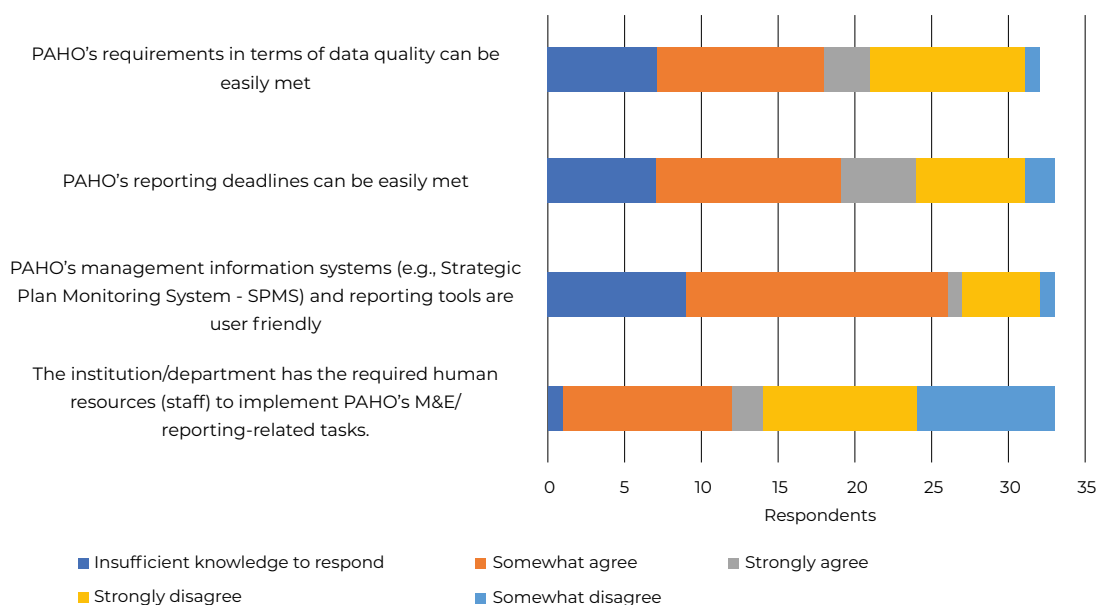
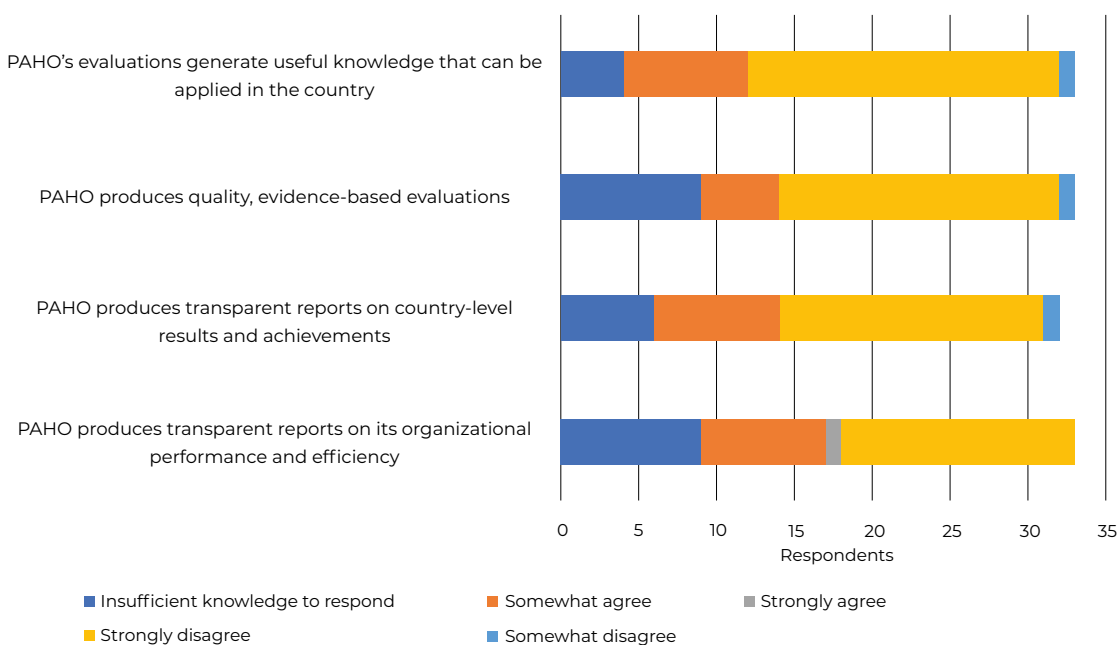


Figure 16. Perceptions of M&E (3)



Additional comments on M&E

- The timeliness and quality of data provided to PAHO are affected by limited numbers of staff in the ministries of health and competing priorities.
- The systems for monitoring progress toward achieving results should be more user-friendly.
- Monitoring has been timely and has contributed to the implementation of joint initiatives.
- Monitoring data should be shared in a timely manner.
- One respondent stated that:

The first barrier to monitoring and reporting is that if there is no current cooperation strategy, the reporting of the indicators is inertial and does not refer to a true contribution of the Organization to the priorities of each country. In addition to the above, although the indicators of the Plan facilitate their reporting by having files for each one of them, in the immediate indicators the vice of ignoring the scope of technical cooperation persists. This misrepresents the results regarding impact and capacities, since inviting people to meetings is not generating capacity. The underlying problem is not the Plan's evaluation method, but rather that there is no clear distinction between what the country does as part of its national work and what the Organization contributes. Additionally, at the national level it is unknown how resources are distributed by priority, and this limits the consensus on a strategic agenda.

Challenges

- Limited human resources in the Member States: Respondents indicated that there are only a few people to address all the PAHO requests and responsibilities. As a result, the timelines set by PAHO are not realistic.
- Communication: Better coordination and communication are needed between individuals in PAHO's offices and their ministry counterparts. This includes setting up and sharing data on joint initiatives (current mechanisms for sharing information are not enough).
- Weak monitoring and evaluation: One respondent stated that "[i]n monitoring and evaluation of the PAHO PE, the main challenge is the timely collection of data for the intermediate and immediate results indicators with their respective registration in the M&E platform of the PAHO."
- Planning: This needs more active participation from Member State counterparts, as well as consideration of factors related to emergency situations and prevention.
- One participant mentioned that PAHO needs to shift its focus more toward being a technical support actor rather than a regulator or policy proponent.

Strengths

- Ease of communication with PAHO staff, and teamwork in all cooperation activities.
- Technical support and expertise from PAHO received in a timely manner, fulfilling the countries' needs.
- Strategic planning process and a clear set of objectives and goals.
- Commitment of PAHO's team toward the cooperation strategy.

Recommendations (what can be improved?)

- M&E: More time should be spent on monitoring performance and meetings and evaluations should be conducted more frequently to assess progress and identify challenges and problems so that goals can be achieved in a timely manner.
- Communication: There should be more frequent and open communication related to progress within PAHO's technical team and between PAHO and the ministries' offices.
- Stakeholders and beneficiaries should be more involved so that priorities and context-specific factors are better aligned.
- Realistic timelines should be set for all the planning and monitoring processes.

Pan American Health Organization personnel survey data

Sample characteristics

An email informing all PAHO personnel (2361 potential respondents) in HQ and field offices was sent in early July 2023. The survey was available in Spanish and English and was open until 31 July 2023. In total, 840 staff and consultants responded. The overall response rate of 36% was sufficient, showing that staff were interested in the subject matter.²

The distribution of participants per responsibility area is presented in Table 7.

² It is relevant to note the fact that evaluation surveys nowadays have an average response rate of between 20% and 30%, especially since the global pandemic. Therefore, surveys with 36% and 37% response rates are considered good, particularly considering the total number of people responding (almost 900).

Table 8. Participant distribution by key area of responsibility

Area of responsibility	(n)	%
Senior management/administrative	46	5
Senior management/technical	104	10
Middle management/administrative	110	11
Middle management/technical	113	13
Officer/administrative	159	16
Officer/technical	250	25
Other	216	21
Total	840	–

The sample distribution according to the number of years worked in PAHO's HQ or field offices shows that more than half (56%) of the respondents have been employed by PAHO for less than five years (see Table 8). This proportion is higher than that in the larger United Nations system (42%). Being employed by PAHO for one year or less (applicable to 28% of PAHO personnel) negatively impacted on staff's ability to answer all survey questions, as evidenced by the proportion of respondents claiming that they had insufficient knowledge on the matter to respond (see following sections). Notably, the proportion of PAHO staff with a tenure of 11–20 years in the Organization is smaller than that in the larger United Nations system (13% vs. 26%).

Table 9. Participant distribution by seniority

Number of years in the Organization	PAHO		United Nations system ^a
	Respondents	%	%
<5	459	56	42
5–10	200	24	24
11–20	108	13	26
21–30	42	5	7
>30	16	2	1
Other	216	216	21
Total	825	100	

^a Source: United Nations System Chief Executives Board for Coordination. Human resources statistics: Personnel by age and tenure. New York, N.Y.: UN System Chief Executives Board for Coordination, United Nations; December 2022.

Responses were received from participants in 28 countries, as shown in Table 9.

Table 10. Participant distribution by country

Country	Respondents
Argentina	16
Bahamas	6
Barbados	15
Belize	12
Bolivia (Plurinational State of)	32
Brazil	67
Chile	4
Colombia	37
Costa Rica	11
Cuba	11
Dominican Republic	11
Ecuador	16
El Salvador	16
Guatemala	27
Guyana	18
Haiti	37
Honduras	27
Jamaica	9
Mexico	24
Nicaragua	9
Panama	24
Paraguay	18
Peru	15
Suriname	5
Trinidad and Tobago	5
United States of America	313
Uruguay	10
Venezuela (Bolivarian Republic of)	42
Total	840

Knowledge and practice of RBM

Asked about the current RBM-related role they play in PAHO, 35% and 34%, respectively, of survey participants reported full-time or significant involvement in “program implementation support.” “Operational planning,” “reporting,” and “performance assessment” were the processes for which 22–25% of respondents claimed full-time involvement. “Reporting,” “operational planning,” and “implementation support” were the processes for which some degree of involvement was most frequently reported (between 34% and 41%). Twenty percent of respondents claimed that they were fully involved in program management/supervision, and 30% of respondents claimed significant involvement. “Accounting,” “audit,” “communication,” “knowledge management,” and “evaluation” were the processes for which the numbers of staff reporting full-time involvement were the lowest, as these are processes that can be the responsibility of only a limited number of staff. In the case of knowledge management, however, it is worthwhile noting that some 30% of respondents reported significant or occasional involvement (see Figure 15).

Figure 17. RBM-related roles played by respondents, by degree of involvement

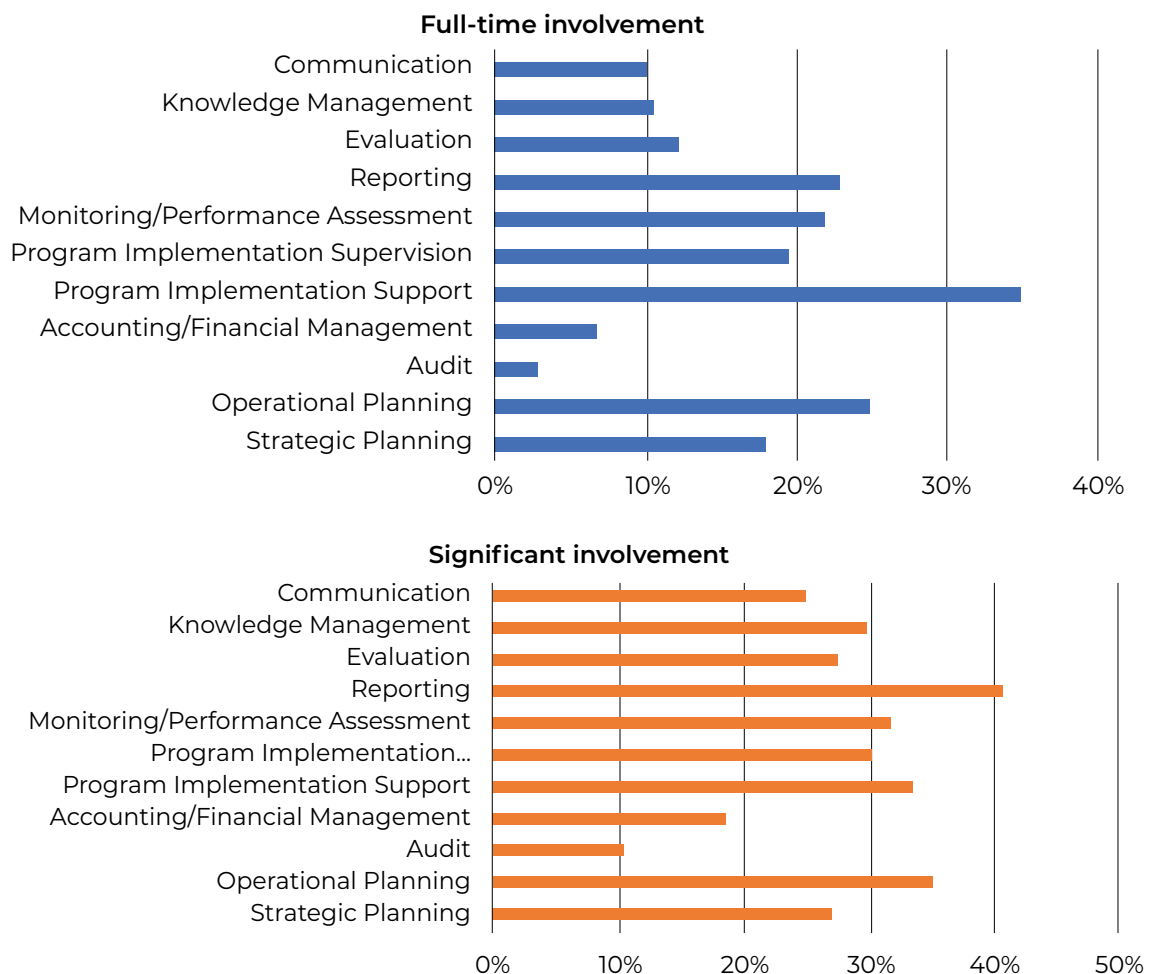
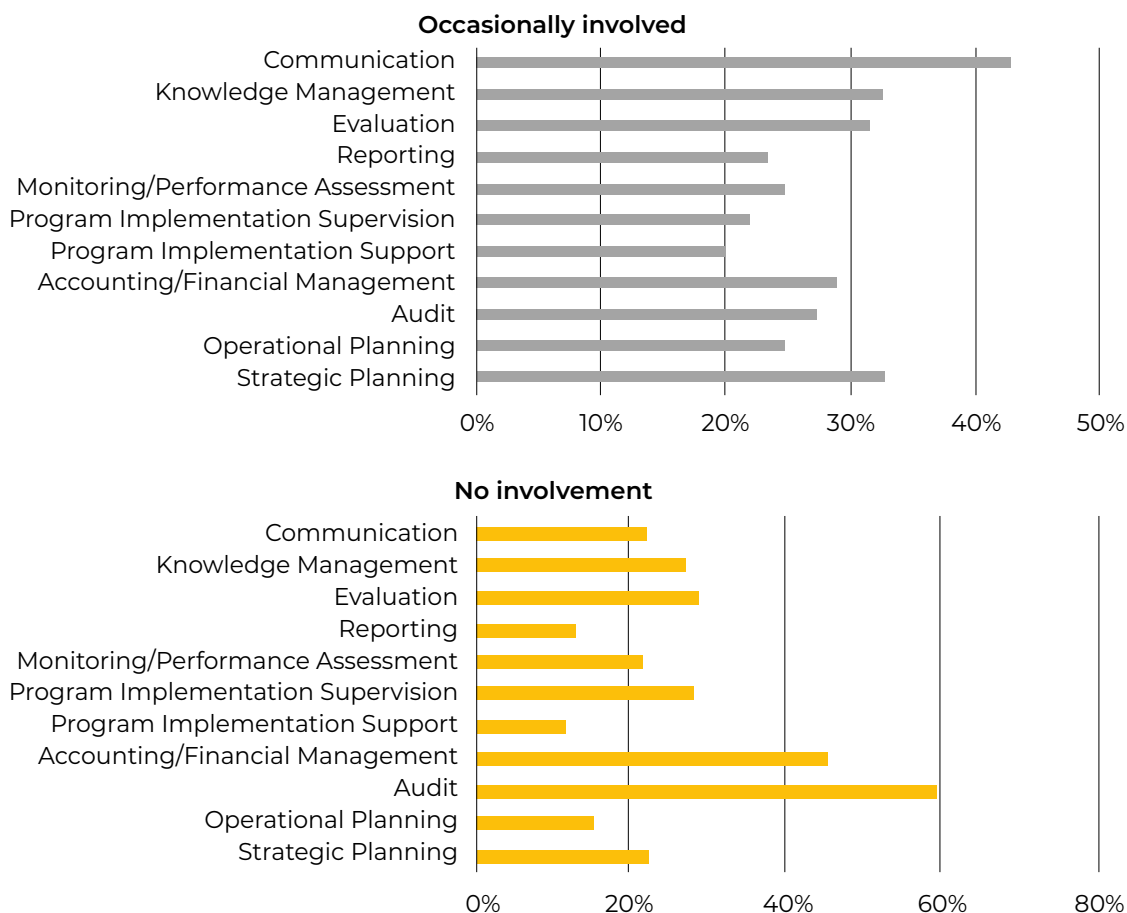


Figure 17. RBM-related roles played by respondents, by degree of involvement (continued)



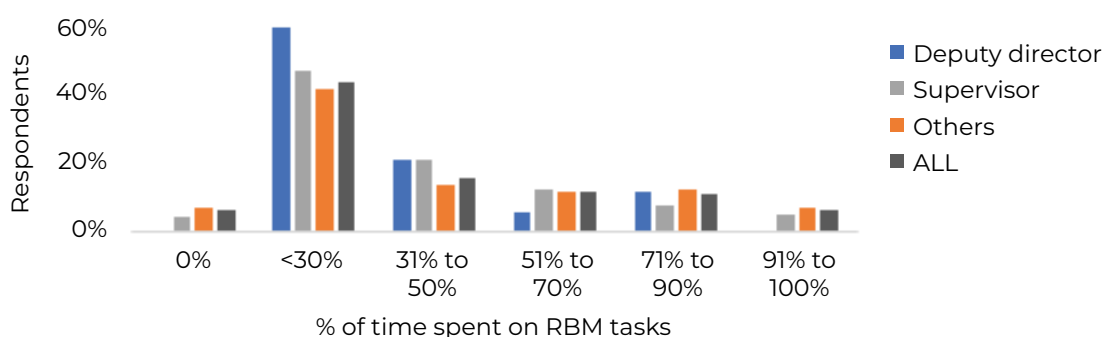
The survey included a question on the percentage of staff time spent on RBM-related tasks each month. On average, the 739 staff members who responded to this question³ reported spending 40% of their office time on such tasks, as seen in Table 10. Many respondents (44%) were reportedly spending less than 30% of their time on RBM-related tasks. The fact that the proportion in that category was highest for department directors (61%) and, to a lesser extent, supervisors (47%), is counterintuitive and may reflect a tendency within PAHO to narrowly define “RBM processes” as the tasks related to inputting data into various IT systems, as expressed by some qualitative answers in both the survey and the interviews. Some 29% of staff reported that they spend more than half of their time on RBM-related tasks, including 6% of staff who reported spending close to 100% of their time on these activities (see Figure 16).

³ Not all questions were mandatory because of the branch logic of some key questions, and therefore a few questions did not receive 840 responses. The percentages were calculated based on the total number of responses per question.

Table 11. Percentage of staff time dedicated to RBM-related tasks/functions

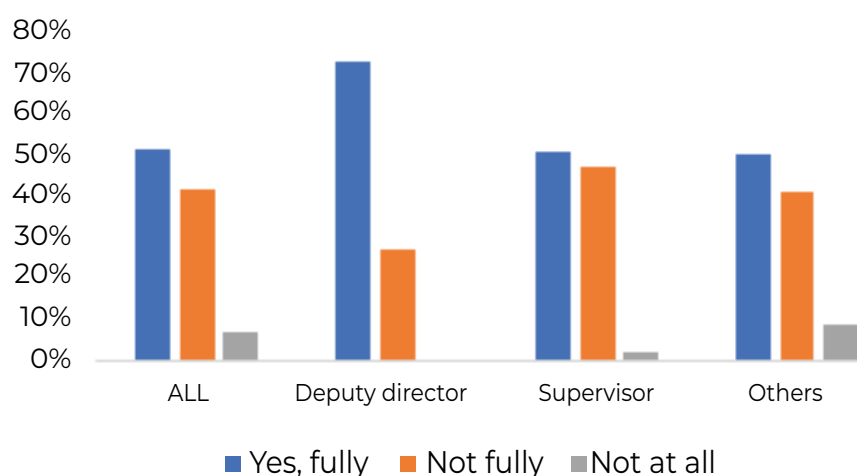
Staff category (% of staff members)	Staff time spent (%)					
	0	<30	31–50	51–70	71–90	91–100
Department directors/PWRs	0	61	21	6	12	0
Supervisors	4	47	21	13	8	5
Others	7	42	14	12	12	7
Total	6%	44%	16%	12%	11%	6%

Figure 18. Percentage of office time spent on RBM-related tasks on average



Overall, 51% of PAHO staff felt that they fully possess the skills and knowledge necessary to accomplish the RBM-related tasks expected from them. This proportion was higher among senior management (73%). However, 42% of respondents mentioned that they do not fully possess these skills, and 7% reported that they have none of the knowledge required to complete RBM-related tasks. The proportion of staff feeling that they do not possess the skills and knowledge was marginal among senior management and supervisors (see Figure 17 below).

Figure 19. Percentage of staff feeling that they possess the necessary skills and knowledge to accomplish the RBM-related tasks expected from them



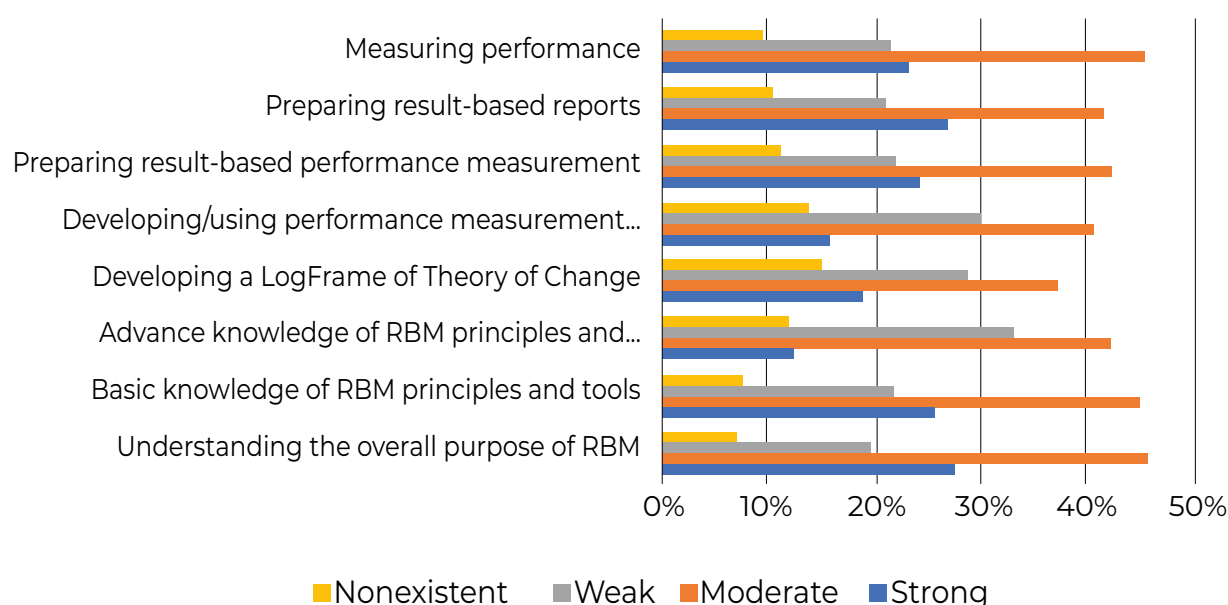
About 22% of respondents thought that they had strong knowledge of RBM principles and tools, while the majority felt that they had moderate (42%), weak (25%), or nonexistent knowledge (11%). The areas with the highest proportion of respondents claiming strong knowledge are “understanding of overall purpose of RBM” (28%), “knowledge of basic tools” (26%), and “preparing results-based reports” (27%). Conversely, there were fewer staff (13–19%) claiming an advanced knowledge of RBM tools, of performance measurement frameworks, and of the logframe approach (see Figure 18).

Approximately half of senior managers felt that they have, overall, a strong knowledge of RBM tools and principles. A large proportion of them felt that they understood the overall purpose of RBM (76%), but only 33% thought that they had an advanced knowledge of RBM tools and principles, or in developing or using performance measurement frameworks and logframes.

One-third of PAHO supervisors felt that they have strong knowledge of RBM tools and principles, and 18% felt that they have advanced knowledge. Some 71% of them felt they had moderate, weak, or no knowledge of the logframe approach or of developing performance measurement frameworks. Furthermore, some 40% of supervisors felt that they had a strong knowledge of the preparation of results-based workplans, budgets, and reports.

The proportion of respondents who felt that they have a strong understanding of RBM tools and principles is lower for the other categories of PAHO staff (17%). Close to 50% of these staff reported having weak or nonexistent advanced knowledge of these tools and principles, including the logframe approach and performance measurement frameworks.

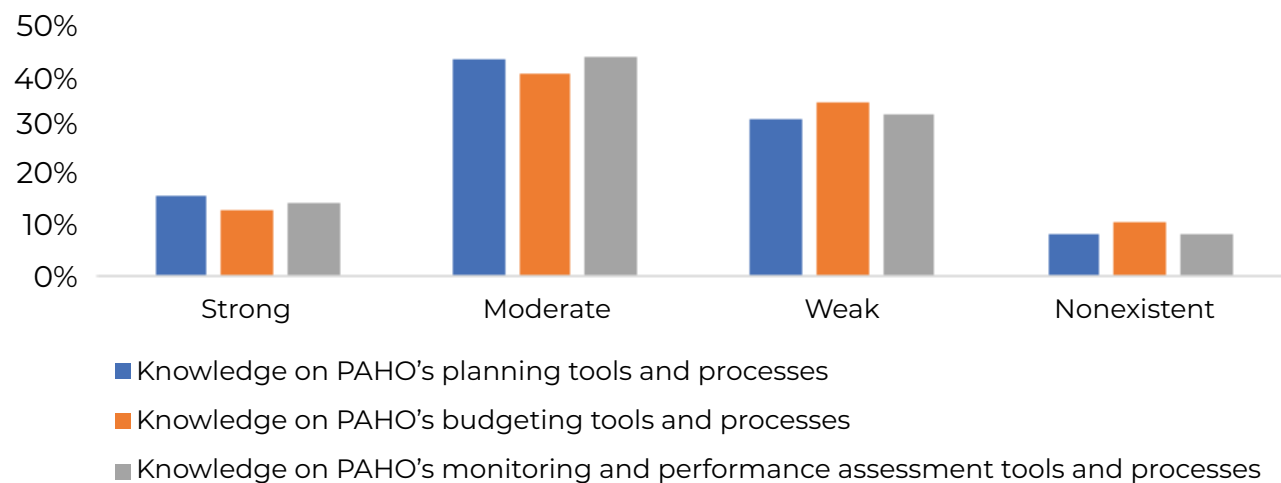
Figure 20. Knowledge of RBM tools and principles (all respondents)



Asked about their knowledge and understanding of PAHO's RBM systems and processes, between 13% and 16% of respondents reported that they have a strong knowledge about PAHO planning, budgeting, and monitoring tools and processes and between 41% and 44% of staff reported a moderate understanding. Overall, 44% of respondents mentioned that their knowledge of PAHO RBM systems and tools was weak or nonexistent. There are no major differences across the three main processes mentioned in the questionnaire, but there are major differences across the category of respondents, as seen in Figure 19.

Thus, the proportion of senior managers claiming a strong knowledge (40%) is higher than for supervisors (24%) and other staff (11%). Among senior managers, the budgeting process is the one with the largest proportion of respondents mentioning weak (6%) or nonexistent (3%) knowledge.

Figure 21. Knowledge of PAHO's RBM systems and processes

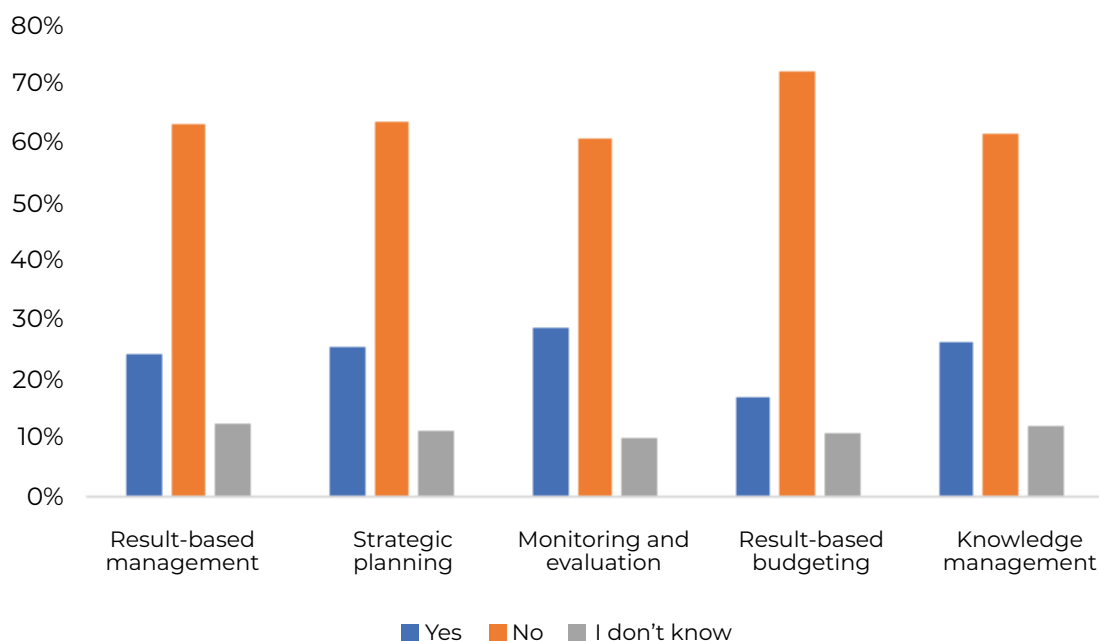


Within supervisors, 32% reported having a weak or nonexistent understanding of the three main PAHO RBM processes, and this proportion reached 47% among other PAHO staff categories.

Overall, 29% of PAHO staff reported having received RBM-related training. The most frequent topic was “monitoring and evaluation” (29%), followed by “knowledge management” (26%), “strategic planning” (25%), and “RBM” (24%). In addition, 17% of respondents mentioned that they received training related to “results-based budgeting” (see Figure 20).

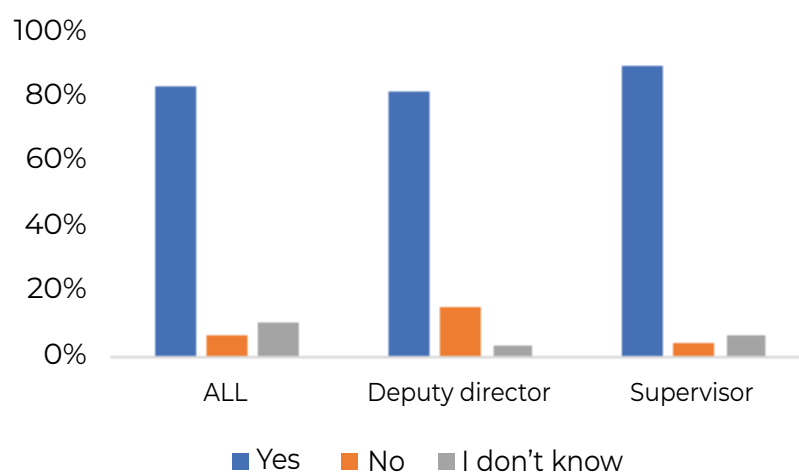
PAHO's training seems to have focused on senior management: up to 67% of senior managers had received at least one related training course (namely “strategic planning”), compared with 29%, at most, of supervisors and other staff. Senior managers were mostly trained in RBM, strategic planning, and M&E (61–67%), but less so in results-based budgeting (36%) and knowledge management (48%).

Figure 22. Types of RBM training provided to PAHO staff



There were no major differences in the topics of training courses attended between supervisors and the other categories of staff, except that the proportion of supervisors attending RBM-related and strategic planning training was higher than that of other categories of staff (29% and 28% vs. 21% and 21%, respectively), as shown in Figure 21.

Figure 23. Percentage of staff who would welcome further training in RBM



Overall, 83% of respondents reported that they would welcome further RBM-related training. This proportion was highest among supervisors (90%). The highest proportion of respondents not willing to undergo further training was among senior managers (15%), compared with supervisors (4%) and the other categories of staff (6%).

Table 12 summarizes the key topics of desired future training, as expressed by survey respondents.

Table 12. List of desired future RBM-related training topics identified by survey respondents

1) RBM and ToC: Many respondents highlighted the importance of RBM and its interconnectedness with the ToC. They would like to understand the underlying RBM principles and effective applications of RBM in their work and how to develop a ToC. 2) M&E: This emerged as a predominant area, with respondents eager to delve into its nuances – frameworks, systems, SMART (specific, measurable, achievable, relevant, and time-bound) indicators, data collection methods, and tools. Several respondents also specifically mentioned training on performance measurement and how to develop key performance indicators. 3) Strategic and operational planning: There was a pronounced interest in these areas, with some respondents underlining their significance in efficient decision-making and duty execution. In particular, a few respondents wanted to learn more about prioritization and developing workplans and how to use operational planning to streamline their work and make it more efficient. 4) Knowledge management: Participants express a need to understand the PAHO tools, practices, and methodologies associated with knowledge management. 5) Budgeting and financial management: Aspects related to results-based budgeting, performance scorecards, and financial management were frequently mentioned. 6) Project and program management: There was a notable inclination toward understanding project management, especially within an RBM Framework. 7) Tools and technologies: Several respondents emphasized a need to familiarize themselves with PAHO-specific tools such as PMIS and to stay abreast with technological advancements.

Staff satisfaction

A) Staff satisfaction with the main features of PAHO's RBM system

Overall, 41% of survey participants reported that they had insufficient knowledge to indicate their level of satisfaction with the main features of PAHO's RBM system, which indicates that there are some knowledge or information gaps. This knowledge or information gap was more frequently reported by technical and administrative staff (43% were unable to respond) than by supervisors (22%) and senior managers (3%).

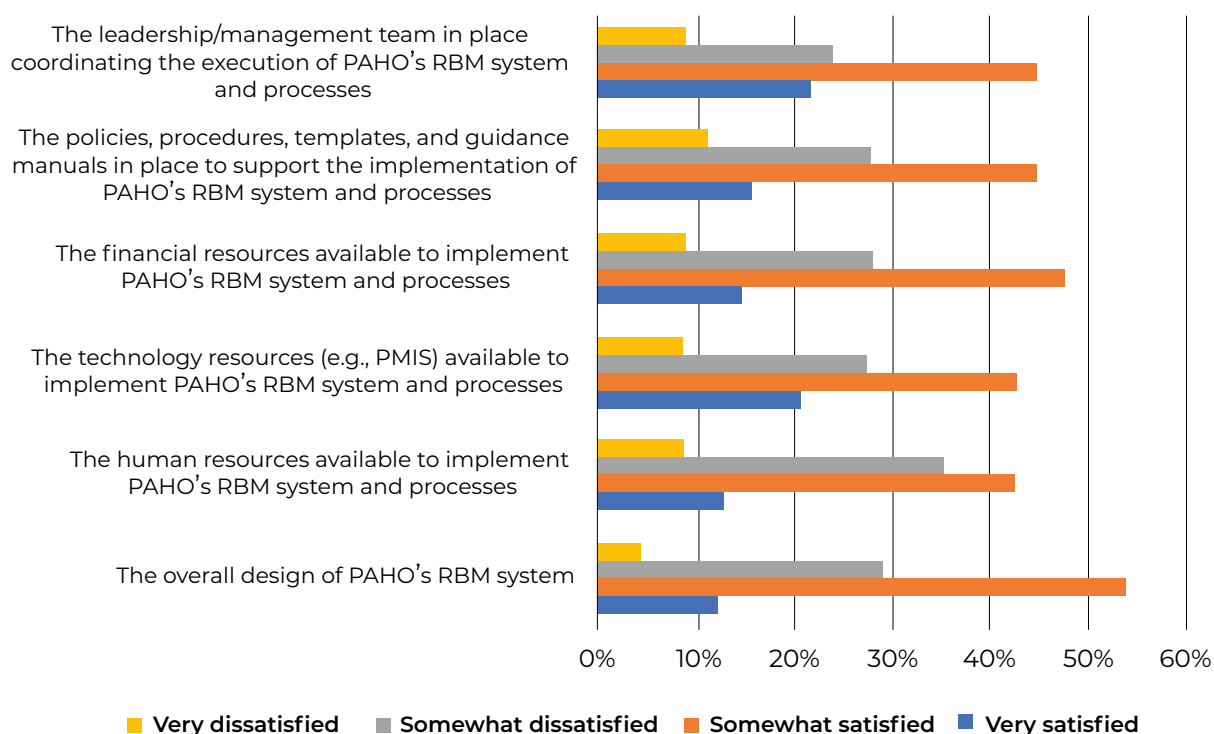
The majority of those who responded were very satisfied (16%) or somewhat satisfied (46%) with the key features of this system. Nine percent mentioned that they were very dissatisfied.

The features for which the highest levels of satisfaction were recorded are (1) the technology resources available to implement PAHO's RBM system (21% of staff very satisfied and 43% somewhat satisfied); (2) the leadership or management team in place to coordinate PAHO's RBM activities (67% of staff very or somewhat satisfied); and (3) the overall design of the system (66%).

The features that were less appreciated are (1) the human resources available to implement PAHO's RBM system and processes (36% of staff somewhat dissatisfied and 9% highly dissatisfied with these); and (2) the set of policies, procedures, and templates in place to support the implementation of PAHO's RBM system and processes (11% of staff very dissatisfied and 28% somewhat dissatisfied).

The proportion of staff most satisfied with the various features of PAHO's RBM system was highest among senior management (75% very satisfied or somewhat satisfied), and lowest for supervisors (54%). There were significant differences in the appreciation of the individual features of PAHO's RBM system across these three categories of staff (see Figure 22).

Figure 24. Staff satisfaction with selected features of PAHO's RBM system



B) Staff satisfaction with the usefulness of PAHO's RBM system

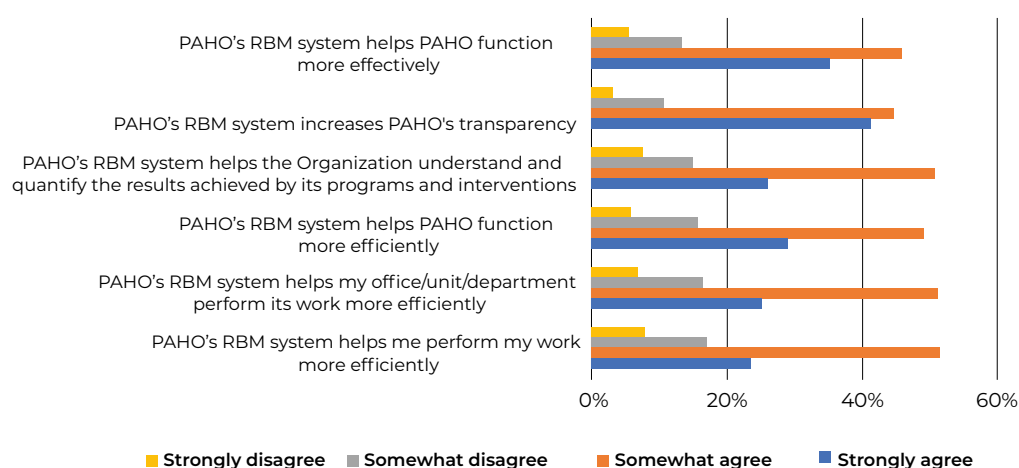
Overall, 51% of survey participants reported that they had insufficient knowledge to indicate their level of satisfaction with the usefulness and benefits of using PAHO's RBM system, which again reflects an important knowledge gap. This knowledge gap was more evident among technical and administrative staff (67% were unable to respond) than among supervisors (21%) and senior managers (1%).

Overall, many respondents strongly agreed (35%) or somewhat agreed (49%), that PAHO's RBM system was useful. Four percent strongly disagreed with that statement.

More precisely, 41% strongly agreed (and 45% somewhat agreed) that its RBM system helps enhance PAHO's transparency, and 35% strongly agreed (and 45% somewhat agreed) that it helps PAHO function more effectively. Less than one-third of respondents strongly agreed (and about half somewhat agreed) that PAHO's RBM system helps PAHO function more efficiently and that it helps the Organization understand and quantify the results achieved by its programs and interventions. Less than 25% of respondents strongly agreed (and less than half somewhat agreed) that PAHO's RBM system helps them, or their unit/office, work more efficiently. (See Figure 23).

Overall, the usefulness of PAHO's RBM system was more appreciated by senior managers and technical and administrative staff (82–84% very or somewhat satisfied), compared with supervisors (69%). The proportion of supervisors strongly disagreeing with the statement that PAHO's RBM system is useful was also much higher (10%). In particular, 14% and 12%, respectively, of supervisors strongly disagreed that PAHO's RBM system helps the Organization understand and quantify the results achieved by its programs and interventions and helps them, or their unit/office, work more efficiently.

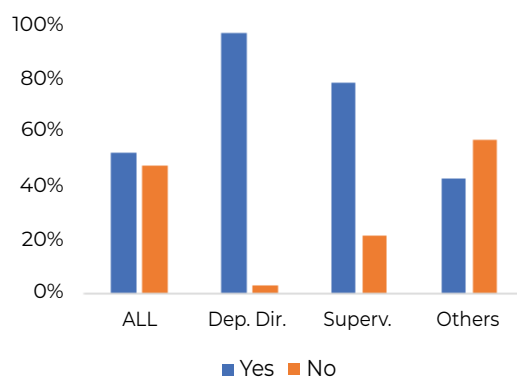
Figure 25. Usefulness of PAHO's RBM system



Planning, budgeting, and resource mobilization

A) Planning and budgeting process

Figure 26. Familiarity with PAHO's strategic planning and budgeting processes



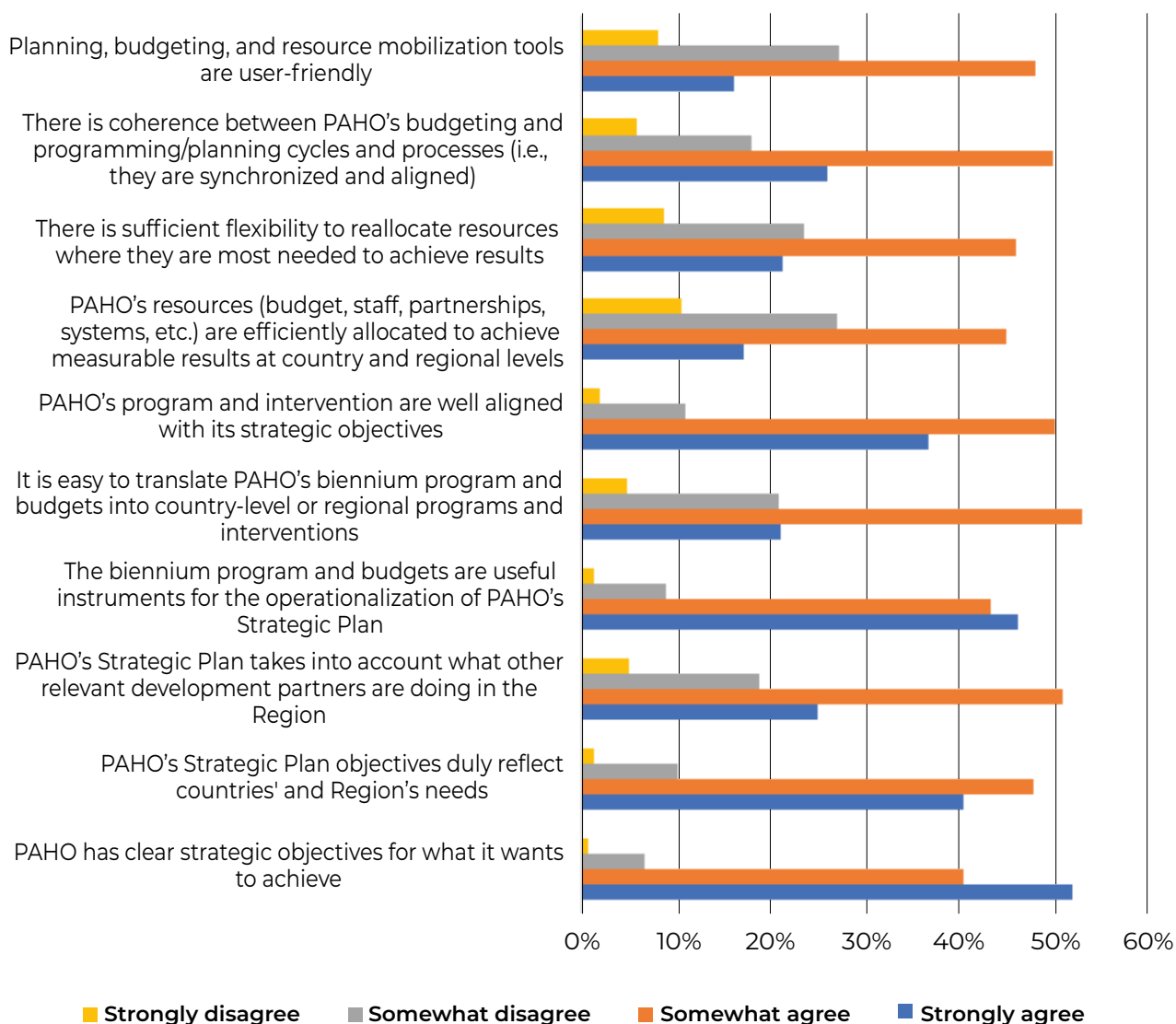
Overall, 52% of survey participants mentioned that they were familiar with PAHO's strategic planning and budgeting process. This proportion varied according to the categories of staff: from 97% for senior managers and 79% for supervisors to 43% for other staff, as shown in Figure 24. Among the 439 staff who mentioned that they were familiar with these processes, some 7% were still unable to answer certain questions because of a lack of knowledge.

Overall, 5% of respondents strongly disagreed (and 17% somewhat disagreed) that PAHO's RBM system demonstrates interesting features. The features that received favorable feedback most often relate to clarity of objectives, usefulness of instruments, and, to a lesser extent, to the relevance of PAHO's workplans to countries' needs and their alignment with PAHO's SP.

More precisely, the majority of respondents (52%) strongly agreed (and 41% somewhat agreed) that, thanks to its planning system, PAHO has clear strategic objectives for what it wants to achieve, and 46% strongly agreed (and 43% somewhat agreed) that the biennium program and budgets are useful instruments for the operationalization of PAHO's SP. In addition, 88% of respondents strongly or somewhat agreed with the statement that PAHO SP's objectives duly reflect countries' and region's needs, and 87% strongly or somewhat agreed that PAHO's programs and intervention are well aligned with its strategic objectives. Furthermore, between 74% and 76% of PAHO's staff strongly or somewhat agreed that (1) it is easy to translate PAHO's biennium program and budgets into country-level or regional programs and interventions; (2) PAHO's SP takes into account what other relevant development partners are doing in the Region; and (3) there is coherence between PAHO's budgeting and programming/planning cycles and processes (i.e., they are synchronized and aligned).

The three aspects receiving less appreciation (with between 62% and 68% of respondents in strong or moderate agreement, and some 10% in strong disagreement as to their usefulness) are related to the allocation of PAHO's resources (budget, staff, systems, etc.) for the achievements of measurable results; the user-friendliness of PAHO's planning, budgeting, and resource mobilization tools; and the flexibility to reallocate resources to where they are most needed to achieve results (see Figure 25).

Figure 27. Staff appreciation of PAHO's strategic planning and budgeting processes



There were no significant differences in the feedback provided by senior managers, supervisors, and other staff.

B) Resource mobilization process

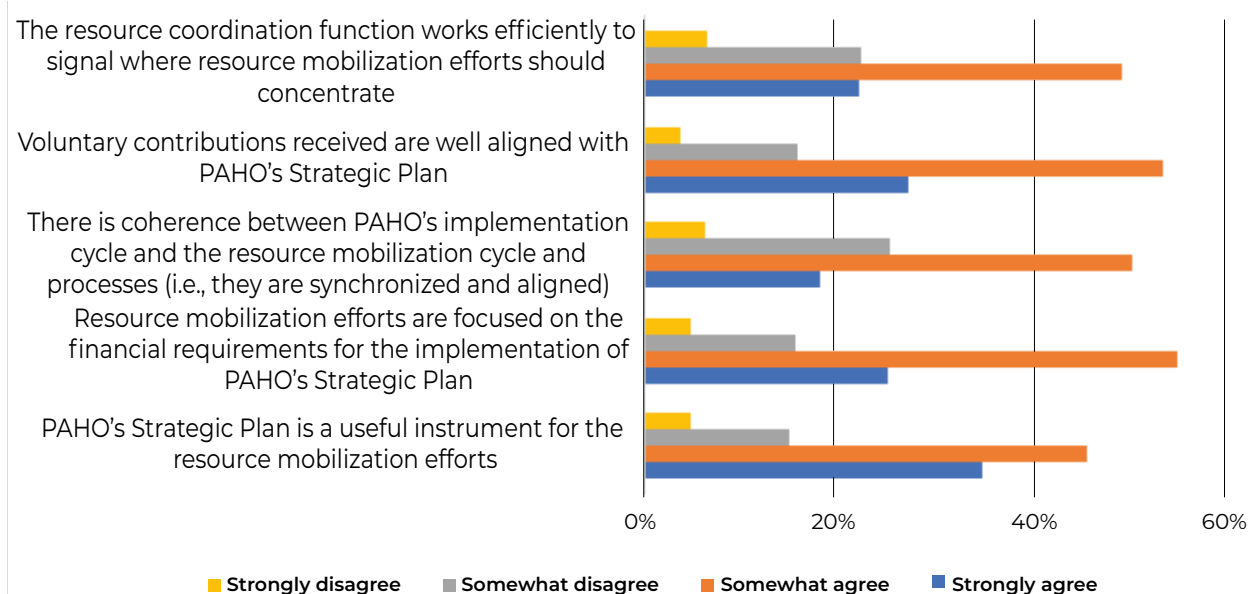
Overall, 13% of the staff who had claimed to be familiar with PAHO planning, budgeting, and resource mobilization processes reported that they had insufficient knowledge to respond to certain questions related to resource mobilization. This knowledge or information gap was again more frequently reported by technical and administrative staff (18% were unable to respond) than by supervisors (14%) and senior managers (8%). The question with the highest non-response rate was on the efficiency of the resource coordination function (18% of staff were not able to answer because of a lack of knowledge).

Overall, 5% of respondents strongly disagreed (and 19% somewhat disagreed) that PAHO's resource mobilization processes demonstrate interesting features. The features most often receiving favorable feedback are the existence of PAHO's SP, the focus of resource mobilization efforts, and the voluntary contributions received being well aligned with PAHO's SP.

More precisely, 35% of respondents strongly agreed (and 46% somewhat agreed) that PAHO's SP is a useful instrument for resource mobilization efforts; 27% strongly agreed (and 53% somewhat agreed) that resource mobilization efforts are focused on the financial requirements for the implementation of PAHO's SP; and 25% strongly agreed (and 55% somewhat agreed) that the voluntary contributions received are well aligned with PAHO's SP (see Figure 26).

The two aspects receiving less appreciation (with between 18% and 22% of respondents strongly agreeing, and 50% somewhat agreeing that they are useful) concern the synchronization of PAHO's implementation cycle with the resource mobilization cycle and processes and the coordination of resource mobilization efforts.

Figure 28. Staff appreciation of PAHO's resource mobilization process



There were significant differences in the responses provided depending on the staff category, with senior managers and managers being less appreciative of the usefulness of PAHO's SP for resource mobilization efforts (30% strongly or somewhat disagree) and more critical of the coherence between PAHO's implementation cycle and the resource mobilization cycle and processes (59% of managers disagree) than other staff.

Monitoring and evaluation processes

A) Staff satisfaction with PAHO's M&E system

Overall, 12% of survey participants reported that they had insufficient knowledge to indicate their level of satisfaction with certain features of PAHO's M&E system. As for other topics, the information gap was more frequently reported by technical and administrative staff (31% were unable to respond), than by supervisors (28%) and senior managers (5%). The knowledge gap was most frequently reported in response to the questions on the independent evaluation function (29%) and on PAHO's SP indicators (18%), as shown in Figure 27.

The majority of those who responded were very satisfied (27%) or somewhat satisfied (45%) with the key features of this system. Overall, only 10% mentioned that they were very dissatisfied.

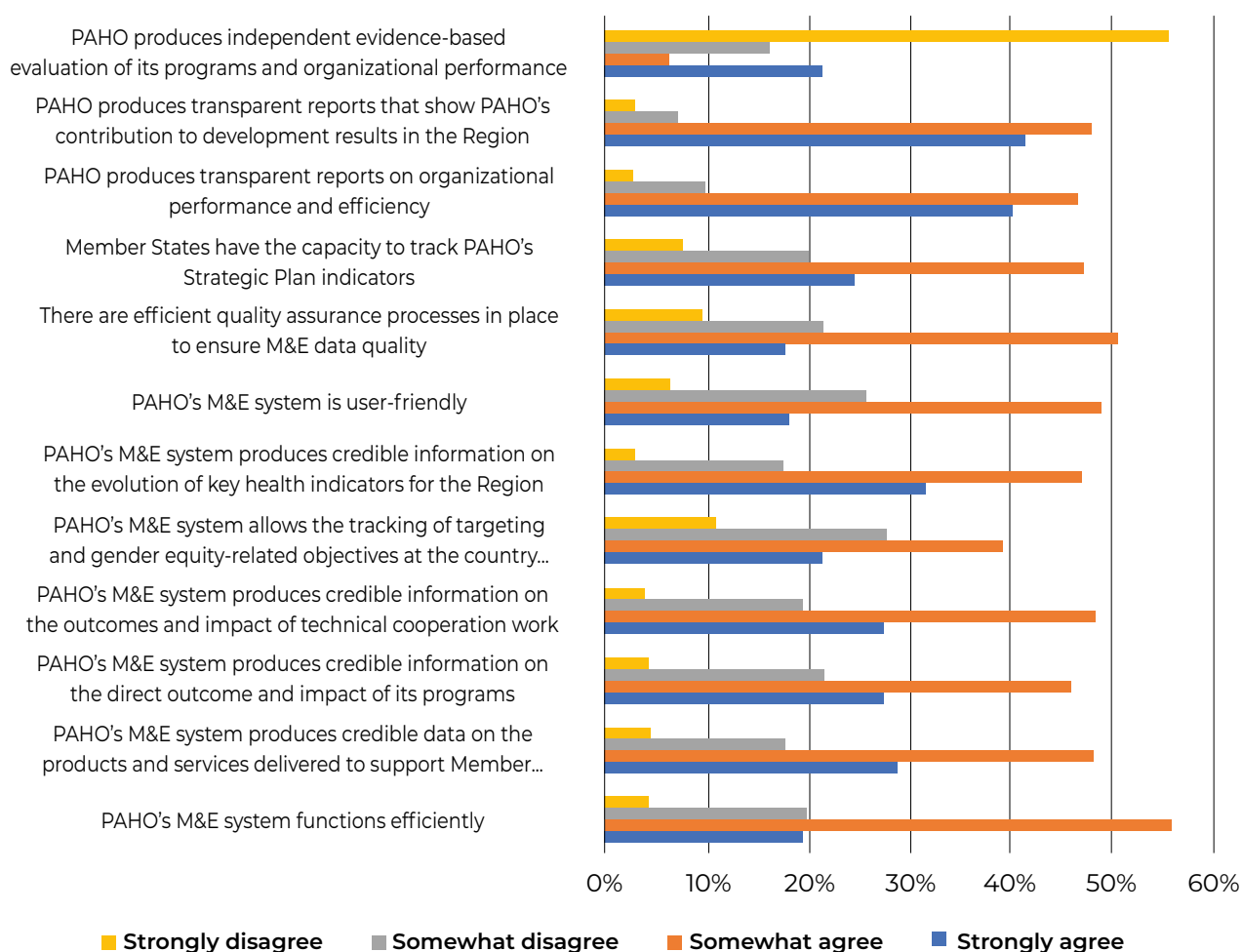
The features for which the highest levels of satisfaction were recorded are (1) the fact that PAHO's M&E system helps the Organization produce transparent reports that show its contribution to development results in the Region (40% of staff strongly agreed and 47% somewhat agreed); (2) the fact that PAHO's M&E system helps the Organization produce transparent reports on organizational performance and efficiency (42% strongly agreed and 48% somewhat agreed).

The statements for which between 72% and 79% of favorable feedback was recorded (or with which 20–32% of respondents strongly agreed, and some 50% somewhat agreed) are the following: (1) PAHO's M&E system produces credible information on the evolution of key health indicators for the Region; (2) PAHO's M&E system produces credible information on the outcomes and impact of technical cooperation work; (3) PAHO's M&E system produces credible data on the products and services delivered to support Member States; (4) PAHO's M&E system produces credible information on the direct outcome and impact of its programs. Moreover, 76% of respondents strongly or somewhat agreed that the M&E system functions efficiently.

The system aspects receiving less appreciation (with between 18% and 22% of respondents strongly agreeing and 50% somewhat agreeing that they were useful), and about which staff expressed concern, were (1) the quality assurance processes in place to ensure M&E data quality; (2) the tracking of targeting and gender equity-related objectives at the country level; and (3) the user-friendliness of the M&E system.

An area clearly requiring improvement is the production by PAHO of independent, evidence-based evaluations of its programs and organizational performance, with 41% of staff strongly disagreeing that this is the case (and 56% somewhat disagreeing), while about one-third of PAHO staff were unable to provide feedback on this question.

Figure 29. Staff appreciation of PAHO's M&E system



There were no significant differences in the answers provided depending on the category of staff, except that senior managers and supervisors tended to be more critical of the M&E system than the other staff.

B) Staff satisfaction with PAHO's evaluation process

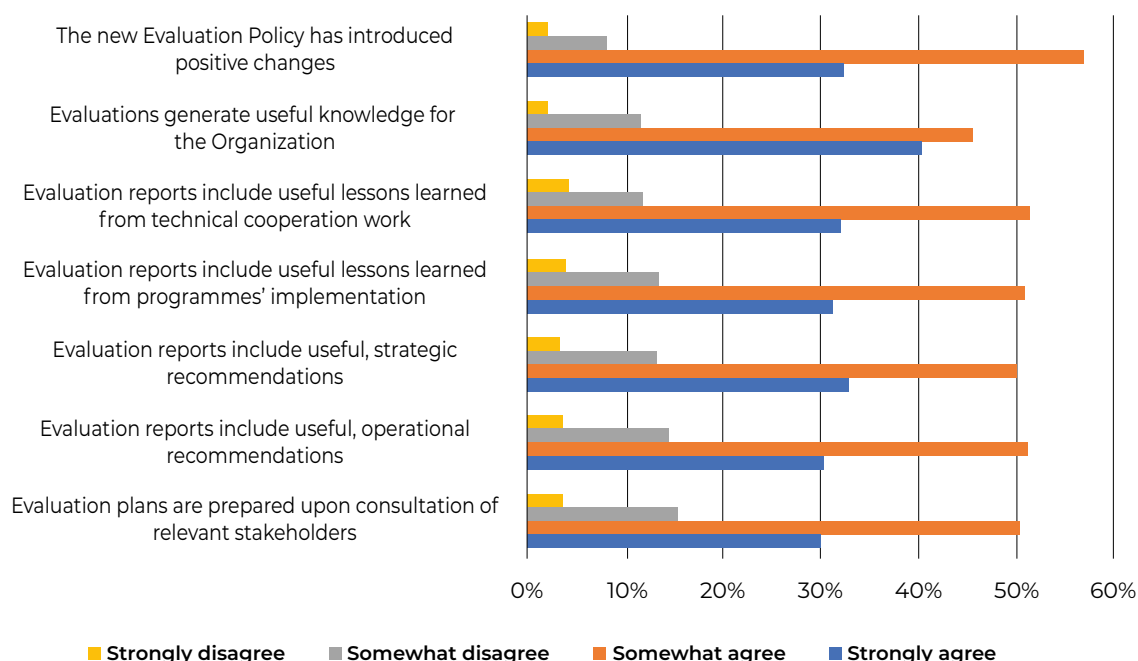
Overall, 16% of survey participants reported that they had insufficient knowledge to indicate their level of satisfaction with certain features of PAHO's evaluation process. As for other topics, this information gap was more frequently reported by technical and administrative staff (31% were unable to respond) than supervisors (28%) and senior managers (5%). The question with the highest rate of non-responses was on the changes introduced by the evaluation policy (33% of staff were unable to respond) and on the preparation of evaluation plans (20%).

The majority of those who responded were very satisfied (33%) or somewhat satisfied (51%) with the key features of PAHO's evaluation process. Overall, 3% of respondents mentioned that they were very dissatisfied (see Figure 28).

Overall, 40% of respondents strongly agreed (and 46% somewhat agreed) that evaluations generate useful knowledge for the Organization. Next, about one-third of respondents strongly felt (and about 50% somewhat agreed) that evaluation reports include useful, strategic recommendations, operational recommendations, and lessons learned to improve program implementation or technical cooperation work. About one-third of respondents also strongly felt (and about 50% also somewhat agreed) that evaluation plans are prepared upon consultation of the relevant stakeholders and that the new evaluation policy has introduced positive changes, but the non-response rate was high for these two questions, highlighting knowledge or information gaps.

The proportion of staff most satisfied with the various features of PAHO's evaluation process was lower among supervisors (77% very satisfied or somewhat satisfied) than among senior managers and other staff (84% and 87%, respectively).

Figure 30. Staff appreciation of PAHO's resource evaluation process



RBM culture and use of results and data for decision-making and learning

The online questionnaire included a set of questions related to PAHO's management culture, flexibility over the use of resources, and the use of results and performance data for decision-making and learning. These questions received the lowest rate of agreement from respondents.

Overall, a proportion of survey participants (29%) declined to answer certain questions because of a lack of knowledge. As for other topics, this information gap was more frequently reported by technical and administrative staff (44% were unable to respond) than supervisors (18%) and senior managers (4%).

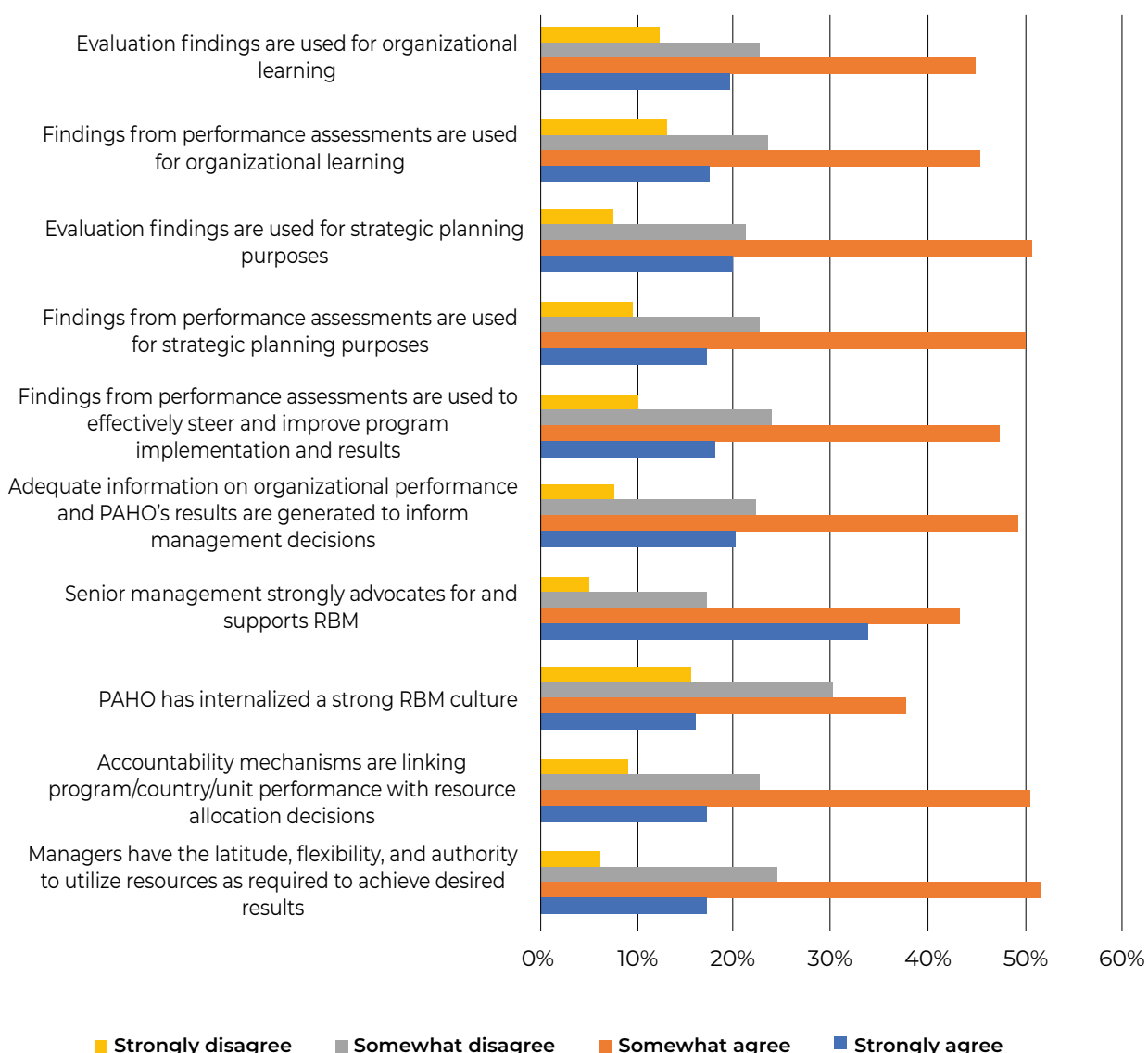
The statement with which the largest percentage of respondents strongly agreed (34% with 43% also somewhat agreeing) concerns the attitude of senior management, with senior managers being perceived as strong advocates for, and supporters of, RBM. Respondents also strongly agreed (20%) or somewhat agreed (50%), that evaluation findings are used for strategic planning purposes and that adequate information on organizational performance and PAHO's results are being generated to inform management decisions. The same range of "strong" and "moderate" agreement was recorded for the statement that evaluation findings are used for organizational learning; however, 12% of respondents also strongly disagreed with this statement.

A statement with which between 17% and 18% of respondents strongly agreed (with less than half somewhat agreeing), but for which a percentage of respondents reported strong disagreement (10% or more) was that performance assessments are used for organizational learning, strategic planning purposes, or to effectively steer and improve program implementation and results. Survey results were comparable for the statements that managers have the latitude, flexibility, and authority to utilize resources as required to achieve desired results and indicate that accountability mechanisms link program/country/unit performance with resource allocation decisions, in turn highlighting other areas for improvement.

Overall, 54% of respondents strongly or somewhat agreed, and 16% strongly disagreed, as shown in Figure 29, that PAHO has internalized a strong RBM culture, which is a call for action.

Among the three categories of respondents, supervisors were those who displayed the lowest level of appreciation of the above dimensions, with only 57% being very or somewhat satisfied (compared with 75% of senior managers and other staff). In particular, 20% of supervisors strongly disagreed that PAHO has internalized a strong RBM culture and that evaluation findings or performance assessments are used for organizational learning.

Figure 31. RBM culture and use of results and data for decision-making and learning



Key obstacles perceived by PAHO staff to the sound application of RBM

The detailed analysis of the 518 answers provided to the staff survey question “In your views, what are the three key obstacles or challenges for an efficient implementation of PAHO’s RBM system?” can be summarized as follows (also see Table 12).

- A) **Training and capacity:** Thirty-five percent of respondents⁴ identified the lack of staff capacity or knowledge of RBM, due to the lack of training, as a major obstacle. This was in addition to the 12% of respondents who were not able to identify obstacles given their total lack of knowledge (often because they were

⁴ A total of 517 PAHO staff members gave an answer to the question: “In your views, what are the three key obstacles or challenges for an efficient implementation of PAHO’s RBM system?” Of these, 60 respondents mentioned that they did not have sufficient knowledge on the issue to provide an answer.

new recruits) and means that, overall, 47% of respondents had no knowledge, or felt that the lack of knowledge of RBM processes, tools, or concepts was an issue. Furthermore, another 6% of respondents specifically highlighted the lack of RBM knowledge among technical staff. The lack of capacity was also evidenced by the large number of respondents who identified a lack of understanding of the importance or usefulness of RBM (7%). Two particular issues concern the lack of training for new recruits: (1) there is no systematic induction course; and (2) the lack of RBM training opportunities for technical staff, as training opportunities are mostly directed to administrative staff.

- B) **Internal communication:** A related obstacle is the lack of sufficient internal communication (e.g., within HQ departments) or communication on RBM requirements (mentioned by 8% of respondents). Furthermore, 27 respondents (6%) reported issues with access to PMIS data or reports (authorized only for certain categories of country office staff). Fragmented efforts and poor coordination between stakeholders were also recurrent themes.
- C) **PAHO's culture:** Seven percent of respondents felt that PAHO's organizational culture does not promote or facilitate RBM. Staff resistance to change, and an institutional environment heavily governed by rules (in particular those requiring approval by the legal department, subregional office, or HQ) and that does not encourage innovation and risk-taking, are some of the explanations provided. Linked with the issue of lack of RBM training, 25 respondents (5%) reported a lack of understanding of the value of RBM among managers/supervisors as a specific obstacle to the application of "true" RBM approaches. A respondent also reported that there was "a culture of praise with intolerance to criticism" in PAHO. Furthermore, 17 respondents (4%) complained about the excessive bureaucracy within PAHO.
- D) **Human resources:** Another frequently reported issue concerns the lack of staff as a major impediment to the smooth implementation of RBM-related tasks. At the country office level, several respondents reported a high turnover of staff and the difficulty in retaining trained local staff or consultants after five years of employment due to a new rule, and many reported having heavy workloads because of the need to perform all administrative tasks in addition to the other technical and more substantive tasks. One respondent reported that "there is no stability for temporary workers... [PAHO] loses human resources that it has already trained, and by letting them go, [PAHO] loses training time and knowledge of the needs of the departments."
- E) **System complexity:** Twenty-four respondents (5%) reported that the RBM system is too complex or not user-friendly, in particular PMIS. Six respondents further pointed out that the various IT systems (resource mobilization planning, PMA, PMIS, etc.) are not properly linked, which generates duplication of effort. Access to PMIS is also restricted to certain country office staff, which is seen as an issue. Furthermore, eight respondents complained about the frequent changes in RBM systems and procedures. The usefulness of the RBM system in place for sound project planning and management was questioned by 16 respondents (4%) who complained that there are insufficient tools in place, in particular for projects or activities funded

through voluntary contributions (or the majority of projects or activities) and technical cooperation work. One respondent noted that “PMIS gives flexibility for use of resources and implementation, but it would be better to also have a functional link between Output and Task Level to help program managers take full control on their resources for adequate implementation.” Seventeen respondents (4%) complained that RBM-related tasks are time-consuming. One respondent complained about the lack of administrative staff to perform RBM-related tasks, resulting in “highly qualified staff [having to] chase paper trails” instead of focusing on technical cooperation work.

- F) **Results and performance monitoring/measurement:** Despite the perceived system complexity, 10 respondents (2%) reported the lack of a system, or indicators, allowing proper results to be generated or performance measurement to be made. In this regard, a respondent noted that “the system is too basic, tracking only which products and services were achieved or not; [during] semiannual PMA meetings, only financial expenditure is used to measure progress,” and another respondent highlighted that there is in PAHO a “tendency to interpret the full expenditure of resources as achieved results.” Several respondents identified the lack of proper indicators, and seven other respondents (2%) reported that a key concern is that PAHO’s RBM system relies heavily on self-assessment. Furthermore, 10 PAHO staff reported that the focus on impact assessment and results evaluation is unhelpful. In this regard, a respondent noted that “there is a tendency to respond to the associated administrative bureaucracy rather than to provide a kind of reflection and learning from performance assessment.” A related issue highlighted by 14 respondents (3%) is the lack of space for true reflection on performance and achievements, for making suggestions, or for an exchange of experiences in PAHO. Lastly, five respondents also complained about the lack of a corporate performance dashboard to monitor key performance indicators and visualize key achievements.
- G) **Member States’ capacities and buy-in:** For 10 respondents (2%), a key concern expressed by their country office is the lack of capacity in or buy-in to PAHO’s planning processes and other RBM-related processes. Nine additional respondents (2%) identified the limited ability of Member States to provide reliable, updated data as a key issue that has a negative impact on their ability to meet PAHO reporting requirements or participate meaningfully in country-level planning consultations.
- H) **Unpredictability of budget resources:** Although PAHO’s RBM system has a strong focus on planning, 16 respondents (4%) felt that a key obstacle to sound program management or the management of technical cooperation is the lack of predictable financial resources, or the delayed receipt of budgetary resources toward the end of the biennium, causing delays in the delivery of the country offices’ workplans. One respondent complained about the unpredictability of resources for technical work in particular: “When funds are available, they are mostly released in the last three months of the year and the expectation is full implementation ... it is not uncommon for PAHO to miss important opportunities just because we do not know when and how much we will have funds.”

- I) **Planning process:** Twenty-one respondents (5%) mentioned that the country-level planning process results in financial allocations that are not in line with the real needs or realities of the country, in particular for activities or topics that are not donors' priorities and for which it is challenging to mobilize resources. Ten respondents (2%) thought that the planning process is "excessive" and too rigid, which reduces PAHO's ability to cope with changes in the environment. Seven respondents (2%) complained about the lack of opportunities for interprogrammatic actions or cross-sectoral work.

Table 13. Key obstacles to the efficient implementation of PAHO's RBM system

Issue	n	%
Insufficient knowledge of or information on PAHO's RBM system to respond to the question	60	12 ^a
Insufficient staff training, capacities, or knowledge	162	35 ^b
Insufficient internal communication or communication on RBM requirements	36	8
Organizational culture does not promote RBM/limited trust among colleagues/resistance to change	33	7
Insufficient human resources	31	7
Insufficient knowledge or training by technical teams	27	6
Lack of understanding of importance of RBM/tools	25	5
RBM system complex or not user-friendly	24	5
Insufficient tools/access to PMIS restricted to national PAHO consultants/PMIS complexity	24	5
Difficult to align financial allocations to country's real needs and reality or to the SP	21	5
Staff rotation, loss of capacity, and continuity because of hiring model	19	4
Improper indicators to track actual results/not enough focus on outcomes and impact/insufficient monitoring of programmatic results	18	4
Excessive bureaucracy	17	4
Time-consuming processes	17	4
Lack of proper RBM tools to manage technical cooperation projects or voluntary contributions	16	4
Delayed receipt of financial allocations/unavailability of funds	16	4
Limited capacities or space to reflect on performance, give suggestions, or for teamwork	14	3
Insufficient financial resources	11	2
No real impact assessment/results evaluation	10	2
No buy-in to RBM or lack of awareness of RBM requirements by national counterparts	10	2
Excessive planning rigidity/lack of organizational agility to cope with changes	9	2
Data availability and quality/capacities of counterparts	9	2
Not enough time to utilize the RBM system	8	2
Constant changes in RBM system or terminology/difficulty in consolidating skills	8	2
Insufficient efforts or system impediments to interprogrammatic actions/lack of cross-sectoral work	7	2
Evaluation more focused on commitments to donors/no real culture of evaluation	7	2
Heavy reliance on self-assessment	7	2
Not enough space for country consultation and collaboration	7	2
Isolated systems that are not integrated or have no connections between them	6	1

Table 13. Key obstacles to the efficient implementation of PAHO's RBM system (continued)

Issue	n	%
Change in government counterparts or policies	5	1
Lack of dashboard to visualize achievements or discuss performance	5	1
Heavy centralization, HQ not close enough to field staff (only close to directors and managers)	5	1

Notes: ^a 60 respondents out of 517 who clicked on the answer.

^b This percentage and all percentages below it are representative of the 457 respondents able to provide an answer to the question other than “insufficient knowledge to respond.”

Figure 30 uses the word cloud methodology⁵ to visualize the most frequently appearing words in respondents' responses, after due data preparation.

Figure 32. Word cloud of key obstacles to efficient implementation of PAHO's RBM system



Main strengths and achievements of PAHO's RBM system implementation

The detailed analysis of the 473 answers provided to the staff survey question “In your views, what are the three main strengths and achievements of PAHO's RBM system implementation?” can be summarized as follows, and also in Table 13.

- A) As for the question on obstacles, a percentage of respondents (32%) mentioned that they have insufficient knowledge to respond to the question on the strengths of PAHO's RBM system, again highlighting the need for more training or clearer communication on the topic.

⁵ Survey responses were analyzed using software that generates word (tag) clouds based on the extraction of the most significant terms and their presentation in the form of a word cloud. The most significant and frequently appearing words are visualized in different colors and larger font sizes.

- B) When PAHO staff were able to respond, the strength most often mentioned (66 respondents, or 20%) was the fact that PAHO's RBM system provides clarity on results (both planned and achieved) and objectives. One respondent noted that "RBM has helped to shift the focus of health programs from inputs to outputs and outcomes ... leading to a greater emphasis on measuring results and using data to improve performance."
- C) Sixteen percent of respondents highlighted that the adoption of RBM tools and systems has enhanced the transparency of PAHO's activities. In particular, transparency is related to the systematic organization of performance assessment exercises every six months to monitor achievements and challenges and through the publication of PAHO reports. There are established tools, dashboards, and reports that facilitate regular monitoring, promoting transparency across processes. To some respondents, by allowing everyone to see progress and the status of key processes, PMIS also promotes transparency internally. Several respondents also noted that greater transparency is also achieved through the involvement of Member States in the country-level planning process.
- D) Some 11% of respondents (36 people) further identified PAHO's strategic planning process as a strength of PAHO. One of its merits, as mentioned by some 20 respondents (5%), is that it allows the involvement of Member States in the prioritization of PAHO's work in country. This helps ensure that PAHO objectives in country are aligned with both regional and country priorities. One respondent, however, noted that the planning process requires "some careful management ... to reduce fragmentation of PAHO's planning and monitoring into a myriad of outcomes and indicators in the search for consensus."
- E) In connection with the previous point, 10% of respondents (33 people) emphasized that an important strength of the system is that it allows linking financial resources to specific results, which enhances efficiency and transparency and allows the more efficient use of resources. One respondent acknowledged that "the planning system has improved in recent years by integrating its systems for planning activities, budgeting and Human Resources management." Another PAHO staff member noted that the system "allows [him] to define the results to be achieved and the resources available for this, and [to think] strategically about what other partners can contribute to achieve the final result."
- F) Another strength of the RBM system reported by 40 respondents (12%) is that it allows the periodic monitoring (every six months) of PAHO's work in country according to indicators approved by Member States. A respondent noted that PMIS is a "practical tool for visualizing and monitoring the progress of [the country office] workplan."
- G) Twenty-three respondents (7%) highlighted the role of PAHO's RBM system in fostering teamwork and the collaboration of administrative and technical staff for achieving common objectives.

- H) Twenty-six respondents (8%) mentioned that PAHO's RBM system allows sound management of PAHO programs and technical cooperation, and 7 respondents (2%) mentioned that it helps with decision-making.

Strength	n	%
Unable to answer/does not know	149	32
Transparency of results and objectives	52	16
Clarity of results (planned and achieved)	66	20
Allows corporate efficiency	10	3
Strategic planning process	33	10
Allows better management	26	8
Promotes teamwork	23	7
Monitoring and evaluation	46	14
Regular performance assessment	17	5
Strategic planning	36	11
Inclusion of Member States	21	6
Allows adequate allocation of resources	33	10
Allows enhanced decision-making	7	2

Figure 33. Word cloud of key strengths of PAHO's RBM system

How can PAHO's RBM system be further improved?

The detailed analysis of the 445 answers provided to the staff survey question “How can PAHO's RBM system be further improved?” can be summarized as follows.

- A) Consistent with the findings related to the questions of key challenges for the smooth implementation of PAHO's RBM system, a key recommendation made by 90 respondents (26% of staff able to answer), is related to RBM training. There is a reported need for more periodic training on RBM (its importance, terminology, PAHO's tools and processes) for all PAHO staff, including technical staff. The training should be practical, role specific, sequential, and contain practical examples or best practices. RBM training should be part of the regular induction training for all new staff. A few respondents also recommended that relevant Ministry of Health staff may also benefit from specialized RBM training to enhance their capacity in an important domain.
- B) The second recommendation made frequently (30 respondents, 9%) concerns the need for more robust evaluation or assessment⁶ mechanisms that focus on real outcomes (i.e., the direct results of PAHO's activities in country; for instance, changes in Ministry of Health staff capacity, or the effectiveness of health systems) and not just on processes or budget execution. In this regard, one recommendation was to “carry out deeper evaluation processes and produce results in the short term to generate demonstrative effects [of PAHO's work],” and another respondent highlighted the need for PAHO to “obtain tangible results and demonstrate achievements in technical cooperation.” Some 28 respondents (8%) also thought that it was important for PAHO to strengthen its M&E processes. Specifically, respondents recommended a stronger focus on qualitative assessments, a more continuous progress monitoring process, and the introduction of key performance indicators (KPIs) to review performance and results more regularly or on a continuous basis. One respondent suggested that “[PAHO should] develop trust and the ability to be self-reflective and humble in [performance assessment].” Another respondent recommended that interprogrammatic work should also be evaluated, and another thought that PAHO should improve the quality of its planning/programming process by including milestones and indicators.
- C) In addition to the improvement in the M&E function, 12 respondents (3%) also recommended that PAHO strengthen its independent evaluation function. In particular, independent evaluations should be more frequent, and their results better disseminated and utilized internally for improvements.

⁶ As the word “assessment” is often translated to “evaluation” in Spanish, it was unclear if respondents referred to the independent evaluation process managed by PAHO's Office of Evaluation or to PAHO's PMA. Given the content of the answers provided, it seems that many respondents were referring to the latter.

- D) Some 21 respondents (6%) recommended improvements in PAHO's planning process so that it becomes more strategic (i.e., helps to identify the real needs and gaps in the country). The important preconditions for this are that the relevant government staff participate in the process, and that there is sufficient buy-in – and adequate human and technical capacity provided – by the Government for PAHO's planning tools and processes. A few respondents highlighted that it would be important for both technical and administrative staff to participate in planning discussions, and one respondent suggested including milestones and indicators in the country's workplans.
- E) There was also a call by 14 respondents (4%) for processes to be simplified and streamlined, or for the reduction of bureaucracy and administrative bottlenecks. Some six respondents (2%) specifically recommended improvements to PMIS: enhancements in the user interface of the tools and tighter integration with other IT systems were requested, in particular better links between the planned budget, in addition to the creation of continuous measures of progress and a model for multi-grant management. Furthermore, nine staff (3%) recommended that PAHO processes should be more aligned with WHO processes for better synergy and efficiency.
- F) More active and consistent communication mechanisms between various organizational levels, departments, and units is a recommendation made by some 11 respondents (3%). A few respondents also recommended a cultural shift toward open and transparent communication, or enhanced communication on PAHO's achievements to motivate and guide staff.
- G) Some nine respondents (3%) recommended actions related to financial resources, highlighting the need to better evaluate the efficiency of resource utilization, or the need for an enhanced process for resource allocation and coordination. In this regard, one respondent reported that there was some "asymmetry on how funds are distributed [among countries]."
- H) Some eight respondents (2%) further recommended increased staff numbers, in particular for RBM-related tasks. One respondent noted that this would allow them to "have more time for analytical work." A country office staff member also reported that more staff are currently required to respond to the growing financial resources available at the country level. A few respondents also recommended that supervisors and senior management show greater commitment and engagement to RBM, and establish clear lines of accountability for results. Furthermore, some respondents suggested strengthening the staff performance evaluation process through the systematic use of 360-degree evaluations.

Figure 32 shows a visual representation of the recommendations.

Annex 8.

Updated progress from evaluation unit (2023)

Information supplied by the evaluation unit on the progress made since January 2023

As of October 2023, two corporate evaluations have been completed, published, and disseminated, and are in use for learning and operational planning. Follow-up and implementation processes are ongoing.

1. Evaluation of PAHO's response to COVID-19 in the Americas (EPRC):

- Publication of the final report in [English](#) and [Spanish](#), and of [Volume II: Annexes](#);
- [Statement](#) by the PAHO Director welcoming evaluation recommendations and implementation;
- Publication and dissemination of [evaluation briefs](#) in English and Spanish;
- Support for the establishment and operation of an organization-wide task force for implementation of the eight recommendations; weekly reports are available internally;
- Guidance on the preparation of management response and [Action Plan for Implementation of Recommendations from the Evaluation of PAHO's Response to COVID-19 \(IREP-C19\)](#), which was approved by PAHO executive management;
- [Video](#) produced on the evaluation, which is available on the PAHO TV YouTube channel;
- Dissemination to the whole Organization (PAHO Information Bulletin); production and dissemination of evaluation briefs; and communication to PWRs, Member States, key partners, and donors about the evaluation in English, Spanish, and Portuguese;
- Special session on EPRC during PAHO's 172nd Executive Committee, June 2023;
- Briefing session on [PAHO's 60th Directing Council: Applying COVID-19 Lessons on Pandemic Prevention, Preparedness, and Response](#), 25 September 2023, with update on implementation of recommendations; dissemination of cards (with QR code), [briefs](#) on the PHE web page, and [video](#) broadcasted during sessions;
- Dissemination through [PAHO's Publications newsletter](#) in July 2023;
- Publication of an article on the EPRC on WHO's [Monthly Operational Update on Health Emergencies](#), September 2023.

2. Evaluation of PAHO's technical cooperation in noncommunicable disease prevention and control in the Americas (ENCD):

- Publication of final report in [English and Spanish](#) (mid-October 2023), and [Volume II: Annexes](#);
- [Statement](#) by the PAHO Director welcoming evaluation recommendations and implementation;
- Publication and dissemination of [evaluation briefs](#) in English and Spanish on noncommunicable diseases and mental health;
- Backstopping by PBE Evaluation to the lead entity, the Department of Noncommunicable Diseases and Mental Health, on the evaluation report, management response, and implementation of recommendations, 6 September 2023; guidance on preparing management response; action plan;
- Dissemination to the Organization (PAHO Information Bulletin), production and dissemination of [evaluation briefs](#);
- PAHO's 60th Directing Council: Dissemination of cards (QR code link to report) and briefs;
- Dissemination through [PAHO's Publications newsletter](#) in September 2023;
- Backstop, co-organize ToC on NCDs workshop, 25 April 2023.

3. In addition, on other major corporate evaluations:

- One evaluation (the present one) on PAHO's RBM was completed in December 2023, and the early lessons learned are being acted upon by PBE;
- One evaluation in design stage: Evaluation of the contribution of PAHO's Technical Cooperation in Gender Equity in Health in the Americas, to be published in 2024;
- One mid-term evaluation of plan of action on human resources for health completed in May 2023, to be upgraded to a full-term evaluation in 2024.

4. "Learning, evaluation, and evaluative culture":

- Publication of PAHO evaluation handbook (SOP) in English (August 2022) and Spanish (September 2023), and dissemination;
- Workshop on evaluation during Program Management Network meeting (8 June 2023), in Guatemala (50 attendees); training on Program Management Network update, 21 September 2023;
- Evaluation clinics to Program Management Network on evaluation main principles (late November 2023);
- Interviews with evaluation Senior Advisor on Evaluation culture and practice disseminated via PAHO's website and the PAHO TV YouTube channel in [October 2022](#) and in October 2023 (done in mid-September, to be published by the Department of Communications in October 2023);

- Evaluation intranet webpage updated monthly with all available publications, news, and resources, and translated into Spanish in October 2023;
- Capacity-building, on-the-job training: interns (two in 2022, two in 2023); development of interns' onboarding handbook for PBE (in use) that can be upgraded for PAHO's intern program;
- Country Cooperation Strategy evaluation support; review of methodology;
- Roster of firms and evaluation consultants (updated, expanded, ongoing);
- Contribution to PBE on the RBM training course that is being developed.

The new evaluation platform is used as a repository of lessons learned and historical memory and to guide the development of management response and use of recommendations by PAHO entities.

As of 2023 the new upgraded evaluation platform is active and designed to facilitate the sharing of evaluation summaries and the lessons from evaluations. This organizational practice helps strengthen PAHO's evaluative culture. Disseminating lessons allows the Organization to learn from and replicate initiatives that work well and recommend changes to improve continuously. Forthcoming: SOP and delivery of training for its use in the recently published evaluations (EPRC, ENCD).

Recommendations of the two evaluations published by PAHO in 2023 were considered by PBE during its operational planning process for 2024 and 2025, as were the preliminary findings from the ERBM.

The following was their response to recommendation number 1 of the EPRC:

Recommendations, as applicable, have been integrated into PAHO Program Budget 2024–25, which is the last of the Strategic Plan 2020–25. Actions from implementing plans of action will be integrated into operational planning 2024–25. Additionally, developing the new Strategic Plan 2026–2031 will provide the opportunity to continue implementing the recommendations. The best format for the Organizational Development Plan will also be considered during the new Strategic Plan 2026 development.

Annex 9.

Stages of development of Results-based Management systems

Stage 1 – Not started. An organization is aware of, but not committed to, the concept of managing for results. There is little or no internal drive to adopt RBM principles. In some organizations, the decision is to retain the existing management strategy or to adopt an alternative to RBM. In other organizations, many people may recognize that what they have been doing is inadequate and that there must be a better way of proceeding, but adapting systems within the organization to support the mainstreaming of RBM is not yet seen as the solution, except in the case of a few champions.

Stage 2 – Exploration for mainstreaming. The organization begins to commit to managing for results and explores different approaches. During this stage, people begin to pick up on new ideas from a variety of sources. Exploration may take the form of learning groups, benchmarking studies, and pilot projects. One problem at this stage is that people may prefer one technique or system over others, without having given them a full trial. Another problem may be that too many different ideas are tried at once, resulting in practices that are never fully explored or that are ad hoc. During the exploration stage, enough people across the organization develop a sense of the benefits of managing for results and want to explore it in a broader context. That willingness leads to the next stage.

Stage 3 – Transition to mainstreaming. The organization has committed itself to managing for results and is attempting to make the transition from previous systems. At this stage, people begin to make a commitment to the new practices required, but adoption is mechanical and not fully integrated. They drop old practices in favor of new ones, since the former can no longer solve day-to-day problems or support plans for organizational effectiveness, as required by RBM. This stage can be characterized by hard decisions on what to keep and what to discard in terms of RBM strategies. For example, the conversion to a set of results-oriented measures is likely to mean that some old measures need to be dropped. As more people see the benefits of managing for results, the system becomes more widespread throughout the organization. The organization begins to seek broader internal integration and alignments. The adoption process is, however, internally focused and there is still a predominant focus on outputs rather than outcomes.

Stage 4 – Fully mainstreamed. The organization fully implements managing for results in almost all areas of the organization. At this stage, groups across the organization begin to see and look forward to the real benefits of the new management approach. Resources are allocated and plans designed to support new practices, not to maintain old and outdated ones. There is continuous learning and there is some level of refinement based on ad hoc assessments or the adoption of innovations identified as good practices in RBM. The organization is increasingly focused on outcomes, although that is not fully integrated in all aspects. The adoption process is predominantly internally focused, but the organization is exploring outreach and seeking partnerships for common outcome areas and joint work. It is also involved in pilots for joint work or joint evaluations or even system-wide evaluations for collective impact.

Stage 5 – Continuous learning and renewal. The organization now uses the managing for results plan. It operates beyond routinized operation and on internal refinements, it conducts evaluations of its system and starts a process of renewal. It periodically adjusts and updates existing tools, methods, and processes that support the use of information on managing for results in the organization, including training tools, new approaches to planning, experimentation with advanced measurement tools and the development of reporting mechanisms that further align internal and external reporting. It has begun a process of overall assessment with the intention of making major overall adjustments or more fully addressing key areas or organization-wide gaps in implementing RBM. It includes a clear focus on outcomes and the conjoint nature of outcomes with other organizations. It participates constructively in pilot initiatives for joint work or joint or system-wide evaluations and seeks to share lessons. It begins to identify and directly address structural and systemic barriers against the achievement of outcomes, resulting in enhanced and intensive system-wide work and partnerships, and in some cases highlighting changes needed in the governance structure for effective operation of RBM.

Annex 10.

Additional tables

Results terminology used in PAHO's SPs

Table 15. Results terminology used in PAHO's SPs

PAHO SP	Strategic Objective level	Outcome level	Notes
SP 2003–2007	8 “Technical Cooperation Priority Areas”	45 “Technical Objectives”	This is the last SP prior to the adoption of the RBM Framework (2010).
SP 2008–2012	16 “Strategic Objectives”	90 “Regional Expected Results” (with 256 indicators)	(1) Strategic objectives properly worded as: “To reduce the health, social and economic burden of communicable diseases,” etc. For each region-wide expected result (RER), baseline, and mid-term and end-line targets, are defined. (2) First SP being fully aligned with PAHO Program Budget cycles and aligned with WHO SP cycle.
SP 2014–2019	9 “Impact Goals” (with 26 indicators)	30 “Program Areas” (under 6 Categories) with 79 indicators	This is the first time WHO's General Program of Work is available when PAHO's SP is being developed. “Impact Goals” statements replace previous strategic objectives. The outcomes are organized around the 6 categories and 30 program areas used in WHO 12th General Program of Work but are not linked with PAHO's Impact Goals. For each program area a specific outcome is worded as “increased...” and several outcome indicators are defined, with baseline and end-line targets only.
SP 2020–2025	11 “Impact Results” 28 impact indicators	28 Outcomes (with 99 indicators)	The 11 SHAA 2018–2030 goals adopted in 2017 are incorporated in the SP 2020–2025 as the “impact results” that the Region seeks to achieve. Annex A of the document presents a list of impact indicators with corresponding baseline and end-line targets; and Annex B presents links between PAHO's impact and outcome indicators and the SDG and the SHAA 2018–2030 goals. The previous “categories” used in SP 2014–2019 have become “thematic areas” (or “outcome clusters”) that were used to report on progress in the end-of-biennium report (2020–2021).

Comparison of RBM definitions used in PAHO and selected international organizations

Table 16. Comparison of RBM definitions used in PAHO and selected international organizations

	Activities	Products and services	Outputs	Outcomes	Impact
PAHO – Results-based Management Framework (2010)	Set of interrelated actions taken or work performed through which inputs... are transformed to produce specific products/services (outputs). In PAHO, activities are referred to as tasks or subtasks	(Same as outputs)	Short-term results that are observable after the completion of tasks and subtasks and are completely within managers' manageable interest. In PAHO, outputs are referred to as products and services.	Achieved medium-term results of a group of products/services ... describing intended changes in conditions resulting from cooperation programs. PAHO outcomes are called office-specific expected results, RERs, or organization-wide expected results, depending on the level.	Long-term results produced by a development intervention. They may be positive or negative and represent intended or unintended changes.
PAHO (SP 2014–2019 and 2020–2025) and SOP Process operational planning		Deliverables against an agreed budget for which the PASB is directly accountable during the biennium. The achievement of products and services is the full responsibility of PASB and specialized entities.	Changes in national systems, services, and tools derived from the collaboration between the PASB and PAHO. Member States, for which they are jointly responsible, will be assessed using a defined set of output indicators that will measure the PASB's ability to influence such changes.	Collective or individual changes in the factors that affect the health of populations, to which the work of the Member States and the PASB will contribute.	Sustainable changes in the health of populations, to which PAHO Member States, the PASB, and other partners will contribute.
OECD-Development Assistance Community	A piece of work undertaken that contributes toward the achievement of an output.		The products, capital goods, and services which result from a development intervention.	The likely or achieved short-term and medium-term effects of an intervention's outputs.	Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.
UNDP, Handbook on Planning, Monitoring and Evaluating for Development Results (2009)	Actions taken or work performed through which inputs, such as funds, technical assistance, and other types of resources, are mobilized to produce specific outputs.		The specific products or services that result from the completion of activities within a development intervention (project, program, strategy, policy).	The likely or achieved short-term and medium-term effects of an intervention's outputs; outcomes represent changes in development conditions occurring between the completion of outputs and the achievement of impact.	Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.

Table 16. Comparison of RBM definitions used in PAHO and selected international organizations (continued)

	Activities	Products and services	Outputs	Outcomes	Impact
WHO	Specific tasks or actions undertaken to convert inputs into outputs.		Direct, tangible products or services that result from the completion of activities.	Changes or effects that occur because of the delivery of outputs.	Long-term change in health status, risk factors, or other impacts that can be attributed, directly or indirectly, to one or more interventions.
World Food Programme, Corporate Results Framework (2019)	Actions taken or work performed through which inputs are mobilized to produce specific outputs. (e.g., food or cash distribution, school feeding programs, or nutrition awareness campaigns).		The immediate, tangible products or services generated from the activities of a project or program. (e.g., quantity of food distributed, the number of people receiving food assistance, or the number of schools participating in a feeding program).	The short-term and medium-term effects of an intervention's outputs. (e.g., food security, better nutritional status, or increased school attendance rates).	The long-term, significant changes in people's lives brought about by the outcomes. (e.g., reduced malnutrition rates, increased economic productivity, or improved educational achievements).
United Nations Children's Fund, Evaluation Report Standards (2020)	Actions taken or work performed through which inputs are mobilized to produce specific outputs.		The immediate results (goods and services) of program activities (e.g., number of bed nets distributed, schools constructed, textbooks provided, teachers trained).	The medium-term results for specific beneficiaries are the consequence of achieving specific outputs. Changes in development conditions occurring between the completion of outputs and the achievement of impact.	The positive and negative, foreseen, and unforeseen, changes to and effects produced by a development intervention. Lasting or significant changes in people's lives, brought about by a given action or series of actions.

New developments in RBM in PAHO

Table 17. Outcomes or new developments in RBM

Year	Changes
1986–2001	• Preparation of four-year framework documents (“quadrennial plans”); • Conceived as frameworks for action by countries and the PASB.
1994–2001	• Adoption of strategic and programmatic orientations.
1999–2002	• First plan to be developed specifically for defining priority areas for the PASB technical cooperation only; • High-level objectives and performance measures introduced.
2002	• Framework document becomes the “SP”; • Plan duration extended to five years.
2003–2007	Changes introduced in the SP 2003–2007: • The purpose is to “define the focus of the regional work of the PASB and guide the programming of technical cooperation at the country level”; • SP developed based on study and audit recommendations; • New and improved strategic planning process; • Selection of a set of strategic issues based on predefined criteria and definition of measurable objectives and strategies for each; • Introduction of analysis of the regional context.
2008	Release of the Health Agenda for the Americas (2008–2017)
2008	Changes introduced in the SP 2008–2012: • The purpose becomes to “set out PAHO’s Strategic Objectives and the PASB expected results for the planning period”; • First SP to make specific reference to results being expected both from assessed and voluntary contributions; • New planning process and full integration of BWPs with the SP and biennium PBs with common indicators; • Includes strategic objectives and RERs, with indicators, for the first time; • PAHO SP contains strategic objectives aligned directly with WHO; • The SP to cover three biennial PBs (over a six-year period), and the following SP to cover two biennial PBs.
2010	Approval of PAHO’s RBM Framework and formalization of the four RBM components.
2010	Adoption of guiding principles for the modernization of PASB MIS.
2012	Finalization of PMIS: Full integration of Human Resources, finance, budget, and procurement functions in a single system.
2013	Resolution CD52.R8 on the development of SPMS.

Table 17. Outcomes or new developments in RBM (continued)

Year	Changes
2014	Changes in SP 2014–2019: • The purpose becomes “to set out PAHO strategic direction based on the collective priorities of its Member States”; • First plan developed by a Member States Countries Consultative Group; • Inclusion of crosscutting themes (gender, equity, human rights, and ethnicity); • Synchronization with WHO planning, programming, and budgeting processes; • Presentation of PAHO results chain (adapted from WHO), with definitions; • New terminology: impact goals, categories, and program areas; • Includes a monitoring, assessment, and reporting framework with impact and outcome indicators.
2015	Deployment of SPMS as an electronic platform for joint assessment between Member States and PAHO of SPs' outcomes and PBs' outputs.
2016	First joint assessment of outputs and outcomes with all Member States for the preparation of the 2014–2015 end-of-biennium assessment.
2016	Adoption of Hanlon method for the prioritization of SP programmatic priorities.
2018	Launch of the SHAA 2018–2030.
2020	SP of PAHO 2020–2025: • The purpose is “to set out the health impact and outcome results that PAHO, and its Member States commit to collectively achieve”; • Will serve as the primary implementation and monitoring mechanisms for the SHAA 2018–2030.
2020	Transfer of evaluation function from the Office of Internal Oversight and Evaluation (now the Office of Internal Oversight and Evaluation Services) to the Department of Planning and Budget (now PBE).
2021	Release of PAHO Evaluation policy.
2022	Update of the PMA process.
2022	Release of Evaluation handbook.
2022	RBM evaluation commissioned by PBE.

Table 18. Key RBM-related evaluations or external assessments

Year	Key RBM-related evaluations or external assessments conducted
1999	Study commissioned by PAHO Director on the impact of strategic programmatic orientations on the work of the PASB.
2000	External audit on strategic planning, monitoring, and evaluation in PAHO.
2008	Independent assessment of RBM (JIU).
2012	External assessment of RBM implementation in PAHO (Office of Internal Oversight and Evaluation).
2017	Progress report on the status of PAHO's management information system (PMIS).
2018	Progress report on the status of PAHO's management information system (PMIS).
2019	External assessment of administrative services and PMIS implementation.
2022	Gap analysis report on PAHO's RBM system and SP.

Table 19. Comparison between PAHO and WHO governance and management indicators

	Outcome statement	Outcome indicators	Outputs	Output indicators
Leadership and governance				
PAHO	Outcome 27. Strengthened PASB leadership, governance, and advocacy for health	Five outcome indicators	Five outputs	12 output indicators
WHO	Outcome 4.2. Strengthened leadership, governance, and advocacy for health	No outcome indicators	Five outputs	14 output indicators
Management and administration				
PAHO	Outcome 28. Increasingly transparent and efficient use of funds, through improved PASB management of financial, human, and administrative resources	One outcome indicator	Four outputs	Four output indicators
WHO	Outcome 4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented, and transparent manner	No outcome indicators	Four outputs	12 output indicators

Annex 11.

Evaluation Inception Report¹

INTRODUCTION

1. PAHO has been implementing an RBM approach since the adoption of its SP 2008–2012. RBM is intended to be a management process in which programs are formulated around a set of defined objectives and expected results, using measurable indicators to track progress toward their achievement. PAHO's shift toward RBM took place at a time of increasing competition for development assistance, changes in the global health situation, and increasing demands for transparency and accountability by donors and Member States. PAHO's RBM Framework was published in 2010 as a policy document for the 50th Directing Council.
2. Since then, the context in which the Organization operates has continued to evolve with the establishment of the SDGs and the SHAA 2018–2030 and the implementation of the SP 2008–2013 and the SP 2014–2019. Recent developments in emerging information technologies have also presented new opportunities for PAHO to further enhance its RBM system. For example, PAHO's RBM system is aiming to slowly become more integrated into its management information system (PMIS), which can facilitate access to results information for staff throughout the Organization.
3. Despite these advances, embedding and sustaining a sound RBM system requires time, commitment, and funding. PAHO has faced challenging circumstances in recent years because of the COVID-19 pandemic and a financial crisis, triggering a review of the Organization's priorities. The transfer of the evaluation function from the Office of Internal Audit to PBE has allowed the further integration of evaluation into PAHO's planning, programming, and reporting cycle. The PAHO Director's vision for evaluation is to demonstrate tangible results to Member States and facilitate the inclusion of lessons learned from both performance monitoring and evaluation into corporate plans and strategies.
4. Given these internal and external changes, it is timely and important to understand how RBM has grown and developed in PAHO, and how existing tools, practices, and processes may further improve in the future to meet expected objectives. A well-functioning RBM system has many components that must be supported by leadership and be adequately funded. This study aims to explore PAHO's RBM system, assess its strengths and weaknesses, and recommend potential areas for improvement.

¹ The annexes of the Inception Report were not included to avoid further repetition. This is a reproduction of the original inception report and therefore the numbering of tables and figures does not follow the one adopted in Volume II.

BACKGROUND AND CONTEXT OF RBM IN PAHO

5. RBM was first incorporated in PAHO with the SP 2008–2012 as a management process that served as the central operating principle to improve organizational effectiveness, efficiency, alignment with results, and accountability. During this period, PAHO utilized WHO's RBM Framework and the new PASB strategic and operational planning framework, including improvements to the American Region Planning, Programming, Monitoring, and Evaluation System, as enabling frameworks, processes, and tools for RBM. Initially, despite integration efforts, RBM was not fully incorporated into management processes or the PASB's information systems, and the key tools to ensure that managers utilized results-based data were absent.² The 2011 PAHO RBM Framework introduced four interlinked components: (1) planning; (2) implementation and PMA; (3) independent evaluation and learning; and (4) accountability. The Framework outlined the following steps and approaches to advance RBM in PAHO.

- Planning: incorporating planning into the SP 2008–2012 and the program and budget for 2008–2009 and 2010–2011;
- Implementation, and PMA: capitalizing on the Framework for the execution of the BWPs, developing policies on voluntary contribution and resource coordination and also letters of agreement to implement RBM, and conducting semestral PMA exercises;
- Independent evaluation and learning: establishing the Internal Oversight and Evaluation Services Office;
- Accountability: approving the Delegation of Authority Policy, which delineates clear lines of authority, empowering managers to take the necessary steps to achieve their expected results within the time and resources approved by the Governing Bodies.³

² Pan American Health Organization. Strategic Plan 2008–2012. Washington, D.C.: PAHO; 2008. Available from: <https://iris.paho.org/handle/10665.2/4049>.

³ Pan American Health Organization. PAHO Results-based Management Framework (CD50/INF/2) [Provisional agenda item 8.2]. 50th PAHO Directing Council, 62nd Session of the Executive Committee; 27 September–1 October 2010. Washington, D.C.: PAHO; 2010. Available from: <https://iris.paho.org/handle/10665.2/33960>.

6. The subsequent SP 2014–2019 aimed to further evolve PAHO’s integration of RBM. The approach was still expected to lead to improved efficiency, effectiveness, accountability, and transparency of PAHO’s work. The Plan intended to build on the experiences and lessons learned from previous plans, programs, budgets, and other high-level planning instruments and processes. The SP 2014–2019 emphasized the integration of lessons learned and continuous improvement for the efficient and effective management of the Organization. The SP 2014–2019 documented the development, negotiation, and implementation of new approaches to resource mobilization and partnerships, designed to increase the predictability, flexibility, and sustainability of PAHO’s financing by using a programmatic approach, and respecting the Organization’s normative legal framework as part of the consolidation of RBM as the central operating framework for the improvement of organizational effectiveness, efficiency, alignment with results, and accountability. The SP 2014–2019 also integrated RBM into the corporate services/enabling functions: program areas and outcomes and continued the practice of results-based budgeting.⁴

7. The SP 2020–2025 aims to build on the experience and lessons learned from previous plans, including A Programmatic Framework for Results, which also aims to respond categorically to the health challenges that the Region of the Americas faces, including measurable indicators of achievement for all areas of health development. The Plan details the processes for executing the PAHO RBM Framework through the implementation of the SP 2020–2025 and corresponding Program Budget. RBM in PAHO is a system that aims to establish collaboration between managers and staff toward achieving defined outputs, outcomes, and impacts that contribute to organizational goals. The RBM Framework is intended to help managers at various levels of PAHO to contribute directly or indirectly to the attainment of the short-, medium-, and longer-term goals established by PAHO’s Member States.⁵

8. PAHO’s planning framework revolves around strategic and operational planning, with operational planning outlining how PAHO will achieve commitments made in the SP and Program Budget. The PMA reviews track the implementation of PAHO’s SP continuously, and the BWP budgetary and programmatic implementation analysis takes place every six months across PAHO. PAHO’s end-of-biennium assessment in 2010–2011 reported the need for strengthening the accountability component, improving documentation, simplifying planning processes, promoting and implementing horizontal interprogrammatic approaches, and enhancing the relevance, coherence, integration, and correlation across the chain of results. The 2014–2015 end-of-biennium assessment was the first done jointly with Member States following their demands for more accountability, and the SPMS was used to facilitate joint assessment with PAHO Member States of output and outcome indicators.

4 Pan American Health Organization. Strategic Plan of the Pan American Health Organization 2014–2019. Championing health: Sustainable development and equity. Washington, D.C.: PAHO; 2013. Available from: <https://iris.paho.org/handle/10665.2/4031>.

5 Pan American Health Organization. Strategic Plan of the Pan American Health Organization 2020–2025: Equity at the heart of health. Washington, D.C.: PAHO; 2021. Available from: <https://iris.paho.org/handle/10665.2/52473>.

EVALUATION PURPOSE AND OBJECTIVES

9. The evaluation will examine the implementation of RBM in PAHO based on the key questions that were identified to be of primary interest to PAHO when preparing the next SP 2026–2031; the evaluation criteria of relevance, effectiveness, efficiency, coherence, and coordination; and will make recommendations for improvement. The evaluation will examine whether RBM is functioning as intended and is adding value to PAHO's work, and what can be improved. Its specific objectives are to:

1. Document key achievements, good practices, enabling factors, challenges, gaps, obstacles, areas for improvement, and lessons learned in RBM implementation;
2. Identify challenges and opportunities to foster a culture of results and enhance the capacity for improved decision-making in PAHO;
3. Produce actionable recommendations to improve RBM implementation and use at the three levels of PAHO (country, subregional, and regional) and with key partners;
4. Derive constructive lessons learned that can inform PAHO's SP 2026–2031.

SCOPE

10. The Evaluation Team will conduct a review of PAHO's RBM implementation for the period 2008 to December 2022. The evaluation will cover PAHO entities at the regional (HQ), subregional, and country office levels, in addition to their interaction with key partners. The scope of the evaluation will include key PAHO processes, such as strategic and operational planning, implementation and PMA, independent evaluation and learning, and reporting.

11. The historical period of 2008–2013 will provide an overview, context, and background of RBM implementation, and the evaluation will focus more on the progress achieved with RBM implementation during the period ranging from 2014 to December 2022. The evaluation seeks to determine how RBM contributed to the achievement of desired results and directed PAHO's technical cooperation toward the achievement of results in Member States.

12. The evaluation will also examine the extent to which RBM has been used to make better planning and management decisions at all organizational levels, improve accountability and transparency to Member States, highlight gaps, and recommend how RBM practices may improve to keep PAHO fit for purpose. In addition, the evaluation will review the linkages among the various RBM components and assess the coherence and coordination between various units in the PASB with respect to RBM implementation.

13. The Evaluation Team will not evaluate the adequacy or quality of individual results or indicators, nor will it evaluate the impact of specific projects or programs. Nonetheless, the Evaluation Team will be interested in understanding the following:

1. How did PAHO first develop its results framework?
2. Has the results framework been reviewed/revised in response to both the introduction of the SDGs and the COVID-19 pandemic?
3. Are the indicators relevant and useful?

14. The evaluation seeks to improve RBM implementation and use in PAHO and to inform future planning. The outputs of the evaluation findings will allow PAHO to make judgments about whether RBM is functioning as intended and is adding value to PAHO's work, and what can be improved to support learning and evidence-informed decision-making as part of the development of PAHO's new SP 2026–2031.

15. The Evaluation Team will also assess the extent to which the five pillars of effective RBM systems suggested by the JIU have been adopted throughout the Organization. Therefore, the evaluation will be useful to assess the interactions and coordination between executive management, the technical networks responsible for the implementation of the SP, and also the Project Management Network and other entities involved in different facets of the RBM implementation, such as country and subregional cooperation, ERP, information technology services, and others.

16. The main deliverables are as follows:

1. The Inception Report (draft and final) outlining in detail how the assignment will be conducted, including a detailed workplan for the consultancy – in May/June 2023.
2. A draft preliminary findings presentation in September 2023.
3. Drafts of the evaluation report – in October and November 2023.
4. Final evaluation report with validated findings – in late November/December 2023.
5. Presentation of final evaluation report with validated findings – in early December 2023.

EVALUATION USE AND AUDIENCE

17. The evaluation findings have the specific goal of enhancing RBM implementation and utilization within PAHO, while also providing valuable insights for future planning. The evaluation report will serve as a crucial resource for various stakeholders within PAHO, primarily the executive management team, PBE, and also entity managers, professional staff, and program officers at all organizational levels. In addition, secondary users, such as Member States and PAHO's partners, may also benefit from the evaluation findings.

18. Furthermore, the key findings of this evaluation will be summarized in PBE's annual Evaluation Report, which is presented to the executive management team. In addition, these findings may be shared with PAHO's Governing Bodies in the end-of-biennium assessment report, ensuring that the outcomes of the evaluation contribute to informed decision-making and strategic planning at the highest levels of the Organization.

19. It is also expected that the findings of the evaluation will also be used as part of PAHO's upcoming exercise to develop a new SP.

METHODOLOGY

APPROACH

20. The Evaluation Team is committed to a practical and use-oriented approach for the conduct of the evaluation. The work will be participatory, collaborative, and iterative, interacting with PAHO and its stakeholders, adapting as the assignment matures, and creating space for a diversity of voices.

21. The team will use a formative, theory-based, and results-based approach that is primarily learning oriented, aimed at highlighting any changes or adaptations that may assist PAHO in ensuring optimal progress is made over the remainder of the SP period and into the next period. This will be complemented by other approaches, including a contribution analysis approach, goal-free approach, realist approach, and utilization-focused approach. Please see Annex 2 for an explanation of these approaches.

22. A combination of qualitative and quantitative data collection methods and analysis techniques will be used to strengthen the validity and reliability of data and both triangulate and cross-check corresponding evaluation findings. Content analysis will guide qualitative data analysis, while quantitative data will entail descriptive statistics and basic correlation analysis.

23. The Evaluation Team will undertake the assignment in three phases in keeping with the ToRs:

- Phase 1: Design and inception;
- Phase 2: Data collection and data analysis;
- Phase 3: Report drafting and finalization.

PHASE 1: DESIGN AND INCEPTION

24. Given the comprehensiveness of the mandate, the Evaluation Team has proposed a well defined and comprehensive (albeit brief) inception period to obtain a better understanding of PAHO's expectations for the overall process, and to gather clear insights on the stakeholders to be involved. By having an in-depth inception phase and engaging with stakeholders at an early stage of the process, a broad understanding of the assignment will be achieved, and the team will develop a solid base on which to proceed.

25. The inception phase comprised:

- Preliminary meetings;
- Initial document review;
- Review and development of the ToC;
- Development of the evaluation matrix and evaluation criteria and questions;
- Stakeholder analysis;
- Development of the Inception Report.

PRELIMINARY MEETINGS

26. Following contract signing, the team met with four representatives from PBE on 20 April 2023, to start off the mandate. This meeting focused on the assignment and its overall objectives, including the work planning. The meeting also allowed the team to gather more in-depth views of the expectations, needs, and priorities of the consultancy.

27. The key messages emerging from the initial scoping and planning meeting were:

- The ERBM is important, as preliminary findings will feed into the design of the new SP that will start in late 2023. It is therefore fundamental to have the initial/preliminary findings ready in September.
- PAHO expects to receive constructive, critical, and evidence-based comments, findings, conclusions, and recommendations on the better implementation of RBM going forward.
- PAHO wishes to know how to do things even better, and expects the Evaluation Team to be proactive in this sense.
- The focus is on evaluating the implementation of RBM, not on PAHO's organizational effectiveness. Specifically, the evaluation should examine RBM processes, contributions, gaps, and corrective actions.

28. Between 3 May and 11 May 2023, the Evaluation Team met with a group of selected PAHO staff to gather their perspectives on the evaluation. These individuals were fundamental in helping to clarify the scope of the evaluation. The list of participants can be found in Annex 8, along with the main questions asked.

29. The key points captured during the meetings included the following:

- All staff expressed interest in the findings of the evaluation, as it will help the Organization improve and evolve and show the value of RBM.
- The evaluation is important to feed into the next strategic planning exercise.
- Countries to consider for the case studies include:
 - o Large countries: Argentina, Brazil, and Mexico;
 - o High-risk countries: Haiti;
 - o Medium-size countries: Costa Rica, Guatemala, Honduras, and Nicaragua;
 - o South American countries: Argentina, Chile and Colombia;
 - o Caribbean countries: Barbados and Jamaica.
- It is important to know what needs to change, what is next, and what the current gaps are.
- There is interest in seeing what the new areas of RBM and best practices from other organizations are that PAHO can learn from.
- The evaluation recommendations should provide key actions, such as what can be done in the upcoming months and year.
- The evaluation should include interviews with technical officers and health advisors.
- The Evaluation Team should assess the knowledge of staff in the RBM processes to determine the gaps in the levels of understanding.

INITIAL DOCUMENT REVIEW

30. During the inception period, the Evaluation Team undertook a preliminary review of some of the extensive list of documents received from PAHO along with others found on the Internet. A list of all the documents consulted to date is found in Annex 9. Some early observations based on the following documents reviewed include the following:

- **PAHO's SP 2020–2025:** The impact-level indicators included measuring changes at the country level. Given that the SP does not describe how PAHO will contribute to this (e.g., through defined activities and outputs), it is not possible to measure PAHO's contribution (which is also available in the gap analysis report on PAHO's RBM system, dated 2022). Rather, the SP is designed to measure country-level changes in the health sector, and the SP includes, in Annex, the plans of actions and strategy documents (as lists of documents with hyperlinks to the full document) that will be followed/implemented to contribute to achieving these country-level impact results. The ToC provided on page 35 of the document clearly shows that the PAHO SP "outputs" are actually outcomes, and therefore do not directly measure the goods and services provided by the Organization. Those are called "products and services," and the extent to which they are being monitored will need to be investigated in the data collection phase of the evaluation.

- **Program and Budget 2020–2022:** Outcomes are tracked using a comprehensive set of outcome indicators, with a detailed description of how PAHO intends to support these outcomes. However, for the latter, the description is given through narratives and there is a lack of output indicators or targets. As such, the document describes the key support areas of PAHO, but not where the support is going to be provided, nor the real scope of these activities. An opportunity is that for certain outcome or outputs, certain indicators do measure PAHO's efficiency (e.g., output 25.1: "Potential health emergencies rapidly detected, and risks assessed and communicated" and OPT indicator 25.1.a: "Median number of days between substantiated onset of public health event and date information first received or detected by PAHO"). An important outcome is also Outcome 27: Leadership and Governance, which is about strengthened PASB leadership, governance, and advocacy for health, and therefore measures PAHO's organizational efficiency. Further developing Outcome 7 indicators could be an interesting avenue for the Evaluation Team to explore during the subsequent phase.
- **PAHO Results Report 2018–2019:** The report provides good information on sectoral progress, providing an overview of the evolution of key health indicators in the Region, with explanations of trends and description of key challenges. However, it does not present how PAHO has contributed to the changes in regional indicators (which are aggregated at the regional level). Rather, PAHO interventions are described through narratives of key objectives being pursued by a given project/strategy, rather than reporting on quantified outputs.

THEORY OF CHANGE

31. According to PAHO's Results-based Management Framework,⁶ the purpose of PAHO's RBM system is to allow the Organization to better "ensure that its processes and activities contribute to the achievement of the areas of action of the Health Agenda for the Americas, and the strategic objectives and RERs of PAHO's Strategic Plan." PAHO's RBM Framework has four interlinked components, also called RBM functions in other documents: (1) planning; (2) implementation and PMA;⁷ (3) independent evaluation and learning; and (4) accountability.

⁶ Pan American Health Organization. PAHO Results-based Management Framework (CD50/INF/2) [Provisional agenda item 8.2]. 50th PAHO Directing Council, 62nd Session of the Executive Committee; 27 September–1 October 2010. Washington, D.C.: PAHO; 2010. Available from: <https://iris.paho.org/handle/10665.2/33960>.

⁷ PBE document entitled ToC RBM3 Nov4 2022.

32. This 2010 document, which establishes PAHO's RBM system does not describe the ToC behind the design of PAHO's RBM system. An attempt to develop this ToC is found in a document prepared by PBE, which describes how, through the outputs delivered under the four key RBM functions), PAHO is expected to achieve the following organizational outcomes:

- Well aligned, clear results frameworks;
- Harmonized planning, budget, and resources mobilization processes;
- Improved capacity to track and use clear, measurable results;
- Institutionalized RBM;
- Improved confidence and reporting at the country level;
- Improved transparency.

33. If realized, these organizational outcomes are expected to improve the quality of PAHO's technical cooperation, thereby contributing, in the longer term, to better development results and improvements in health SDG 3 at the country level.

34. While this ToC clearly shows the medium-term and longer-term results expected from the RBM system, it does not articulate the linkages between specific outputs and the outcome level, nor does it describe the key assumptions or enabling factors underlying the logic model.

35. The Evaluation Team has further elaborated this ToC to articulate the missing linkages between the output and outcome levels and to identify important assumptions or enabling factors based on international best practices in setting up RBM systems, including the United Nations JIU criteria for assessing the maturity of RBM systems. This work also involved a review of the key planning, monitoring, and reporting tools and processes used in PAHO, as described in several useful documents provided to the Evaluation Team.⁸

36. The more elaborated ToC (and logic model) is presented in Figure 1. It was used by the Evaluation Team to further inform and develop the evaluation matrix presented in Annex 1, but it may be further elaborated during the data collection process and developed further after feedback from the ERG.

⁸ The following documents provided by PAHO PBE were consulted: *External Auditor's Report on Strategic Planning, Monitoring and Evaluation in the Pan American Health Organization*; *PAHO's Strategic Plan 2020-2025*; *PAHO's Program and Budget 2020-2022*; *Quinquennial Report 2018-2022 of the Director of the Pan American Sanitary Bureau*; *Annual Report of the Director of the PASB*; *Report of the End-of-Biennium Assessment of the PAHO Program and Budget 2018-2019*; *SHAA 2018-2030*; *Status of the PASB management information system (PMIS) (2017)*; *PAHO's Organizational chart*; *RBM in PAHO 2008-2022*; *Timeline of Key Milestones on RBM System*; *ToC RBM3 Nov4 2022*; *PAHO Evaluation Policy*.

37. According to the reconstructed ToC, the following key outputs and services are expected to be delivered under each of the four RBM functions:

- **Planning:** SPs; programs and budgets; resource mobilization efforts, BWPs, budgetary and programmatic implementation;
- **Implementation and PMA:** RBM; progress monitoring and performance assessment reports; knowledge material;
- **Independent evaluation:** Program and corporate evaluations; evaluation reports;
- **Accountability:** Annual reports on PAHO results; quinquennial reports on SP implementation; communication material.

38. These outputs, if delivered effectively, will produce the following short-term and longer-term outcomes:

- **Planning:** Harmonized operations planning, budgeting, and resources mobilization;
- **Implementation and PMA:** (1) Improved organizational ability to track results and organizational performance; (2) enhanced generation of evidence-based information and learning available for use by managers to make timely, informed operational and strategic decisions;
- **Independent evaluation:** Enhanced generation of evidence-based knowledge;
- **Accountability:** Enhanced capacity to ensure credible reporting of system-wide progress, improved management of projects, programs, and key initiatives, and improved organizational governance.

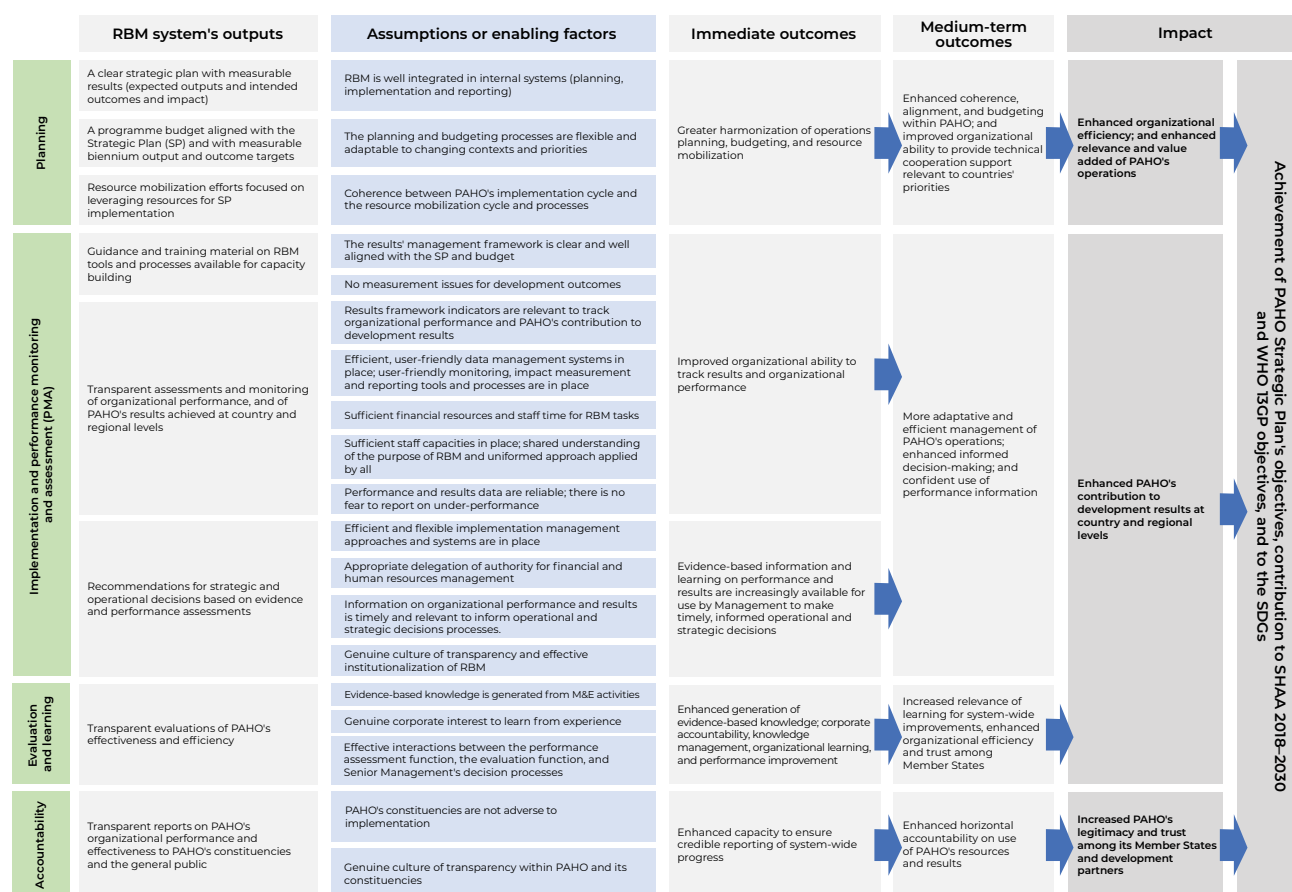
39. Over time, if these outcomes are produced, then a series of short- and medium-term impacts are likely to be gradually achieved, leading ultimately to enhanced organizational relevance, efficiency, value, and effectiveness, and the increased legitimacy of PAHO's work:

- **Planning:** (1) Enhanced coherence, alignment, and budgeting within PAHO; (2) improved organizational ability to provide technical cooperation support relevant to countries' priorities;
- **Implementation and PMA:** (1) More adaptive and efficient management of PAHO's operations; (2) enhanced, informed decision-making; (3) confident use of performance information;
- **Independent evaluation:** Increased relevance of learning for system-wide improvements;
- **Accountability:** Enhanced horizontal accountability and transparency on use of PAHO's resources and results.

40. Ultimately, these gradual improvements are expected to contribute to the achievement of PAHO's SP's objectives, thus contributing to the achievement of the SHAA 2018–2030, the Thirteenth WHO General Programme of Work, and the SDGs.

41. If RBM outputs are to lead to the desired outcomes and impacts, several important enabling factors, or assumptions, will need to be in place. These include the need for: a coherent integration of the various processes and systems, efficient and user-friendly tools and guidance material, quality RBM outputs meeting managers' expectations, a results-oriented management culture, sufficient staff capacities and motivation, and sufficient time and budgetary resources.

Figure 1. PAHO RBM ToC



42. The ToC presented above was developed by the Evaluation Team and is based in part on the documents provided (please see Annex 9), but also posits some additional elements. It is presented for discussion and the Evaluation Team will welcome views on this from the ERG and others in order to inform the evaluation.

EVALUATION CRITERIA

43. In keeping with standard practice, the evaluation is organized around a set of key evaluation questions and sub-questions, aligned with the (OECD-DAC) evaluation criteria. These have been organized into an evaluation matrix that will guide the evaluation process, with questions linked to indicators, data collection methods, and sources of data. Specifically, this evaluation will focus only on the following criteria: relevance, effectiveness, efficiency, coherence, and coordination.

EVALUATION MATRIX

44. The evaluation matrix presented in Annex 1 was prepared to frame the evaluation criteria and key questions that are going to be considered in the evaluation. The matrix builds on questions in the ToRs and in the ToC presented earlier, but its development was also informed further by the inception meetings, which helped clarify expectations from key evaluation stakeholders. The comprehensive review of the initial documentation that was provided also helped the Evaluation Team gain a more in-depth understanding of the various elements of the RBM system and of the concrete outputs or deliverables of the planning, programming, monitoring, and reporting processes, and to understand key gaps and challenges. This further helped shape and fine-tune relevant questions. The main evaluation questions are presented in the next table.

EVALUATION CRITERION: RELEVANCE

- How relevant is the design of PAHO's RBM system for improving organizational performance and enhancing development results?
- How relevant is PAHO's RBM system with regard to Member States' needs, expectations, and capacities?
- How have the culture and practice of RBM changed across PAHO over time, and how well was PAHO's RBM system adapted to shifting needs and priorities within the PASB and Member States?

EVALUATION CRITERION: EFFECTIVENESS

- Is there a common understanding of the RBM concept and its purposes across PAHO, and how well is RBM understood in PAHO?
- What are Member States' perceptions about the implementation of RBM in PAHO? And what do they expect?
- To what extent did PAHO's RBM Framework achieve its objectives, including improving accountability and transparency to Member States, and advancing a culture of results? And is RBM adding value to PAHO's work?
- What are the key achievements, enabling factors, best practices, and lessons learned from PAHO's RBM system implementation?
- What are the main challenges, gaps, and obstacles that hinder the effectiveness of PAHO's RBM system and the realization of its intended objectives? Did its implementation bring about any unintended consequences?
- How can PAHO's RBM system be further improved to further enhance PAHO's effectiveness and accountability? How can PAHO's performance assessment and results frameworks be improved?

EVALUATION CRITERION: EFFICIENCY

- To what extent did PAHO's RBM contribute to enhancing organizational efficiency? What are the key efficiency gains and efficiency drivers? How can PAHO's efficiency be further strengthened?
- How efficient was the rollout and implementation of PAHO's RBM system? What are the key efficiency drivers?
- What are the main challenges, gaps, and obstacles that hinder the efficiency of PAHO's RBM system? Did its implementation create unintended bureaucratic burden?
- What institutional/operational adjustments are needed to ensure that PAHO's RBM system remains fit for purpose and efficient?

EVALUATION CRITERION: COHERENCE AND COORDINATION

- How well linked are the various RBM components? What should improve internally in PAHO to harmonize and better align the four components/functions of RBM?
- How aligned is PAHO's RBM system with WHO's and other United Nations agencies and partners? Is PAHO keeping up to date with current RBM practices within the other United Nations organizations?
- How can coordination with PAHO's Member States and partners (WHO's General Programme of Work, United Nations, SDGs, etc.) be improved to harmonize data collection and reporting and avoid duplication?
- How can PAHO coordinate better with partners to improve results at the country level?
- How can the current RBM's Framework, tools, and practice be optimized and improved?
- How effectively did PAHO coordinate, communicate, monitor, evaluate, and report on the implementation of RBM?

OTHER QUESTIONS

- What is the likelihood that the results achieved so far through the implementation of RBM will last?
- To what extent have gender considerations been integrated in PAHO's RBM implementation activities/processes?

45. For each evaluation criterion, the evaluation matrix breaks down the main questions into sub-questions and presents the indicators and measures that will determine how performance will be judged. For each indicator, the matrix in Annex 1 also presents data collection methods and sources of information.

46. This evaluation matrix will be the key tool used by the Evaluation Team to guide the evaluation and data collection process, ensuring that all the necessary data and information are collected, analyzed, and triangulated. The evaluation matrix was also used to prepare the survey questionnaires and KII interview guides presented in Annex 2, and to identify the key stakeholders to be interviewed or surveyed.

STAKEHOLDER ANALYSIS

47. To gather some of the relevant information, stakeholders will be identified and involved in the process, with the aim to provide primary data via interviews, case studies, and surveys. The Evaluation Team will follow a strict protocol to engage all key informants and in close consultation with the Senior Advisor on Evaluation, the Evaluation Team will then independently select the stakeholders to be engaged via face to face and on online platforms using Teams, Zoom, and other virtual platforms. Tailored interview protocols will be developed for each type of stakeholder, aligned with the evaluation matrix.

48. All initial communications with key informants will be started with the Senior Advisor on Evaluation who will provide information on the purpose of the evaluation and the roles of stakeholders in the evaluation process or consult as needed in PAHO to advise the Evaluation Team.

49. Stakeholders are all those who need to be considered in achieving project or program goals and whose participation and support are crucial to its success; particular attention will be therefore put in their identification, not only including those responsible for managing the RBM process, but also with responsibilities of carrying out the various task of the RBM process at different levels. This means that in the selection process the Evaluation Team will take into account PAHO's multi-level governance framework, which consists of:

- **Group A:** HQ (regional) level: a sample of staff with responsibilities in the RBM process related to strategy, planning, and policy work, in addition to a sample of technical staff.
- **Group B:** Subregional level: a sample of staff with responsibilities in RBM related to monitoring, reporting, and program management, in addition to a sample of technical staff.
- **Group C:** Country level: a sample of staff with responsibilities in the RBM process and closest to the implementation of projects and programs, and data collection for monitoring and reporting, in addition to a sample of technical staff.

- **Group D:** Donors, partners, Member State representatives: a sample of Member State representatives in addition to a sample of donors/development partners who can provide insights and lessons learned in PAHO's implementation of RBM, specific to a country context.

50. Since the degree of stakeholder engagement will vary, it is important to determine the level of participation that is required. The team will consider the following levels of participation:

- **Inform:** Provision of balanced and objective information to assist stakeholders with understanding the problem, alternatives, opportunities, and/or solutions.
- **Consult:** Obtain feedback to provide from broader analysis, exploration of alternatives, and/or come to a final decision.
- **Involve:** Work directly with individuals/groups/organizations at various stages of the process to ensure that concerns and aspirations are consistently understood and considered in the decision-making process.
- **Collaborate:** Partner with the relevant bodies at each phase, including the development of alternatives and the identification of the preferred solution.
- **Empower:** Place final decision-making in the hands of the stakeholders at the same time ensuring and respecting confidentiality.

INCEPTION REPORT

51. This report represents the draft inception report for the inception period, presenting the analysis done during the inception phase and the overall workplan for the evaluation. This draft will be revised and finalized based on comments received from the Senior Advisor on Evaluation and the ERG.

PHASE 2: DATA COLLECTION AND DATA ANALYSIS

52. The evaluation will utilize five methods for data collection: document review, key informant interviews (KIIs), surveys, focus group discussions, and field visits. These methods will allow primary and secondary collection of both qualitative and quantitative data.

DOCUMENT REVIEW

53. The Evaluation Team will continue to comprehensively review the documents received as part of the remaining phases of the assignment. Additional documents identified by key informants when being interviewed will also be reviewed. The team will also draw on available resources online that deal with RBM implementation processes and progress within and outside the United Nations system. This detailed review will help to inform what exists, what can be built on or strengthened and to enumerate the strengths, weaknesses, and gaps of the PAHO RBM system. Please see Annex 9 for a list of documents.

KEY INFORMANT INTERVIEWS

54. KIIs will be conducted by the Evaluation Team with a range of stakeholders with varying perspectives, using question guides prepared in advance to form the basis for semi-structured interviews on an individual basis (please see Annex 4). It is expected that up to approximately 50–60 in-depth, in-person and virtual interviews will be conducted with a representative sample of executive management, country office and subregional office staff, PBE members, the ERG, and other HQ staff, and other key partners. The Evaluation Team expects that key informants who may not be able to provide full information on selected topics will recommend additional individuals to elaborate on the issue.

55. Consultations will be done via various online modalities, as appropriate for each stakeholder. As long as it is feasible, the interviews with senior officials and key staff at HQ will be made in person. All communications with the KIIs will start with an invitation email sent by the Senior Advisor on Evaluation to participate in the evaluation and will be followed by the Evaluation Team to coordinate the date and time for the interviews. The team will establish a communication protocol to ensure there is confidentiality in all interviews with PAHO staff and in handling interview data.

ONLINE SURVEYS

56. The Evaluation Team will administer two surveys: one targeted at all PAHO staff and the other to Member States. Please see Annex 3 for the draft survey instruments. Prior to gathering data from all participants, a pre-test will be conducted to enhance the survey's reliability and validity. This pre-test will help identify any problematic areas and assess the time required for completion. The Evaluation Team will attempt to minimize the burden on respondents by keeping the surveys brief, taking no longer than 20 minutes. Using surveys will allow the team to receive inputs and ideas that capture the strengths and challenges in a cost-effective manner, ensuring that PAHO staff and Member States can be included in this important process. It is expected that ERG and the Senior Advisor on Evaluation will guide the Evaluation Team on how to reach stakeholders best potentially at the Member State level. The Evaluation Team will rely on PAHO to support the conduct of the surveys from the planning stage to their launch and throughout dissemination. The involvement of PAHO in providing comprehensive respondents' lists, in sending out reminders will inter alia increase response rate. Specifically, and in line with the ToRs and with current evaluation practice in PAHO, the survey instruments will need to be reviewed and cleared by PAHO's Ethical Review Committee.

CASE STUDIES

57. The Evaluation Team plans to try and hold interviews virtually with many Member States, but has also selected three countries – one per region – where in-person field visits will be conducted for a more in-depth assessment that will form the basis of a small case study. The Evaluation Team will develop three brief case studies based on the experiences of three country (and/or regional) offices in the use and application of RBM. The brief case

studies will explore RBM practices drawing from group interviews with country office staff. Case studies provide an opportunity to do a “deeper dive” to better understand how well RBM is being implemented in the field. Previous case studies demonstrate that it is not unusual for there to be a gap between the view of HQ and the view of those on the ground.

58. The selection criteria to identify the three countries, discussed and approved during the inception phase, included: program size, geographic balance, presence of both a country and regional office, potential successful or challenging studies in the implementation of RBM, and availability of PAHO staff, among others. For more detailed information, please see Table 1. It is expected that the brief case studies will identify some good practices, challenges, gaps, and opportunities at different levels of PAHO. During field visits for the three case studies, the Evaluation Team will examine and assess observable results, with a view to gathering evidence for triangulation with information obtained through the other lines of enquiry.

FIELD VISITS TO COUNTRY OFFICES FOR THE CASE STUDIES

59. The Evaluation Team expects to conduct a maximum of three field visits to selected country (and potentially regional) offices, COVID-19 protocols and country circumstances, including those related to availability and safety, allowing. These visits will provide the opportunity for the Evaluation Team to conduct interviews and FGDs specifically to inform the brief case studies’ development. Table 1 shows the list of proposed countries for the in-person field visits for the case studies.⁹ These countries have been disaggregated by region and were recommended by PAHO during inception meetings. From the list of proposed countries, the Evaluation Team expects that one from each region will be selected. It is reasonable to expect that some countries will not have the time to participate in this exercise, and the team wants to not only seek balance but also avoid countries that may be experiencing evaluation fatigue. The Evaluation Team will also rely on PBE (evaluation) to support the process to contact the proposed countries to ascertain their availability and willingness to participate so that a final selection can be made.

60. Table 1 includes information that the Evaluation Team can use to select one country per subregion from a mix of countries that can provide information to help identify gaps and best practices. The selections are in bold.

⁹ Reference information from PAHO’s Country Profiles 05032023.xlsx

Table 1. Potential case study countries and criteria

Priority	Country	Regional Office	PAHO Priority Country	No. of staff	Budget 2022/23	Notes
South America region						
1	Colombia		–	73	USD 14M	Recommended by PAHO staff, large country office, medium-size budget
2	Argentina		–	71	USD 7M	- Recommended by PAHO staff - Large country office, small budget
3	Paraguay		Yes	33	USD 9M	- Small country office - PAHO Priority Country - Medium-size country office, small budget
4	Chile		–	19	USD 5M	- Small country office - Medium-size country office, small budget
Central America region						
1	Guatemala		Yes	56	USD 21M	- Recommended by PAHO staff - Large country office, large budget - PAHO Priority Country
2	Costa Rica		–	27	USD 5M	- Recommended by PAHO staff - Medium-size country office, small budget
3	Belize		Yes	26	USD 8M	- Recommended by PAHO staff - Small country office, small budget - PAHO Priority Country
4	Panama			49	USD 5M	- Small country office - Logistics hub - Medium-size country office, small budget
Caribbean region						
1	Barbados	X	–	45	USD 1M	- Recommended by PAHO staff - Regional office - Large country office, small budget
2	Jamaica		–	24	USD 10M	Small country office, medium-size budget

SAMPLING STRATEGY

61. The Evaluation Team will seek responses from a wide cross-section of PAHO's staff at HQ and in the country and subregional offices. Given the time constraints, the selection of respondents for KIIs will attempt to be purposive to the extent possible, aimed at those who are best informed to respond to the evaluation questions on behalf of their respective departments/units/agencies, those being the staff most frequently using RBM as a process, or related tools. Thereafter, a snowballing sampling technique will be used to select other participants based on the recommendations of those who were initially selected. The entire PAHO staff population will be surveyed, and those participating in KIIs will represent a smaller selection of this population. The sampling strategy for the initial list of interviews (both from PAHO and Member States) is based on functions, experience, users of the system, location, and roles in RBM. In terms of the survey of PAHO Member States, the survey tool will be administered to representatives of national governments. To ensure that the response rate is sufficient, the survey will be administered to all 35 PAHO Member States.

DATA ANALYSIS

62. Several data analysis methods will be employed for each of the collection methods highlighted prior to comprehensively assessing the implementation and effectiveness of RBM in PAHO. The main methods include:

- Document review and textual analysis: A comprehensive analysis of relevant documents aims to identify supporting information and evidence aligned with the evaluation criteria and questions. This process facilitates the synthesis of data around the evaluation themes, including triangulation with interview and survey data.
- Deep-dive case study analysis: By pinpointing critical milestones within the RBM implementation period since 2008, this analysis employs process tracing to identify key events, critical paths, interfaces, and episodes. It assesses the manifestation of PAHO's commitments and the execution of RBM implementation. This analysis comprehends contextual changes and the interplay of mechanisms leading to a clearer understanding of the conditions and actions that either support or impede positive outcomes.
- SWOT analysis: Findings from interviews and triangulated data from the document review process will populate this framework. The assessment will ascertain the extent to which RBM implementation mechanisms leverage the Organization's strengths and opportunities, while addressing its weaknesses and mitigating threats.
- Descriptive statistical analysis: This helps to derive meaningful insights from survey data and gauge staff and Member States' perceptions of RBM and its utilization within PAHO. Utilizing visualizations, such as bar charts and pie charts, this analysis unveils patterns, relationships, and a comprehensive understanding of PAHO perspectives on RBM.

63. To ensure the credibility and validity of the research process, a system of methodological triangulation will be used to cross reference data in search of consistencies and inconsistencies.¹⁰ The findings can then be compared and contrasted across the respondents. This will provide a rich and detailed basis upon which the data can be analyzed and insights garnered. The process will draw on multiple data collection methods, including focus group interviews, semi-structured interviews, desk reviews, and surveys. Evidence supplied by these different lines of enquiry will be centralized using an evidence matrix, a blank example of which is shown in Table 2.

Table 2. Example of a triangulation/evidence matrix

Criteria, questions, and indicators	Data and findings from different lines of evidence					Findings
	Document review	Interviews	FGDs	Surveys	Field visit/ observations	
1. Relevance						
Question 1-n Indicator 1-n						

PHASE 3: REPORT DRAFTING, PRESENTATION, VALIDATION, AND FINALIZATION

64. In keeping with the ToRs, the Evaluation Team will bring the assignment to a close by completing the following actions:

- Preparing a set of very preliminary findings for ERG – in August/September;
- Debriefing the ERG – providing a presentation of emerging findings to EXM – in September;
- Preparing the full Draft Evaluation Report – in October;
- Undertaking quality assurance of the Draft Evaluation Report – in October/November;
- Conducting an Evaluation Validation Workshop – in November;
- Preparing the Final Evaluation Report – in November/December;
- Preparing a standalone Executive Summary – in November/December.

¹⁰ O'Donoghue T, Punch K, editors. Qualitative educational research in action: Doing and reflecting. London: Routledge; 2003.

Table 3. Evaluation timeline

[illegible]

EVALUATION MANAGEMENT

ROLES AND COMMUNICATIONS

65. The team proposes to hold biweekly meetings to update the Senior Advisor on Evaluation on their progress and to discuss any issues that require immediate attention. Below is the list of all the key members that will participate in this consultancy, though not all will participate in all the meetings. The point of contact for all matters of the evaluation will be the senior evaluation advisor at PBE and manager for the evaluation, including for engagement with the ERG and for facilitating a process of documentation of the responses by the team to ERG comments at inception and final report stage.

External evaluation team	
Evan Green	evan.green@baastel.com
Rodolfo Siles	rodolfo.siles@pm4dev.com
Maria Donnat	mdonnat99@yahoo.com
Nadia Perez	nadia.perez@baastel.com

EVALUATION TEAM

The Evaluation Team comprises the following individuals:

Name	Role	Area(s) of responsibility
Evan Green	Team leader	• Coordination of all team efforts; • Main contact for client; • Involvement in the analysis and the development of all documents; • Leads interviews; • Undertakes field visit; • Documents review participation.
Rodolfo Siles	Deputy team leader	• Extensive involvement in the analysis and the development of all documents; • Leads interviews; • Undertakes field visits; • Documents review participation; • Focuses on institutional capacity and training.
Maria Donnat	Senior RBM expert	• Extensive involvement in the analysis and the development of all documents; • Leads interviews; • Documents review participation; • Focuses on ToC and institutional processes and policies.
Robert Lahey	Quality assurance	• Reviews all documents for quality; • Participates in team analysis; • Participates in high-level interviews.
Nadia Perez	Junior RBM expert researcher	• Participates in all analysis and in the development of all documents; • Extensive document review; • Interview coordination and participation; • Manages the survey; • Supports the team in all areas.

LIMITATIONS

66. Several limitations are foreseen for the conduct of this exercise. Table 4 outlines some of the key limitations, along with the strategies to mitigate them. In general, maintaining a collaborative and transparent relationship with PAHO representatives while adhering to the Organization's ethical standards and guidelines will play a crucial role in preventing these risks from significantly affecting the outcomes of the evaluation.

Table 4. Limitations and mitigation measures

Limitations	Mitigation measures
The significant number, diversity of categories, and range of PAHO's stakeholders could make it challenging to ensure that a full range of voices is represented in the process	• Use an online survey to reach a broad range of stakeholders. • Work with the ERG to develop a robust approach to sampling for the selection of representative and informative stakeholders for interviews or other consultation, keeping in mind issues of diversity and inclusion and ensuring access to both those with positive experiences and those with potentially more critical views. • Use secondary sources when possible to canvas stakeholder perspectives.
Potential loss of evaluation independence	• Ensure that evaluation management and quality assurance processes apply global best practices. • Ensure that the evaluation senior advisor in PBE who is managing the evaluation remains at arm's length to avoid bias.
Potential difficulties in scheduling or communicating with some stakeholders, including a potentially low survey response rate due to language, time zone, connectivity, holidays, or other barriers	• Engage larger samples of respondents. • Begin planning and scheduling interviews early, providing stakeholders with advance notice of consultations and scheduling options. • Seek PAHO's support for introductions, dissemination, and follow-up as needed. • Keep surveys brief and include mostly short Likert scale questions.
The ongoing COVID-19 pandemic may limit physical engagements/country visits	• Conduct a significant part of the evaluation remotely. For example, use online surveys to reach a broad range of stakeholders and conduct interviews/FGDs at a distance via telephone, Zoom, Microsoft Teams, or other platforms.
Lack of access to relevant documentation in a timely manner	• PAHO will ensure that documents, reports, and data are available (especially in electronic format) and reach the Evaluation Team on time.

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As a specialized agency for global health in the Americas, the Pan American Health Organization (PAHO) is at the center of efforts to combat diseases, respond to emergencies and disasters, and strengthen regional health systems. To underscore efforts and amplify regional results in these areas, PAHO adopted an organization-wide Results-Based Management (RBM) Framework in 2010.

Given these strides toward a more comprehensive RBM of PAHO's portfolio of work, the Organization conducted an assessment of its efforts to determine its achievements thus far. This report is the first of its kind – a comprehensive external evaluation of the RBM Framework for PAHO. It was commissioned to examine the implementation of RBM including its functioning, value added to the work of PAHO, and details around any improvements that could be made. The evaluation covered all four components of the RBM framework: Strategic and Operational Planning; Implementation, Performance Monitoring, and Assessment; Independent Evaluation and Learning; and Accountability; and considered the period from January 2008 to December 2022 within all levels of PAHO entities (regional, subregional, and country offices). This volume presents the annexes to the final evaluation report, published as a separate document.

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