

Framework for evaluations of WHO's contribution at country level

November 2022

Overview

1. While the overall reference documents for all corporate evaluations are the WHO Evaluation Policy (2018),¹ the Implementation Framework of the WHO Evaluation Policy, and the Evaluation Practice Handbook,² this paper clarifies the elements specific to the independent strategic evaluations of WHO's contribution at country level, commissioned by WHO.
2. The WHO Evaluation Policy (2018)³ defines independent evaluations as an exercise *“conducted as systematically and impartially as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institutional performance”*. Evaluations analyze *“the level of achievement of both expected and unexpected results by examining the results chain, processes, contextual factors and causality using appropriate criteria such as relevance, effectiveness, efficiency, impact and sustainability. An evaluation should provide credible, useful evidence-based information that enables the timely incorporation of its findings, recommendations and lessons into the decision-making processes of organizations and stakeholders.”*
3. Evaluations are defined by principles such as impartiality, independence, utility, quality, transparency, credibility, ethics, human rights and gender equality, established by the OECD Development Assistance Committee (DAC)⁴ and the United Nations Evaluation Group (UNEG).⁵ Evaluation is therefore distinct from other types of functional, administrative and management reviews, self-assessments and audits conducted across WHO.
4. Office-specific evaluations were already included in the WHO Evaluation Practice Handbook (2013) as a main type of evaluation, and this type of evaluation has been integrated into the biennial Organization-wide evaluation workplan⁶ since January 2016.
5. Evaluations of WHO's contribution at country level focus on outcomes/results achieved at country level using the inputs from all three levels of the Organization. They also assess WHO's contributions against public health needs of the country and the objectives formulated in WHO general programmes of work and key country-level strategic instruments, including CCS, biennial WHO Country Office (WCO) workplans and national health strategies. They also document good practices and gaps for learning. These evaluations differ from mid-term and final evaluations of Country Cooperation Strategies (CCS), which are respectively a risk management tool and an evaluation of the results of the CCS in relation to specific instruments (e.g. national sustainable development goal (SDG) targets, and the United Nations Sustainable Development Cooperation Framework (UNSDCF)).

¹ World Health Organization, *Evaluation Policy*, 2018, available at: [https://apps.who.int/gb/ebwha/pdf_files/EB143/B143\(9\)-en.pdf?ua=1](https://apps.who.int/gb/ebwha/pdf_files/EB143/B143(9)-en.pdf?ua=1).

² World Health Organization, *Evaluation Practice Handbook*, 2013, available at: http://apps.who.int/iris/bitstream/handle/10665/96311/9789241548687_eng.pdf?sequence=1.

³ Evaluation Policy (2018): WHO; 2018 [https://apps.who.int/gb/ebwha/pdf_files/EB143/B143\(9\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB143/B143(9)-en.pdf).

⁴ <https://www.oecd.org/dac/>.

⁵ *UNEG Norms and Standards*; 2016 <http://www.unevaluation.org/document/detail/1914>.

⁶ Document EB138/44 Evaluation: update and proposed workplan for 2016-17, available at: https://apps.who.int/gb/ebwha/pdf_files/EB138/B138_44-en.pdf.

6. As of November 2022, the WHO headquarters (HQ) Evaluation Office (hereafter referred to as EVL) has commissioned and managed seven evaluations of WHO's contribution at country level:⁷ Thailand (2017), Rwanda (2018), Romania (2018), India (2019), Senegal (2019), Kyrgyzstan (2020) and Myanmar (2021).⁸ In addition, a synthesis of the evaluations of WHO's contribution at country level was also conducted in 2021.⁹ For the 2022-2023 biennium, evaluations of WHO's contribution at country level were proposed in nine countries, with others to be defined.¹⁰

Rationale

7. As part of the strategic shifts of WHO's Thirteenth General Programme of Work (GPW13)¹¹ and in line with the Transformation Agenda¹² objective to focus WHO's work on driving impact at country level, EVL undertakes evaluations of WHO's contribution at country level as independent exercises that contribute to enhancing public health impact in every country and achieving the triple billion goals. The 2022-2023 Organization-wide evaluation workplan clarifies that in the case of evaluations of WHO's contributions at country level, *"the need for organizational learning has acquired particular emphasis in light of the Organization's explicit commitment to achieving impact at country level – and to harnessing evidence in helping achieve such impact – in the Thirteenth General Programme of Work, 2019–2025"* and that such evaluations *"will focus on the outcomes/results achieved by the respective country office, as well as contributions through global and regional inputs in the country. In addition, the evaluations will aim to analyse the effectiveness of WHO programmes and initiatives in the country and assess their strategic relevance within the national context."*¹³

Objectives and expected use

8. The main purposes of the evaluations of WHO's contribution at country level are to: (a) enhance accountability for results; (b) strengthen organizational learning for informed decision-making processes, particularly in the design of new strategies and programmes in-country; (c) strengthen WHO efficiency and effectiveness to contribute to country-level programme impact; and (d) ensure that the lessons generated by evaluations of WHO's contribution at country level are utilized.
9. In order to ensure transparency as envisaged in the WHO Evaluation Policy and the UNEG norms and standards for evaluation, the reports of evaluations of WHO's contribution at country level will be made publicly available and summaries will be reported in the annual evaluation report to the WHO Executive Board.
10. Evaluations of WHO's contribution at country level are a unique opportunity to:
- assess the achievements against the objectives formulated in country-level strategic instruments and corresponding expected results developed in the WCO biennial workplans, while pointing out the challenges and opportunities for improvement.
 - support the WCO and partners when developing the next strategic instruments and refine WHO operational planning mechanisms, based on independent evidence of past successes, challenges and lessons learnt, provided that evaluations of WHO's contribution at country level are appropriately timed.

⁷ Previously called 'Country Office Evaluation' or 'Country Programme Evaluation', the title is now proposed to be changed to 'Evaluations of WHO's contribution at country level' to avoid confusion with country-led programmes.

⁸ <https://www.who.int/about/what-we-do/evaluation/corporate-evaluations/office-specific-evaluations>.

⁹ [https://www.who.int/publications/m/item/synthesis-of-who-country-programme-evaluations-\(2021\)](https://www.who.int/publications/m/item/synthesis-of-who-country-programme-evaluations-(2021)).

¹⁰ <https://www.who.int/about/what-we-do/evaluation/resources/evaluation-workplan-2022-2023>.

¹¹ World Health Organization. (2020). Thirteenth General Programme of Work (GPW13): methods for impact measurement, version

2.1. World Health Organization, available at: <https://apps.who.int/iris/handle/10665/341371>

¹² Document A72/48: The WHO transformation agenda, WHA72, 7 May 2019, available at:

https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_48-en.pdf.

¹³ Document EB150/35 Evaluation: update and proposed workplan for 2022–2023, available at:

https://apps.who.int/gb/ebwha/pdf_files/EB150/EB150_35-en.pdf.

- c. learn from the evaluation results at the three levels of the Organization. All programmes can benefit from knowing about their successes and challenges at global, regional and country levels. These can then usefully inform the development of future country, regional and global support through a systematic approach to organizational learning.
 - d. focus on the co-ownership of WHO programmes in countries by highlighting coordination between in-country stakeholders and the three levels of WHO.
11. From a WCO perspective, evaluations of WHO's contribution at country level present results, which can inform the preparation of their next multi-year CCS or operational plans (or other relevant strategic instruments); provide the WCO with strategic information to support resource mobilization; and strengthen WHO's position within the country's health architecture by building its credibility. This will maximise the use of the evaluation results by WHO at its three levels and by its partners in-country.
 12. Evaluations of WHO's contribution at country level can be complementary to other decentralized programmatic evaluations conducted at country level to ensure coverage across results as defined in WHO's programme and budget documents.

Scope

13. The scope covers the entire portfolio of WHO activities in a given country over the period of four to five years prior to the evaluation, as relevant. It also includes contributions from the relevant regional office (RO) and HQ in the country during the evaluation period.
14. Evaluations of WHO's contribution at country level will utilize relevant strategic instruments to guide the exercise, including but not limited to: CCS, Biennial Collaborative Agreements (BCAs), Memorandums of Understanding, and operational workplans. While the GPW and the CCS frame the strategic longer-term WCO positioning, the biennial programme budgets and WCO workplans clarify the planned results and resource allocations.
15. During operational planning, the main strategic documents inform the programmes to be prioritized, the planned results and resource allocations. These are clarified in the biennial WCO workplans,¹⁴ which will serve as reference documents to assess results achieved versus resources allocated over the evaluation period. It might be necessary to refer to the last 2 or 3 biennial WCO workplans to cover the period under evaluation (see below).
16. Similarly, the UNSDCF guides the entire programme cycle, driving planning, implementation, monitoring, reporting and evaluation of collective UN support for achieving the 2030 Sustainable Development Agenda. The UNSDCF determines and reflects the UN Development System's contributions in the country and shapes the configuration of UN assets required inside and outside the country, and the evaluations of WHO's contribution at country level will also take into account the contributions of WHO to the SDGs.
17. In comparison to other internal review processes, evaluations of WHO's contribution at country level provide an independent assessment, conducted with consultants external to the Organization or an independent evaluation group, as necessary. If an independent evaluation of the CCS has been conducted, then an evaluation of WHO's contribution at country level may not be necessary, and vice versa. In the event that a WCO opts for an evaluation of WHO's contribution at country level, this will replace the CCS final evaluation. The evaluation questions framing the evaluations of WHO's contribution at country level are mainly derived from the CCS guide as well as from the corporate Evaluation of WHO's Presence in Countries.¹⁵

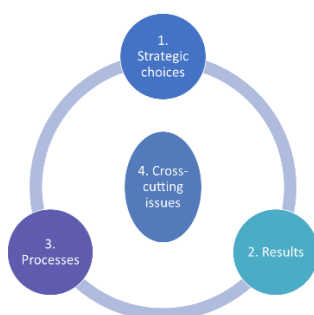
¹⁴ For further details see WHO Country Cooperation Strategy, Guide 2020: implementing the Thirteenth General Programme of Work for driving impact in every country, available at: <https://apps.who.int/iris/handle/10665/337755>.

¹⁵ Evaluation of WHO's Presence in Countries, 2016, available at: <https://www.who.int/publications/m/item/evaluation-of-who-s-presence-in-countries---report---2016>.

Proposed evaluative areas and questions

18. While evaluations of WHO's contribution at country level cover the entire country portfolio, they will not attempt to evaluate every component of the portfolio in isolation of the rest. The exercise will evaluate the portfolio as a whole and assess specific elements, such as coherence and prioritization. The evidence generated will mainly be used to demonstrate the results to stakeholders and to inform the development of subsequent CCS (or other strategic instruments), strategic priorities, expected results and envisaged processes.
19. High-level evaluation questions, as framed below, cover four evaluative areas as shown in Figure 1. These questions are not prescriptive and can be adapted to best fit each country's context and health priorities.

Figure 1: Evaluative areas



EQ1 - Were the strategic choices made in the relevant strategic instruments of WHO addressing the country's needs and coherent with government and partners priorities? (relevance/coherence)

This question assesses the strategic choices made by WHO at the design stage of relevant strategic instruments and their flexibility to adapt to changes in context. The evaluation sub-questions focus on the following elements:

- 1.1 Are the relevant strategic instruments based on a comprehensive health diagnostic of the entire population and on the country's health needs?
- 1.2 Are the relevant strategic instruments coherent with the country's National Health Plan and any other relevant strategies as well as the SDG targets relevant to the country?
- 1.3 Are the relevant strategic instruments coherent with relevant UN strategic frameworks? Are the key partners clear about WHO's role in the country?
- 1.4 Are the relevant strategic instruments coherent with the relevant WHO General Programme of Work and aligned with WHO's international commitments?
- 1.5 Has WHO learned from experience and changed its approach in view of evolving contexts (needs, priorities, etc.) during the course of the relevant strategic instruments?
- 1.6 Are the relevant strategic instruments strategically positioned when it comes to:
 - Clear identification of WHO's comparative advantage and clear strategy to maximise it and make a difference?
 - Capacity of WHO to position health priorities (based on needs analysis) in the national agenda and in those of the national partners in the health sector?
 - Specificities of the partnership between WHO and the Government of the country?

EQ2 - What is the contribution/added value of WHO towards addressing the country's health needs and priorities? (effectiveness/elements of impact/progress towards sustainability)

The evaluation sub-questions focus on the following elements:

- 2.1 To what extent were the biennial WCO workplans (operational during the evaluation period) based on the focus areas as defined in the relevant strategic instruments or as amended during course of implementation?
- 2.2 What were the main results achieved for each outcome, output and deliverable as defined in the biennial WCO workplans?
- 2.3 What has been the added value of regional and headquarters contributions to the achievement of results in-country?
- 2.4 What has been the contribution of WHO results to long-term changes in health status in-country?
- 2.5 Is there a national ownership of the results and capacities developed?
- 2.6 To what extent have interventions supported by WCO contributed to (or are likely to contribute to) a sustainably improved access to and use of quality services in WHO areas of focus?
- 2.7 To what extent will the net benefits (outputs & outcomes) of the WCO interventions continue (or are likely to continue) in the medium or long term after WHO support has ended?

EQ3 - How did WHO contribute to achieving the expected results? (efficiency)

The evaluation sub-questions mainly cover the contribution of the core functions, partnerships and allocation of resources (financial and staffing) to delivery of the expected results.

- 3.1 For each priority, what were the key core functions¹⁶ most used to achieve the results?
- 3.2 To what extent has WHO played its leadership and normative role, including coordination with other UN agencies to Deliver as One, particularly in the areas of potential overlap?
- 3.3 How did the strategic partnerships with ministries and other partners beyond the health sector contribute to the results achieved, including on SDGs?
- 3.4 How did the funding levels and their timeliness affect the results achieved?
- 3.5 Was the staffing adequate in view of the objectives to be achieved?
- 3.6 What were the monitoring mechanisms to inform the implementation of relevant strategic instruments and progress towards targets?
- 3.7 To what extent have the relevant strategic instruments been used to inform biennial WCO workplans, budget allocations and staffing?
- 3.8 What was the impact of COVID-19 on the results of the WCO and national planning?

EQ 4 - To what extent have WHO's interventions in the country reached all segments of the affected population, including the most vulnerable? (cross-cutting issues)

- 4.1 What overall level of coverage has been achieved through WHO interventions in the country?

¹⁶ **Core functions:** 1) Providing leadership and engaging in partnerships; 2) Shaping the research agenda, and simulating the generation transition & dissemination of knowledge; 3) Setting norms & standards and promoting implementation; 4) Articulating evidence-based policy options; 5) Providing technical support & building capacity; 6) Monitoring health situations & trends.

- 4.2 To what extent have WHO's interventions reached the most vulnerable groups (addressing cross-cutting issues such as disability, vulnerability, gender equality, equity, diversity, human rights-based approach, and environmental sustainability?)
- 4.3 What, if any, outstanding coverage gaps remain (e.g. in terms of geographical reach, specific sub-populations, and specific thematic areas)?

Country selection process and criteria

20. The Director of Evaluation at EVL undertakes a consultative process to identify and prioritize evaluations of WHO's contributions at country level. Five to six months prior to the beginning of each new biennium, the Director holds consultations with Regional Directors and Directors of Programme Management in each region to select countries for such evaluations, to be included in the biennial Organization-wide evaluation workplan. This will be followed by consultations with other relevant Departments and units at HQ, such as the Office of Internal Oversight Services, the Compliance, Risk Management and Ethics Office and the Department of Country Strategy and Support, to avoid any overlaps and also to explore possible collaborative work. Further, consultations will be held with the respective regional evaluation focal points and Country Support Unit (CSU) network to plan the evaluations. Finally, Heads of WCOs will also be consulted jointly with the respective Regional Offices.
21. The selection criteria to identify countries for evaluations of WHO's contribution at country level may include (not exhaustive):
 - a. Development/implementation stage of relevant country-level strategic instruments (CCS, BCAs, etc.): evaluation could add value if the strategic instruments such as CCS need updating in the coming year or two. If a country has just initiated a CCS, evaluation may not be appropriate, unless there are other compelling reasons.
 - b. Avoidance of overlap with other corporate exercises such as CCS final evaluations, integrated audits, programme and administrative reviews: evaluation may not be appropriate if any such exercise has taken place in the previous year.
 - c. Development/implementation stage of national initiatives and/or health planning policies: if a new national strategic initiative has been developed after the CCS was initiated, and the Head of WCO would like to rethink WHO's response at country level, evaluation could add value.
 - d. Representation and geographical balance across WHO regions: a balance of evaluations in different WHO regions needs to be kept in mind while planning the evaluations of WHO's contribution at country level.
 - e. WCO resourcing levels: if the funding at a country level has been substantial (regions to judge), evaluation could add value in ensuring accountability and learning.
 - f. Development and humanitarian contexts: if the humanitarian context in a country has been changing rapidly, evaluation could add value.
22. In the case of evaluations of WHO's contribution at country level in countries facing humanitarian crises, **in addition to this framework, evaluators should consider the Process Guidelines of the Inter-Agency Standing Committee**¹⁷ and apply humanitarian evaluation principles, evaluation questions and coordination-specific elements to the evaluation. These can include special methodological considerations given to gender and inclusiveness, as well as additional evaluation criteria, such as localization and coordination.

¹⁷ Inter-Agency Standing Committee, *Inter-Agency Humanitarian Evaluations Process Guidelines*, May 2018, available at: https://interagencystandingcommittee.org/system/files/iahe_guidelines_2018.pdf.

Approach

23. The evaluation team will **develop a rigorous and transparent methodology** to address the evaluation questions in a way that serves the dual objectives of accountability and learning. It will:
- a. Adapt the **theory of change** (TOC) that was developed for the evaluation of WHO's presence in countries. The TOC to frame the evaluations of WHO's contribution at country level will:
 - i) describe the relationship between the strategic priorities of the main strategic documents, the focus areas and the activities and budgets as envisaged in the biennial WCO workplans;
 - ii) clarify the linkages with the GPW and programme budgets; and iii) identify the main assumptions underlying it. The TOC should be tailored to country context and specificities.
 - b. Develop and apply **an evaluation matrix**¹⁸ geared towards addressing the key evaluation questions, considering the data availability challenges, the budget and timing constraints.
 - c. Follow the principles set forth in the WHO *Evaluation Practice Handbook*, the UNEG **norms and standards for evaluation**, and its **ethical guidelines**.
 - d. Adhere to WHO cross-cutting strategies on **gender, equity, ethnic minorities, disability, and human rights** and include to the extent possible disaggregated data and information.
 - e. Using the UN System-wide Action Plan accountability framework or a relevant evaluation framework, integrate gender, equity, human rights, ethnic minorities and disability considerations into evaluation objectives, processes, and methods to assess how strategies help advance the rights of vulnerable populations.
24. The methodology should demonstrate impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach to ensure triangulation of information through a variety of means.

Management

25. In principle, evaluations of WHO's contribution at country level are **commissioned and managed jointly by respective ROs and EVL** in close collaboration with the CSU network and relevant regional networks.
26. The Evaluation Manager is responsible for managing the entire process of evaluation, including drafting Terms of Reference (TOR), monitoring progress, and facilitating the evaluation. EVL recognizes that capacities at the ROs to manage independent evaluations vary, and where necessary, EVL will manage these evaluations in close consultation with the relevant RO and the CSU network. EVL will also facilitate the identification of independent consultants and provide quality assurance, as necessary.
27. The ROs and EVL establish a joint **Evaluation Management Group (EMG)**, in which the RO Evaluation Manager normally takes a lead role, however EVL also can take lead role upon request from the RO. The joint EMG may include 4 to 6 members, including a focal point from EVL, a regional evaluation focal point, a focal point from the CSU network, and any other relevant units at HQ or in the relevant RO. The EMG is responsible for providing advice on the management of the evaluation and quality of the key deliverables, such as the inception report and the draft evaluation report
28. The Evaluation Manager may also decide to formally or informally establish an **Evaluation Reference Group (ERG)** (10 to 15 members, involving technical focal points from relevant units at HQ/RO/WCO level, and focal points from the Ministry of Health). The ERG is responsible for fact-

¹⁸ An **Evaluation Matrix** is an organizing tool to help plan for the conduct of an evaluation. It is prepared by the evaluation team during the design phase of the evaluation, and is then used throughout the data collection, analysis and report writing phases. The Evaluation Matrix forms the main analytical framework for the evaluation. It reflects the key evaluation questions and sub-questions to be answered and helps the team consider the most appropriate and feasible method to collect data for answering each question. It guides analysis and ensures that all data collected is analysed, triangulated and used to answer the evaluation questions, and make conclusions and recommendations.

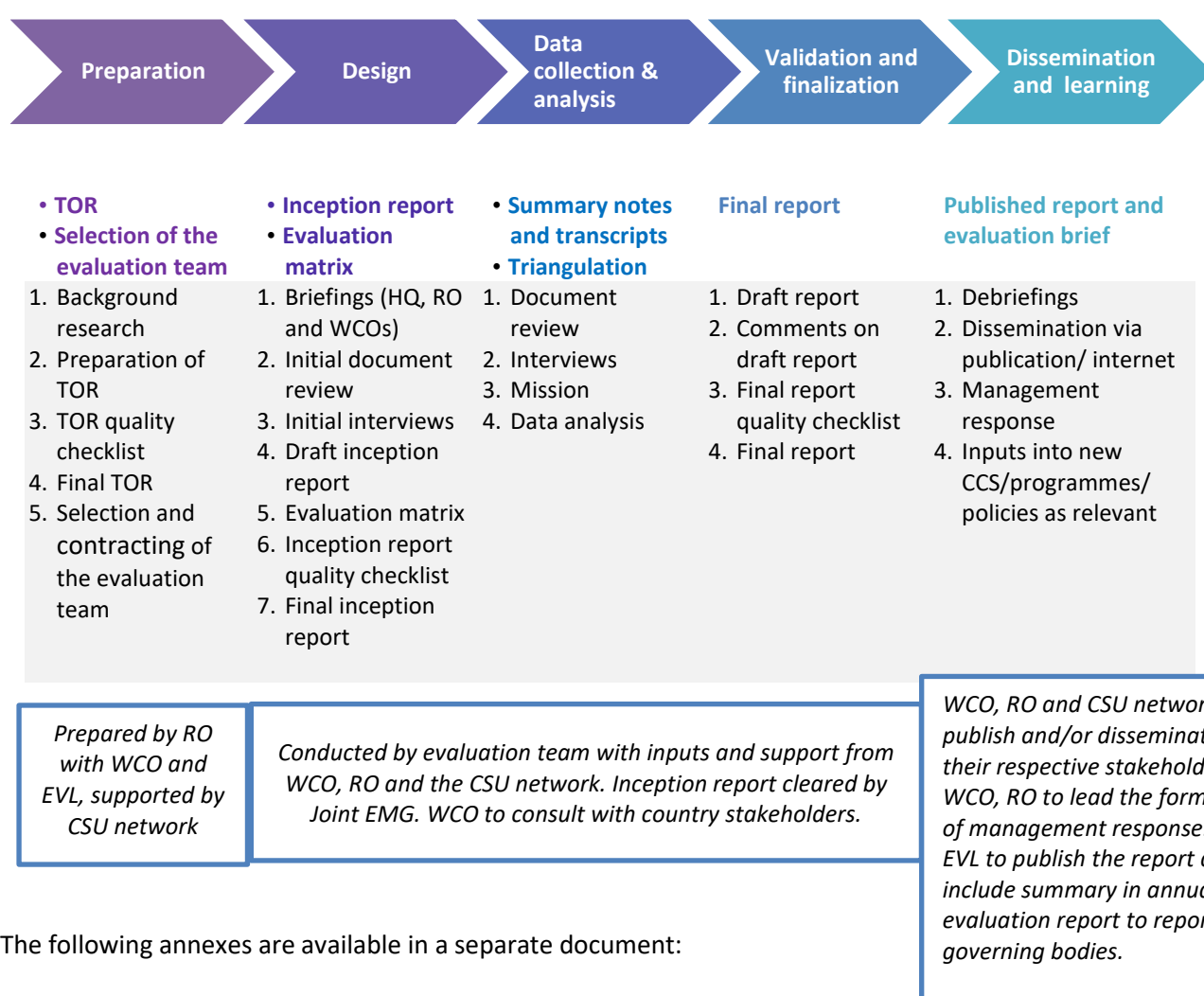
checking the key deliverables and providing perspectives from technical units across the three levels of the Organization.

Timeline

29. The evaluation team should develop a workplan to be shared with the Evaluation Manager. This workplan should include an expected timeline and provide the sequence of main activities and deliverables, from the design phase to the submission of the final evaluation report.

Evaluation phases

Figure 2: Overview of phases and subsequent steps



The following annexes are available in a separate document:

Annex 1: Template for Terms of Reference

Annex 2: Template for Inception Report

Annex 3: Template for Evaluation Report

Annex 4: Sample Theory of Change

Annex 5: Sample Evaluation Workplan

Annex 6: Notes on different phases of the evaluation

= = =