

**EVALUATION IN THE
PAN AMERICAN HEALTH ORGANIZATION**

**Office of the Assistant Director
Washington, D.C.
August 1991**

EVALUATION IN THE PAN AMERICAN HEALTH ORGANIZATION

	Page
Introduction	(i)
The Evaluation Process	1
. Elements for Evaluation	2
. Reasons for Evaluating	4
. Procedures for Evaluation	4
. Types of Evaluation	5
Evaluation in PAHO	7
. Rationale	7
. Policy Bases	8
Evaluation Practices in PAHO	11
. Evaluating the Strategies Towards the Goal of Health for All (HFA/2000) . .	11
. American Region Programming and Evaluation System (AMPES)	12
- Evaluation of the Regional Programs	12
- Evaluation of the Country Programs	13
. Joint Evaluation of the Country Technical Cooperation Programs	14
. Evaluation of Administrative Procedures	15
. Personnel Evaluation	16
. Evaluation of the Secretariat	17
. Project Evaluation	17
Conclusion	18

INTRODUCTION

In October 1988, the Pan American Health Organization (PAHO) held an internal technical meeting designed to gather ideas and suggestions regarding the organization's evaluation practices. For the most part, the discussions during the meeting centered on the definition and analysis of the delivery of technical cooperation to the health sectors of the Member Countries. The technical meeting demonstrated a continuing interest on the part of PAHO managers to develop and improve the capability of the organization to evaluate the delivery of technical cooperation. The purpose of this paper is to stimulate further discussions with the aim of arriving at a basic evaluation policy for PAHO. The basic ideas for this paper were drawn from a variety of sources including the above-mentioned technical meeting, PAHO and WHO manuals and past experiences in evaluation. The major focus of the paper is on the evaluation of the PAHO operations which deliver and support the delivery of technical cooperation to the Member Governments.

THE EVALUATION PROCESS

Evaluation is the process by which an organization, using a variety of techniques, seeks to determine as systematically and objectively as possible the extent to which the measured accomplishments of work in progress or of work completed satisfy the original objectives and to reveal the reasons for any significant deviation. To be effective as a managerial process evaluation must also provide value judgements about the merits of the work areas selected and the relative contributions resulting from the work. The basis for evaluation is a critical analysis of the development and execution of work programs which stresses relevance, efficiency, and effectiveness. Evaluation provides information about performance so that corrective action can be taken modifying current programs or introducing new ones.

Evaluation is a systematic way of learning from experience and using the lessons learned to improve performance in ongoing activities and improve planning for future activities. The results of evaluation must guide the allocation of resources in reprogramming actions. It is essential to link the evaluation process closely to decision-making at both the policy and the operational levels. The process of carrying out an evaluation can be just as important as the results obtained, since involvement in the evaluation process produces a better understanding of the program under review and can bring about a more constructive approach to carrying out program's activities.

In the case of work already in progress, evaluation is designed to determine whether the work is moving towards its established objectives on schedule. If problems are uncovered the evaluation should result in recommendations to redirect or even to terminate the work, depending on the demands of the situation. Evaluation of work in progress contributes to the efficiency of the organization by providing managers with information required to redirect or concentrate resources.

In the case of completed work, the evaluation is intended to determine the extent to which the objectives were actually achieved; where efforts were wasted and where they were fruitful; and the causes of success or failure. The evaluation of completed work helps to identify what should be done and what should be avoided in the future. Thus, while evaluation can identify problem areas which need to be addressed, it can also provide lessons from well run programs which can be used throughout the organization.

It is useful to distinguish between evaluation and monitoring. Although evaluation and monitoring have different functions, they are related and form parts of a continuum. The functions of monitoring are: to track or detect changes in on-going work; to determine how the actual delivery rate compares with the commitments and expected results set out at the beginning; and to provide explanations for low levels of execution or other departures from commitments and expected results. Contrary to evaluation which requires that value judgments be made; the primary function of monitoring is to report on the actual status of the work in process. Evaluation is greatly enhanced by the information provided by monitoring reports prepared during program execution.

Another related function which contributes to the evaluation process is auditing which seeks primarily to determine whether financial transactions are in compliance with all pertinent rules and regulations. Auditing may also undertake independent reviews of the effectiveness of internal controls dealing with such issues as reliability of data, compliance with policies and procedures and safeguarding of assets.

Evaluation is difficult in any field, but it is particularly problematic in the social areas such as health where quantifiable objectives are not always feasible. Furthermore, as in the other social sectors, changes in health may well be caused by events outside the health sector, making evaluation of effectiveness and impact of health programs much more difficult. The difficulty in evaluation in health programs is compounded for a technical cooperation agency such as PAHO which is not directly involved in the delivery of the services which impact on the health of the population being served. This will be described in more detail later, suffice it to say that PAHO interventions focus mainly on managerial processes and it is difficult to ascribe changes in health status to any particular intervention. Another difficulty in evaluating PAHO efforts is the fact that its technical cooperation activities are usually continuous, without a definitive beginning or a definite end, thus there is not the tradition of programmatic evaluation in which a discrete set of activities within a project framework are carried out in a specific time frame and with defined targets. These difficulties do not diminish the need for evaluation in the health sector or in agencies dedicated to technical cooperation in health. Quite to the contrary, even more attention must be given to developing appropriate indicators and, to the extent possible, seeking quantifiable data to support decisions which must be made.

In summary, evaluation must be included in the planning and executing activities of an organization. During planning, evaluation should emphasize relevance, probability of success, development of indicators and criteria and potential benefactors. During execution, evaluation should emphasize efficiency and effectiveness. At the completion of the planned activities, evaluation should emphasize effectiveness and results.

Elements for Evaluation

The main elements for establishing an evaluation process are defined below to provide a consistent framework for the discussion presented in this paper. These words and phrases are often used in management literature and their meanings are those which are generally accepted.

Relevance. Relevance deals with the reasons for adopting particular policies or selecting particular programs and projects. A national policy or program may be said to be relevant if it meets one or more of these conditions: Does it promote or increase capacity in a priority area? Is the problem to be solved urgent? Is the potential/actual impact great? and is the pay-off significant?

Probability of success. Among the most critical factors in rating probability of success are: Is the problem well analyzed? To what extent is the problem solvable given current technological, economic and social conditions? Do funds, leadership and technical

capabilities exist to support the effort? Does the effort enhance institutional status? and what is the technical quality of the output?

Efficiency. Efficiency expresses the relationship between the results obtained from a program and the effort expended. It defines the relationship between outputs and inputs. The assessment of efficiency focusses on the process of delivery of the goods or services contemplated in the objectives.

Effectiveness. Effectiveness measures the degree of attainment of the program or project objectives; it is the expression of the extent to which the actions taken resulted in resolving a problem or improving an unsatisfactory situation. A qualitative analysis on the usefulness of the achievements must be performed and, where feasible, the degree of attainment should be quantified to facilitate comparison and analysis. The expected results and appropriate indicators, as well as the procedures for program execution, must have been clearly stated at the beginning so that it is possible to compare actual performance with planned performance.

Outcome. Outcome is an expression of the overall effect of a program, service or institution on health status, the national health system or related socio-economic development. Some have called the overall effect the gross outcome and that part of the change which can be attributed to a specific intervention is called the net outcome for that intervention.

Indicators. Indicators are evaluation tools which measure change and are critical to both monitoring and evaluating. When selecting indicators the most important criteria to be applied are; validity, reliability, sensitivity and specificity. Validity means that the indicator actually measures what it is purported to measure. Reliability is the extent to which repeated trials or applications yield the same results. Sensitivity means that the indicator will be responsive to changes. Specificity means that the indicator measures only those changes dealing with the situation or phenomenon concerned.

Criteria. Criteria are standards by which the success of an intervention may be measured. Criteria may be technical or social. A technical criterion for guaranteeing safe water might be a technical standard for water purity; whereas, a social criterion for guaranteeing a continuous water supply might be a community organization. In cases where health activities have no suitable indicators, criteria may be developed which will guide the evaluation process.

Reasons for Evaluating

There are four principal reasons for evaluating. Most important is the opportunity to express judgements about the value of work being planned, in process or completed. The process for expressing judgements is an important factor in improving the organizations' managerial processes and systems. If evaluation is not carried out systematically and the results are not given due consideration in planning future programming, organizations lose an important opportunity for increasing productivity.

Second, without evaluation the managerial process is incomplete. Management may be seen as a fundamentally cyclical process which includes planning, programming, executing, and evaluating with the results of evaluation being fed back into planning. Skipping over or slighting any of these seriously impedes the organization in its quest to fully maximize its resources.

Third, evaluation is usually required by sponsors. Indeed, sponsors often motivate those receiving support to evaluate the results of their efforts far beyond their normal inclination. Generally speaking, sponsors seek assurances that their resources are being put to good use and are achieving the desired ends.

Fourth, in publicly funded agencies, the need for programmatic and resource accountability provides yet another rationale for evaluation. Legislative, executive and other public agencies have a legitimate need to know that public monies have been used effectively and efficiently for public purposes.

Procedures for Evaluation

Ideally, before any evaluation is begun there are certain conditions which should be met to ensure evaluability:

- the mission of the organization or unit to be evaluated must be well understood;
- the objectives and expected results must be well defined and supportive of the mission;
- the procedures for execution should be well developed and widely understood within the organization;
- in the case of new activities the objectives must be feasible and probability of success should be high;
- the evaluation's intended uses must be well defined; and

the decision should have been made by management that the results of the evaluation will be used in the managerial process.

To expedite evaluation, these basic steps should be followed during planning: 1) define the goals or objectives; 2) translate the goals into specific targets which by definition include the expected results; 3) establish indicators (or criteria) of achievement for the expected results; 4) establish and/or review the procedures for execution; 5) determine the evaluation methods to be used; and 6) set up data collection and data analysis procedures for the indicators selected. Evaluation should focus on efficiency in that it records whether or not the planned activities were carried out and whether the resources expended were used optimally. More importantly evaluation should be aimed at determining whether the intervention was effective and the level of results attained.

Types of Evaluation

It is generally accepted that, in social programs, there are two types of evaluation; process and outcome. Process evaluation examines the operational aspects of the program being carried out such as planning and programming, execution of the activities, financial management, timeliness and the attainment of short and mid-term results. Process evaluation occurs while the program is underway, therefore, results can be fed back into the operation of the program. It is focussed on the efficient use of resources and the extent to which the planned activities have been carried out. Most PAHO evaluation falls under this heading.

Outcome evaluation seeks to establish and measure the effects which the program has produced relative to the program goals and objectives. Outcome evaluation is especially thorny in the social sectors where it is difficult to establish causality. The definition of indicators during planning and programming is critical. Another critical aspect of outcome evaluation is the availability of data. In many social programs evaluation has not been feasible because data collection would have been too costly. The greatest challenge to outcome evaluation is the attribution of the effect of a particular intervention to any one of several or more interventions which may have played a part.

In summary, in the evaluation process, determining effectiveness or outcome is highly dependent on the careful selection of appropriate indicators and criteria. A critical attribute of indicators and criteria is the availability of data. In many instances satisfactory evaluation is impossible because data collection is too costly or cumbersome. Evaluating effectiveness is easier where the evaluation focuses on a specific intervention which had a known effect. The ultimate indicator in evaluating health programs is the health status in the targeted area. Unfortunately this may well be the most difficult indicator to use in showing the effectiveness of a particular intervention. Measuring effectiveness or outcome may be impeded by the difficulty of determining causality and therefore evaluation often depends on the ability of the evaluators to establish whether the work completed produced more of an effect than would have

occurred in its absence. Often, the best that can be done is a value judgment by competent technical people as to the portion of the achieved results (net outcome) which are attributable to the activities associated with the work completed.

While evaluation is a continuing or even continuous process, the results of the program or project must be summarized and reported at specified times or intervals. Many organizations assess objectives, achievements and resources consumed on an annual basis. To assess effectiveness, longer time frames are generally required; this is especially true in complex social areas such as the health sector.

EVALUATION IN PAHO

Rationale

The rationale for evaluation in PAHO stems from its characteristics as an international or rather intergovernmental organization dedicated to technical cooperation in health. In this context the focus of attention here is on the Secretariat and its technical cooperation program, and less mention is made of the Member Countries. Evaluation of the outcome or results of the PAHO technical cooperation program is focussed primarily on the national processes for health program development and execution. Much less attention is necessarily focussed on the effect which the technical cooperation program may have on the health status of the national population because of the obvious fact that improvements in national health systems and services are only achieved through the coordinated efforts of many actors. PAHO's technical cooperation program would be just one of these actors.

The imperative that organizations supported by public funds show themselves to be fiscally and programmatically responsible is only underscored by the reality of scarce resources. There are well accepted methods of assuring proper fiscal control, but these budgeting and accounting processes stress the financial inputs and their control. It is equally important that the same rigor applied to fiscal control be applied to determining whether programs supported by funds entrusted to public officials are optimally productive and contributory to the solution of priority public problems. In addition to having adequate procedures, PAHO should have the results of evaluation readily accessible to its constituency and the process should be one which the Member Countries understand and trust. Another reality of the scarcity of resources is that PAHO is called upon to be more productive and increase output with the same or less resources. This can best be done if there are well established evaluation procedures in place.

The technical cooperation in the member countries comprises PAHO efforts to collaborate with them to improve their own health services and health systems. Although PAHO's technical cooperation can be reviewed as a whole, it is conveniently divided into that delivered through the country programs and that delivered through the regional programs. The regional programs, including the PAHO Centers, support the country programs and at the same time are responsible for implementing the regional mandates as approved by the Governing Bodies. It has been found useful to develop different approaches to the evaluation of the technical cooperation in these two instances.

Every effort is made to keep the focus of PAHO evaluation efforts on the need to improve the delivery of technical cooperation thereby avoiding the danger that evaluation become an end in itself. Further, a special evaluation unit has not been identified, but rather, responsibility for evaluation is distributed among those units which must also carry out the planning, programming and implementing activities of PAHO's technical cooperation program. It should also be noted that most of the evaluation activities covered within the scope of this

paper are those for which PAHO has direct responsibility. The only exception would be the evaluation of the strategies for HFA/2000 for which PAHO has a facilitating responsibility. In this case the Member Countries are directly responsible for the evaluation of their own results. While PAHO may be invited to participate in evaluations of national programs, such an evaluation would fall outside PAHO's managerial mandate and be considered a technical cooperation activity. In the joint evaluation process described below the focus is on the PAHO technical cooperation program not on any national program or activity.

Policy Bases

Evaluation has been attracting increasing attention within the agencies in the United Nations (UN). During 1982 the UN General Assembly adopted Regulations and Rules governing the programming and planning aspects of the budget, the monitoring of implementation and the methods of evaluation. In 1985 a Central Evaluation Unit was established and guidelines were prepared to assist program managers in conducting self evaluations. In 1986, this Unit published the "Evaluation Manual of the United Nations" which sets out some basic concepts on evaluation, describes the UN internal evaluation system and defines the study design which program managers should use in self-evaluation.

More recently the Joint Inspection Unit prepared a report describing the project evaluation systems in use in the UN, principally UNDP, but the experience of agencies such as FAO, UNIDO, UNESCO, UNICEF and UNHCR was also examined. The report traces very briefly the development of evaluation in the UN which initially began with surveys and later developed in consonance with the interest and methodological maturity of the main member countries. It is clear that no single set of rules will guide evaluation in every agency even though the UNDP guidelines, as the report states, "See fit to derive a logic from the universality of rules governing multilateral aid operations, as well as a correlative practice of applying standard procedures for evaluation". It is clear however, that there will be increasing call in the UN for evaluations and it behooves all agencies to be attentive to this growing demand.

The Global Strategy for Health for All by the Year 2000 (HFA, 2000) emphasizes monitoring and evaluation as critical to the success of the World Health Organization (WHO) attempts to establish the Health for All program. The guiding principles recommend that: 1) evaluation should be seen as a systematic way of learning from experience; 2) while quantified objectives and results are preferable it may, in some cases, be necessary to apply qualitative judgements which would of necessity be supported by quantified information; 3) health program evaluation must be seen as a part of the managerial process for building up the health system; 4) the individuals and groups responsible for the development and application of the managerial process at the various policy and operational levels must also be involved in the evaluation activities; 5) the main components of the evaluation process should include relevance of policies and programs, adequacy of programming, monitoring and operational control of ongoing

activities; 6) specific measures for efficiency, effectiveness and outcome be used; 7) indicators and criteria be used as aids to evaluation; and 8) evaluation be based on valid, relevant and sensitive information. The "Health Program Evaluation" document published by WHO in 1981 as a part of the Health for All Series listed five kinds of indicators relevant to health programs: 1) health policy indicators, 2) social and economic indicators, 3) health care indicators, 4) primary health care coverage indicators, and 5) health status indicators.

WHO also published in 1981 a document entitled "Development of Indicators for Monitoring Progress Towards Health for All by the Year 2000" which provides additional guidelines. The guidelines give particular emphasis to the information requirements for indicators; i.e. primary sources of data, alternative methods for data collection and the necessary analysis. Perhaps the most important criterion for selecting indicators is the feasibility of gathering the data, this includes technical, financial and political feasibility. The most difficult task is likely to be the gathering of adequate data at the community level where it matters most.

PAHO, in its Plan of Action for the Implementation of Regional Strategies (PAHO, 1982); Basic Principles for Action of the Pan American Health Organization, 1987-1990 (PAHO, 1987); and Strategic Orientations and Program Priorities for the Pan American Health Organization, 1991-1994 (PAHO, 1990) affirms that all technical and administrative activities should be monitored and evaluated. The Plan of Action calls for a two-level monitoring and evaluation process. At the regional level PAHO would develop an evaluation process based on indicators mandated by the Governing Bodies. Each country was to develop a process for evaluating its own national efforts towards HFA/2000. No clear indication was given of the evaluation procedures which the Secretariat should use. The Basic Principles contains two major segments: Orientation and Program Priorities for PAHO During the Quadrennium 1987-1990 and the Managerial Strategy for the Optimal Use of PAHO/WHO Resources in Direct Support of Member Countries. The Managerial Strategy speaks specifically to the evaluation issue. It states that the PAHO will continue to utilize the AMPES as the key managerial tool for programming technical cooperation. The managerial strategy devotes a section to monitoring and evaluation and states that these activities will occur at both country office and headquarter levels and concludes that monitoring and evaluation of PAHO activities constitutes a permanent task. The results of the evaluation are to form the basis for defining the overall program of technical cooperation. In addition, evaluation of the Secretariat is to include specific activities focused on technical and administrative activities at the regional level and on individual personnel performance.

The Member Countries of PAHO, upon adopting the Managerial Strategy, also decided that the Secretariat should develop a process for evaluating technical cooperation delivered by the country offices. Evaluation at this level makes it possible to better understand the national health situation, the national health priorities and the needs for technical cooperation. The Member Countries indicated that evaluations should be based on the annual review of technical cooperation which is carried out jointly by the country and PAHO in preparing the BPB, APB

and on the continuous dialogue which the PAHO/WHO Representative (PWR) maintains with the national health authorities. The Orientation and Program Priorities for 1987-1990 further state that evaluation at the country level is to be based on an established process carried out jointly by national authorities and PAHO staff to assess the technical cooperation contributed by PAHO to national programs. Evaluation is not to be an isolated activity; rather, it is to be integrated into the managerial process and play a fundamental role in strengthening the dialogue between the national authorities and PAHO.

The Strategic Orientations and Program Priorities (SOPP) for the quadrennium 1991-1994 represents a progression and at the same time a continuity with the similar document for 1987-1990. It addresses the organizational imperative to evaluate its activities in order to maximize the use of resources, ensure adherence to norms and procedures and achieve program goals. The strategic orientations are more in the nature of processes to be followed and appear to be more difficult to evaluate than the program priorities. But the important point to be made is that there may be two levels of evaluation of the progress made in the SOPP. It may be feasible to determine the extent to which the orientations as well as the priorities found expression in the program of technical cooperation. At a second level it is absolutely necessary that these technical cooperation programs have the internal logic and sequence which will be demanded by the AMPES and therefore should be readily evaluable with the periodicity demanded by the system or requested otherwise.

EVALUATION PRACTICES IN PAHO

It will be clear from the description of evaluation practices which follows that PAHO focusses mainly on evaluation of its operational aspects. Policy analysis and evaluation is yet another field which could provide an important dividend to assist decision making in the organization. However, to date policy evaluation has been only sporadic. Another aspect of PAHO evaluation practices is that the emphasis is on process rather than outcome. As the organization's ability to define goals and measurable expected results and indicators improves it may well be able to move more and more into the area of outcome evaluation, although this will always be made difficult by the problems of associating specific outcomes with specific interventions, an issue which pervades evaluation in health and other social sectors.

The design of evaluation procedures must also consider the various time frames which govern PAHO's programming and budgeting activities. In addition to the four-month, annual and biennial time frames mentioned below, the SOPP covers a period of four years and the WHO general work programs cover six years. Special programs such as HFA/2000, the clean water decade, disease eradication or vaccination campaigns may have their own specific time frames.

Evaluating the Strategies Towards the Goal of Health for All (HFA/2000)

Subsequent to Alma Ata it became obvious that it was necessary to have some system of monitoring and evaluating progress towards HFA/2000. The Plan of Action for implementing the global HFA/2000 strategies called on Member States to monitor progress in implementing the strategy every two years and to evaluate its effectiveness every six years. The Seventh Report on the world health situation for the period 1978-1984 was the first report on this evaluation and was based on a common framework and format which was developed to assist the countries in the collection and analysis of their data. These first evaluation and monitoring exercises have brought into sharp focus the weakness which exists at the national level in the collection and analysis of data within and outside of the health sector. The common framework and format has been modified in 1990 and again provides indicators which countries might use. A minimum set of global indicators has been selected which all countries will use and which, when consolidated, will permit definition and analysis of trends. Each country may of course use additional indicators which can express more clearly and precisely its peculiar situation.

The HFA/2000 evaluation process was designed so that Member States could integrate it into their managerial process for national health development. In practice it has proved difficult to convince Member States that the exercise should be useful in determining trends in the health sector and monitoring in some objective way the changes in health status of the population and documenting at the same time the other process which may have influence on that status.

American Region Programming and Evaluation System (AMPES)

The introduction of PAHO's system of programming and evaluation as the basis for defining the organization's work demonstrates a commitment to evaluation. The specific AMPES instruments relevant to evaluation are: the Biennial Program Budget (BPB) which defines the priorities for technical cooperation and general strategies for technical cooperation; the Annual Program Budget (APB) which, in light of the priorities for technical cooperation, specifies the strategy for delivering technical cooperation, expected results, activities and resources for the operating year; and the Work Plan (PTC) which schedules specific tasks and resources necessary for executing the program for a period of four months. Within the AMPES two major evaluation processes are carried out: evaluation of regional programs and evaluation of country programs. While PAHO has developed extensively instruments and instructions for programming, the evaluation procedures of the organization are not fully developed. However significant progress has been made in the areas described below.

Evaluation of the Regional Programs. The evaluation of the regional programs is carried out annually and is linked to the preparation of the APB for the following year. The evaluation exercise is based on data which are normally available in the standard internal data bases; focussed primarily on the delivery of technical cooperation, which is the aspect which can be most easily defined; and predominantly quantitative, although increasingly it has been possible to present even process data in a qualitative manner.

The evaluation is based on an analysis of the current policies of the organization as specified by the resolutions and decisions of the Governing Bodies. The process also takes into specific account the priorities established in the SOPP and the current BPB. An analysis of the technical cooperation is carried out focussing on quality and quantity. The quality analysis is focussed on indicators for structure, indicators for process and indicators for outcome. While the quantity analysis looks at indicators of availability and indicators of use. The technical cooperation activities are classified as to their functional approach; i.e., resource mobilization; information dissemination; development of norms, plans and policies; training; research promotion and direct technical consultancy.

There has been some disquiet over the practice of self evaluation of the regional programs, but experience has shown several positive aspects of the process. First, the requirements for a unit to analyze its work and make a judgment as a group provides an opportunity for intragroup participation and reflection which is not usually present otherwise. Second, although the analysis is done by the actors, there is criticism and comment by the Director's Advisory Committee members, and the fact that resource allocation is often linked to the evaluation findings, strengthens the value of the process. Finally, the description of the years activities and the judgement made on them can be shared with a wide audience this contributes to the patency which is an indispensable feature of responsible public organizations.

The weakness of the process lies in the following:

- the non standard approach often makes it difficult to make comparisons across programs.
- it is only loosely linked with the other components of the AMPES. A goal for the future development of AMPES should be the provision not only of the instruments to provide information for the data base, but also to guide the evaluation mechanism and link it functionally with the planning and programming process.
- lack of methodological rigor in the programming process. Non observance of the linear logic which should guide the system from definition of priorities to establishing targets or expected results with appropriate indicators linked to appropriate activities make it difficult to carry out genuine evaluation as opposed to a general appraisal.

Evaluation of the Country Programs. The formulation of the annual technical cooperation program in the country, or APB, is really an adjustment of the BPB for the purpose of concentrating resources in areas of high priority and defining a manageable number of projects that can achieve the greatest possible effect on the processes of national health development. The definition of expected results in the BPB and APB establish a basis for comparing actual performance against planned activities. Both are prepared in close consultation with national health authorities. Preparation of the APB provides an opportunity for an informal evaluation of the effectiveness of the technical cooperation program for the current year which is translated into the technical cooperation program for the next year. The APB is then prepared in the form of a program proposal and sent to headquarters where a formal review is carried out.

The coordinators of the technical units produce summary reports on the country APB proposals for the program categories under their responsibility. Simultaneously a program analysis and review is conducted focussing on the relevance of the global strategy of cooperation, the definition of the expected results, and their relationship to national priorities for technical cooperation, as well as the relevance of the activities planned for the achievement of the results and the appropriateness of the resources requested. In addition, an analysis is made in which the APB is compared to the BPB and the SOPP. These analyses serve as a basis for the decision-making within the Director's Advisory Committee. Finally, the Director and his Advisory Committee (DAC) will meet to hold a final round for review of the country APBs.

During the year it may be necessary to make some programmatic adjustments in the APB to reflect changing circumstances or refinements in the program. Such adjustments should be solidly justified and based on discussions with national authorities. This too provides an

opportunity to assess the relevance of the technical cooperation program and the extent to which national needs are being met.

The country offices prepare analytical progress reports every four months on the delivery of technical cooperation which serve to monitor progress in the projects. The reports also facilitate the analysis of the execution of the program. The preparation of these reports is linked to the PTCs since the analysis of execution of the previous PTC provides the elements for the programming of tasks to be carried out during the following period. The reports consist of two segments. First, an analytical report on the general situation in the country that affects the delivery of technical cooperation. This segment includes an analysis of political, social, economic, or sectoral changes that have resulted from changes in national priorities and their implications for the Global Strategy of Cooperation. Second, a progress report by project. This segment includes an indication of the degree of accomplishment of the expected results with respect to the indicators proposed in APB; an analysis of the degree of implementation of the activities and how they are contributing to the achievement of the expected results; and a brief summary of the resources used. The progress reports serve as the basis for the preparation of the Annual Report of the Director which gives a complete picture of the results achieved through the execution of the country program of technical cooperation and is completed during the same time frame when the APB for the following year is being generated.

Joint Evaluation of the Country Technical Cooperation Programs

The joint evaluation, involving both PAHO and national health authorities is to be done every two years and permits a thorough evaluation of technical cooperation at the country level. The main purpose for the joint evaluation is to analyze the national health situation and the health services system and review trends in technical cooperation and, in light of these and the priorities for technical cooperation, adjust PAHO's program of technical cooperation to ensure its relevance, efficiency and effectiveness. The joint evaluation of technical cooperation in the countries is an adjunct to the ongoing dialogue between the country and different levels within the Secretariat. The joint evaluation is divided in three main phases, namely: preparatory, the joint meeting, and follow-up.

In the preparatory phase, national health sector staff selected by the Ministry and the country office staff jointly prepare a country analysis which looks at the national health situation and the health services system. In addition, a team comprising nationals and PAHO staff is organized to analyze the technical cooperation delivered over the previous four years. The team is led by a coordinator, usually a national, and produces a report analyzing the technical cooperation and recommending future technical cooperation in light of the national health situation and national priorities. The technical cooperation analysis produced by the team is the primary focus of the joint meeting. The analysis highlights the functional orientation of the technical cooperation, i.e., the mobilization of resources within the country, among countries,

and from sources outside the country; the dissemination of scientific and technical information; the training of personnel; the generation of norms, plans and policies; and promotion and support for research. The analysis also highlights the instruments of technical cooperation, including: fellowships; courses and seminars; grants; supplies; equipment; and the various types of consultant services. The analysis also addresses the timeliness of delivery; the contribution of PAHO regional programs and centers; and the adequacy of the country office staffing profile relative to the national priorities for technical cooperation.

The country office completes an assessment prior to the joint meeting. This assessment forms the basis for preparing the country office to better respond to the national priorities for technical cooperation. The assessment centers on the actions that the country office carries out in the performance of its political, technical, and administrative functions. Constraints are identified and solutions proposed. The country office assessment recommends the lines of action necessary to provide adequate political and administrative support to the delivery of technical cooperation and further develop and improve the country office.

The joint meeting phase features close collaboration with top level national officials from the health sector to review the national health situation and work sessions in which PAHO staff and national officials review the analytical documents and make recommendations for improving technical cooperation. The findings and recommendations for action from the working groups are presented in a final report prepared jointly by national and PAHO staff. After approval by the Minister and the Director the report forms the basis for modification and/or preparation of BPBs and APBs. Follow-up on the actions agreed to in the joint meeting is the responsibility of the national authorities, the PAHO country staff, and the technical and administrative units at PAHO headquarters and the results of the evaluation are used to formulate or update the APBs.

A joint evaluation is to be conducted approximately every two years in each country. The selection of the country and the date of the meeting is decided by mutual agreement between PAHO and the national authorities.

Evaluation of Administrative Procedures

There are well established audit procedures which are used to assess PAHO's financial practices. The PAHO internal audit function is focussed primarily on field operations due to the extensive decentralization which PAHO has experienced in recent years. The external audits have focussed more on operations at headquarters. There have been a number of joint audits, involving coordinated efforts by the internal and external auditors, which have focussed on some of the larger field operations. In addition, in the case of the financial and budgetary processes of the Organization, a thorough evaluation of requirements, procedures and outputs was conducted by outside firms. These evaluations have lead to major improvements which are still

being implemented and should have a profound impact on the efficiency of the financial operation of the organization.

Evaluations of administrative operations in the field have varied as to timing and content according to the particular situation. Recently these evaluations have been done in conjunction with either a joint evaluation of the country technical cooperation program or in conjunction with the procedures effected at the time of the installation of a new PWR. The formal transfer of a Country Office from the outgoing PWR to the new PWR is based on a thorough analysis of the status of the Office at the time of transfer. The analysis includes both the programmatic and administrative aspects of the Office and is designed to provide the new PWR with the basic information necessary to effect a smooth transition. The review covers formal agreements with the host government and other institutions; the organization structure of the country office; all financial and accounting procedures and the current status in each area; staffing; equipment inventory; office space and related arrangements; etc. Changes or improvements are recommended to solve specific problems which were identified during the course of carrying out the transfer.

Personnel Evaluation

Although, strictly speaking, personnel evaluation is not an aspect of the PAHO technical cooperation, it deserves mention since the evaluation of individuals cannot be done outside of the context of the program in which they work. PAHO recently revamped its personnel evaluation in an attempt to make it more objective and to orient it more towards improving staff performance, rather than being an instrument for episodic, judgmental encounters between evaluator and evaluated. To achieve this goal there must be open communication between the staff member and the supervisor. Feedback should be specific in nature and should provide indications of those areas in which the staff member is progressing well and those in which there is need for improvement. It is important that the first level supervisor relate the staff member's quality of performance to the objectives of the unit, program, and organization. The opportunity should also be taken for an evaluation by the supervisor of the intellectual production and progress of staff members during the period under review.

While the personnel evaluation is not linked directly to the AMPES there is a close interrelationship. It should be standard practice that in the evaluation of those directly involved in technical cooperation the first step should be to determine if the programmed activities were carried out and the only mechanisms for doing this exist in the AMPES. Thus supervisors must use the programming process and the application of the AMPES instrument as a mechanism for one aspect of the evaluation of staff. Qualitative judgements come afterwards.

Evaluation of the Secretariat

The evaluation of the organization as a whole is not done formally, but there are several mechanisms by which feedback is obtained on PAHO policies and programs. In the Executive Committee and its subcommittees the work of individual PAHO units are subject to scrutiny and comment. The Director presents annual and quadrennial reports to the Governing Bodies describing the activities which have been carried out in the period under review. These reports provide data which permit examination of the extent to which the PAHO programs have been successful in relation to the Regional mandates and each country's specific needs. In addition, *Health Conditions in the Americas* is issued quadrennially. This publication documents the health progress attained by the Member Governments. It presents an assessment of the health status of the Region's population relative to the goals established by HFA/2000. It also assesses general social conditions relevant to the health situation and provides a country by country summary of health conditions and infrastructure.

Project Evaluation

PAHO also conducts a project review process in which projects to be supported by non-regular (from outside the organization) funds are scrutinized to determine whether: 1) the proposed project is consistent with PAHO policies and priorities; 2) adequate funding is being provided; 3) there is a schedule for completion of activities; and 4) the project provides opportunities to enhance other projects already in progress. As more and more non-regular funded projects are accepted by PAHO it may be well to sharpen our criteria to ensure that only those projects which contribute directly to the mission of the organization are accepted. PAHO clearly will assume the responsibility for the ex ante and ex post evaluation of those projects which it executes, collaborating as necessary with the respective donor agencies.

The formats for these evaluations are often determined by donor requirements. Those projects funded by outside resources, once accepted by the organization, fall subject to the same evaluation procedures as do projects supported by regular funds at both the regional and the country levels. The projects must be included in the BPB and APB planning and execution phases and are also an integral part of the AMPES evaluation procedures. In addition, they are included in the joint evaluation of country technical cooperation programs.

CONCLUSION

Evaluations can be broadly divided into those that measure process and those which measure outcomes. The evaluation of PAHO programs attempts to do both, but predominantly does the former. Evaluations conducted within the organization generally address whether the programmed activities were carried out as opposed to whether they achieved the desired effect. The major difficulty in evaluation is measuring outcome. There are two aspects to this difficulty. The first is related to the difficulty in establishing cause and effect between interventions and outcomes in the social sector. The second evolves because many of the goals and expected results are set out without indicators and with such imprecision that it is often impossible to determine whether or not they have been realized.

Although measurement of outcome is difficult, PAHO should attempt to measure it on two levels: the effect on the managerial process at country level, and the effect on the indicators of the health status of the population. The difficulty in establishing impact rests not only in the inherent problem of causality, but also on the fact that indicators at the country level are very difficult to establish and measure. The paucity of quantifiable indicators often makes it necessary to rely on a qualitative appreciation of the effects of the intervention.

PAHO has advanced significantly in the conceptualization and application of evaluation at the regional and the country level. The basic policy documents of the organization accept evaluation as a normal and desirable process, the next steps need to be in the standardization of the process at all levels and insisting that it be truly a part of AMPES as was originally conceived.

Perhaps the most important result of PAHO's effort in this area may not be the enhanced efficiency of the Secretariat work, but the implantation of the culture of evaluation in the Member Countries.

033EVALU
28.AUG.91