

Multilateral Organisation Performance Assessment Network

Institutional Report

World Health Organization (WHO) 2013

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2013**



Appendices

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Appendix I Methodology

1. Introduction

This document describes the MOPAN Common Approach methodology for the 2013 assessment, those who will participate in the study, and the data collection and analysis process to be applied this year.

Background

The Multilateral Organisation Performance Assessment Network (MOPAN) is a network of 17 donor countries¹ with a common interest in assessing the organisational effectiveness of and evidence of contribution to development and humanitarian results achieved by the multilateral organisations that they fund.

The MOPAN Common Approach methodology was developed to address the recognised need for a common comprehensive system to assess multilateral organisations. Its aim is to respond to the information needs of donors by producing information that would not be available otherwise about how an organisation is doing in areas that donors consider important.

The Common Approach aims to reduce the need for other assessment approaches by bilateral donors. It was derived from existing bilateral assessment tools and complements and draws on other assessment processes for multilateral organisations – such as the previous Survey on Monitoring the Paris Declaration on Aid Effectiveness and annual reports of the Common Performance Assessment System (COMPAS) published by the multilateral development banks.

Purpose

MOPAN assessments are intended to:

- Generate relevant, credible and robust information MOPAN members can use to meet their domestic accountability requirements and fulfil their responsibilities and obligations as bilateral donors.
- Provide an evidence base for MOPAN members, multilateral organisations and direct partners to discuss organisational effectiveness and a multilateral organisation's contributions to development and/or humanitarian results, in doing so, build better understanding and improve organisational effectiveness, results achieved and learning over time.
- Support dialogue between individual MOPAN members and multilateral organisations and their partners, with a specific focus on improving organisational effectiveness over time, both at country and headquarters level.

The MOPAN Common Approach does not compare multilateral organisations to one another as their mandates and structures vary too much in nature and scope. MOPAN assessments are repeated at intervals and, therefore, can help determine whether a multilateral organisation's performance is perceived to have changed over time in the areas examined by the MOPAN Common Approach. It is important to note, however, that as MOPAN continues to improve the methodology for the Common Approach from year to year, comparisons of this year's results with those of previous years should be handled with caution.

¹ MOPAN members in 2013: Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, the Netherlands, Norway, Republic of Korea, Spain, Sweden, Switzerland, the United Kingdom and the United States.

2. MOPAN Common Approach

2.1 Evolution

The MOPAN methodology was initially designed to assess the organisational effectiveness of multilateral organisations, which MOPAN defines as the extent to which a multilateral organisation is organised to contribute to development results in the countries where it operates. Given this focus, MOPAN assessments emphasised the organisational practices, systems, and behaviours that MOPAN believes are important for multilateral organisations in managing for development results.

The methodology has evolved in response to what is learned from year to year, and to accommodate multilateral organisations with different mandates (e.g. development, humanitarian, normative). In 2009, the MOPAN Common Approach replaced the Annual MOPAN Survey, which had been conducted since 2003. The MOPAN Common Approach is broader and deeper than the previous surveys and includes the following components:

- Survey – The MOPAN survey brings in the views of MOPAN members (at both headquarters and country level), as well as direct partners or clients of multilateral organisations, peer organisations, and other relevant stakeholder groups on the performance of the particular multilateral organisation.
- Document review – Since 2010, survey data are complemented by a review of documents prepared by the multilateral organisations being assessed and other sources. Evidence is analysed in detail to assess the extent to which a multilateral organisation has systems in place that MOPAN considers to be important factors that contribute to an organisation's internal effectiveness, as well as evidence of the extent of progress towards defined results at various levels.
- Interviews – Since 2012, MOPAN has complemented survey data and the document review with interviews with staff of the multilateral organisations assessed. These are intended to contextualise the analysis of organisational systems and results and to aid in the dialogue between MOPAN and the multilateral organisation. The interviews are not coded or used as a formal data source.
- Development and/or humanitarian results component – In 2013, the Common Approach includes a component to assess a multilateral organisation's contributions to development and/or humanitarian results, which was piloted in 2012.²

As MOPAN's methodology has changed significantly in the last three years, comparisons of this year's assessments and previous assessments should take this into consideration.

2.2 Performance areas and indicators

2.2.1 Overview

The MOPAN Common Approach assesses multilateral organisations in two areas: 1) organisational effectiveness and 2) development and/or humanitarian results. The assessment of organisational effectiveness examines the organisational systems, practices, and behaviours that MOPAN believes are important for aid effectiveness and that are likely to contribute to results at the country level; the development and/or humanitarian results component assesses the evidence of the achievement of results by the multilateral organisation.

² This component was tested in 2012 with the AfDB, UNICEF, UNDP, and the World Bank and focused solely on development results. In 2013, this component is part of all assessments and, in the case of WFP, includes an assessment of the evidence of contribution to humanitarian results.

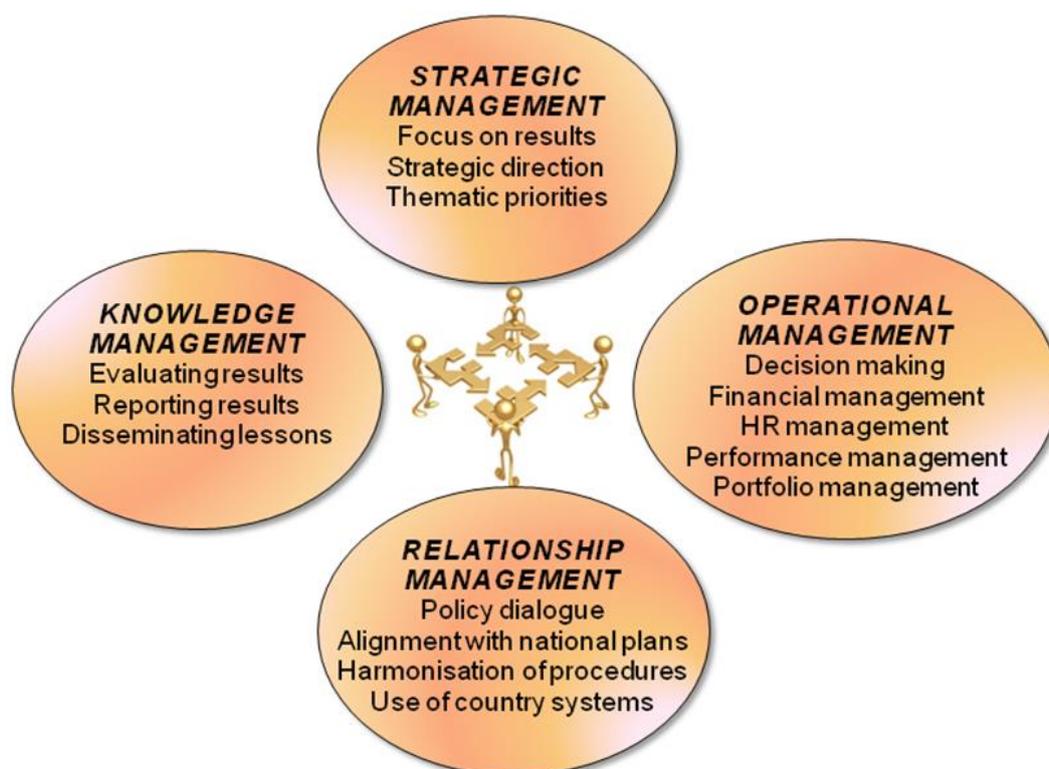
2.2.2 Key performance indicators and micro-indicators used to assess organisational effectiveness

The Common Approach framework groups organisational capacities in four areas of performance:

- *Strategic management*: developing and following strategies that reflect good practices in managing for development and/or humanitarian results;
- *Operational management*: managing operations in a way that is performance-oriented, thus ensuring organisational accountability for resources and results;
- *Relationship management*: engaging in relationships with direct partners/clients and other donors at the country level in ways that contribute to aid effectiveness and that are aligned with the principles of the Paris Declaration and subsequent Aid Effectiveness commitments, such as the Accra Agenda for Action and Busan Partnership for Effective Development Co-operation; and
- *Knowledge management*: developing feedback and reporting mechanisms and learning strategies that facilitate the sharing of knowledge and performance information.

While these definitions and performance areas are broadly applicable to a range of types of multilateral organisations (including those involved in humanitarian and normative work), the dimensions explored in the MOPAN Common Approach are adjusted, as required, to reflect the mandates of each organisation assessed.

Dimensions of organisational effectiveness in the MOPAN Common Approach



Within each performance area, organisational effectiveness is described using several key performance indicators (KPIs) that are then measured in a series of micro-indicators (MIs).

The 2013 assessment draws on indicators that MOPAN has developed since 2007 (see sidebar) and tailors them, as required, for each of the organisations being assessed.

Evolution of MOPAN Indicators

2007: In an initial mapping exercise of existing bilateral donor assessment tools, MOPAN identified 250 indicators, many of which were overlapping.

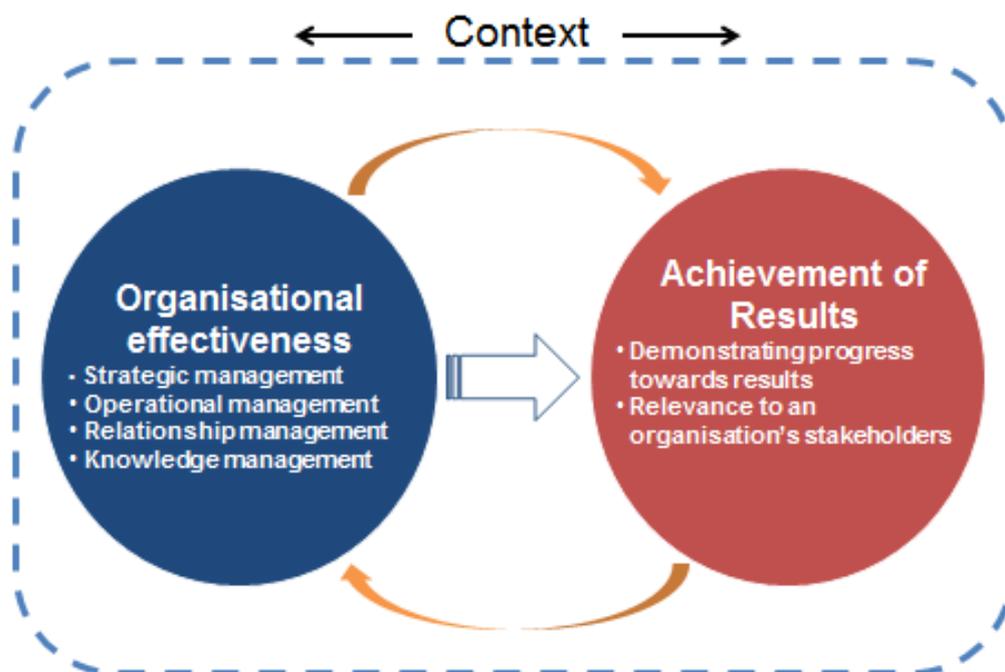
2008: MOPAN reduced these to 35 key performance indicators (KPI) and 120 micro-indicators (MI)

2009 – 2012: MOPAN assessments included between 18 and 21 key performance indicators and between 60 and 75 micro-indicators, depending on the nature of the organisation and its mandate.

2.2.3 Linking organisational effectiveness and progress towards development and/or humanitarian results

A key assumption in the Common Approach framework is that organisational effectiveness has an influence on an organisation’s ability to achieve its strategic objectives as illustrated in the figure below. Feedback on the achievement of objectives/results can, in turn, provide insights for further improvements in organisational practices. With a component that examines how an organisation measures and reports on concrete development and/or humanitarian results, MOPAN members can better understand the way that organisational practices are facilitating or hindering the organisation’s results on the ground.³ This information can then be used to enhance dialogue with the multilateral organisation.

A second assumption in the design of the methodology is that organisations provide or are moving towards evidence-based reporting on results. Thus, the assessment should also provide input for discussions between donors and multilateral organisations on how best to document and report on results.



³ However, it is important to recognise that organisational practices may not be the only facilitating/hindering factor with respect to the achievement of results. The country context or environment, for example, also plays an important role.

2.2.4 Key performance indicators used to assess contributions to development and/or humanitarian results

In 2012, MOPAN defined additional KPIs to examine the achievement of development results at both the institutional/organisation-wide level and the country level, as well as stakeholder perceptions of the relevance of the organisation's work in country. This component was tested with four of the six organisations assessed in 2012: the AfDB, UNDP, UNICEF, and the World Bank.⁴ In 2013, this component will be included in all four assessments and will examine the following three key performance indicators:

- **KPI A** – Evidence of the extent of the multilateral organisation's progress towards its institutional/organisation-wide results⁵
- **KPI B** – Evidence of the extent of the multilateral organisation's contributions to country-level goals and priorities, including relevant millennium development goals (MDGs)
- **KPI C** – Relevance of objectives and programme of work to stakeholders

The assessments at the institutional/organisational level (KPI A) and at the country level (KPI B and C) are separated due to differences in focus, scope and reporting on results at these two levels. Organisation-wide results are, by definition, very broad and provide the general strategic directions that in most cases are then operationalised by activities at the country level. The planned results found in country strategies normally follow the overall strategic framework but are more specific and typically linked to national strategies.

KPI A focuses on the extent to which an organisation is demonstrating progress towards planned organisation-wide results. It identifies the main areas of achievement and analyses the type of evidence produced by multilateral organisations to support conclusions in performance reports. In addition, the main factors affecting performance and evidence of improvement over time are discussed.

KPI B analyses similar issues, but from a country perspective. By focusing on the country level, MOPAN recognises the demand-driven nature of many of the activities of multilateral organisations and the key role that is played by their country assistance strategies or country programming documents. Country strategies and/or country programme documents usually articulate the planned results (goals/objectives/outcomes) and identify where there is shared responsibility between the multilateral organisation and its partner countries. Since most organisations have a large number of planned results, a limited number of key results to be assessed may be selected for the assessment.

Multilateral organisations have also made commitments to the MDGs and are concerned about making contributions in these areas. The MDGs are collective, global targets that, in many cases, have been used by partner countries in defining their priorities. While partner countries are responsible for making progress toward the MDGs, bilateral donors and multilateral organisations ensure that trade, finance, aid, and knowledge facilitate achievement of these goals.

Not all multilateral organisations will contribute to all of the MDGs. Thus, the analysis of this aspect of KPI B focuses on those specific areas that are relevant to the particular multilateral organisation. In this context, organisations may explicitly articulate or make links to the MDGs to which they are contributing at the country level, in which case evidence of these linkages will be sought. In cases where reference is not made to the MDGs in the accountability frameworks of the organisations, this may be noted in the final report.

⁴ These organisations were selected because they were assessed by MOPAN in 2009. The 2009 assessment focused on organisational effectiveness and was based only on survey data.

⁵ Different organisations use different terms to refer to their planned results – they may be called goals, objectives, outcomes, etc.

KPI C assesses relevance as the extent to which surveyed stakeholders perceive the multilateral organisation to be supporting country priorities and meeting the changing needs of direct partners and target populations.

2.3 Multilateral organisation selection

Each year MOPAN selects multilateral organisations for assessment on the basis of the following criteria:

- Perceived importance and interest to all MOPAN members
- Medium-term strategic planning (or equivalent) and replenishment cycles – with a view to assessing organisations prior to the planning process or the start of the replenishment negotiation process
- A mix of international financial institutions (IFI), UN funds, programmes, specialised agencies, and humanitarian organisations.

On the basis of these criteria MOPAN aims to assess multilateral organisations on a 3-5 year cycle.

In 2013, MOPAN will assess the following organisations: the Asian Development Bank (ADB), the International Fund for Agricultural and Development (IFAD), the World Health Organization (WHO) and the World Food Programme (WFP). All of these organisations, except WFP, were assessed in 2010.

2.4 Country selection

Each year countries are selected for the MOPAN assessment based on the following criteria:

- multilateral organisation presence in-country
- presence and availability of MOPAN members
- no inclusion in the survey in the past 2-3 years
- geographical spread
- a mix of low-income and middle-income countries (middle income countries being subdivided into lower middle and upper middle).

The assessment in 2013 will be conducted in Ethiopia, Guatemala, Indonesia, Mozambique, Pakistan and Viet Nam. Organisations are assessed only in those countries where they have operations (e.g. ADB will be assessed only in Indonesia, Pakistan and Viet Nam).

3. Survey

3.1 Overview

The MOPAN Common Approach gathers stakeholder perception data through a survey of MOPAN members (at headquarters and in-country) and other key stakeholders of the multilateral organisations under review, including direct partners or clients, peer organisations, and host or recipient government representatives. The questions asked relate both to organisational effectiveness and to the achievement of development and/or humanitarian results.

The main instrument used is an online survey. In 2013, respondents are able to complete the web-based survey in English, Spanish or Portuguese.⁶ When it is not possible for respondents to complete the online survey, off-line methods are used. Respondents may fill out a paper-

⁶ A paper version of the questionnaire is translated into local languages, as required.

based survey, complete an electronic version of the survey in Microsoft Word that is sent by email, or participate in a structured interview either in person or by telephone.

In order to ensure confidentiality, consultants (independent of MOPAN) manage the survey process and carry out the interviews.

Respondent types

To gather diverse perspectives on the multilateral organisations being assessed, MOPAN generally seeks the perceptions of the following primary respondent groups⁷:

- **Donor Headquarters Oversight (HQ):** Professional staff, working for a MOPAN donor government, who share responsibility for overseeing / observing a multilateral organisation at the institutional level. These respondents may be based at the permanent mission of the multilateral organisation or in the donor capital.
- **Donor Country Office Oversight (CO):** Individuals who work for a MOPAN donor government and are in a position that shares responsibility for overseeing/observing a multilateral organisation at the country level.
- **Direct Partner/Client (DP):** Typically, individuals who work for a national partner organisation (government or civil society) in a developing country. Respondents are usually professional staff from organisations that receive some sort of direct transfer from the multilateral organisation or that have direct interaction with it at country level (this could take the form of financial assistance, technical assistance, policy advice, equipment, supplies, etc.). The definition of “direct partner” varies according to the context of each organisation assessed. In some cases, direct partners include staff members from international agencies that are implementing projects in conjunction with the multilateral organisation being reviewed.

For some organisations, other respondent categories are also used, such as peer organisations, co-sponsoring agencies, technical partners and/or recipient/host governments.⁸

3.2 Sampling and response rates

Sampling

The Common Approach uses a purposive sampling method called ‘expert sampling’ in which potential respondents are identified by either MOPAN members or the multilateral organisations as having the basis for an expert opinion on the organisation being assessed.

The identification process, which involves MOPAN members in collaboration with the multilateral organisations assessed, results in a list of the population (all potential respondents identified by the MOs in country) for each of the multilateral organisations.

Individuals are invited to complete the survey for each organisation for which they have functional responsibility and sufficient knowledge.⁹ This is confirmed through a screening question that asks respondents to indicate their level of familiarity with the multilateral

⁷ The number and type of respondent groups may vary for each organisation and additional respondent types may be included.

⁸ **Peer organisations:** UN organisations or international NGOs that have significant investments in humanitarian assistance programming at the field level in the countries included in the assessment. These organisations coordinate with but do not receive any direct funding from the organisation assessed. **Recipient governments:** Governments in the countries selected for the assessment that receive assistance from or host the activities of the organisation assessed.

⁹ Each individual respondent is provided with a unique link that reflects the respondent type and the multilateral organisation(s) they have been assigned to. Some individuals, particularly MOPAN members, may complete surveys on more than one organisation.

organisation being assessed, using a scale from 1 (not at all familiar) to 5 (very familiar). Respondents can continue the survey only if they indicate they are familiar with the multilateral organisation (i.e. a rating of 2, 3, 4, or 5).

Following the finalisation of the institutional report, the sample size is taken into account when deciding how to present survey data at the country level. If a threshold of respondents is not met,¹⁰ data summaries exclude the respondent group.

Response rate

MOPAN aims to achieve a 70% response rate from donors at headquarters and a 50% response rate from all other target groups, which is considered acceptable for a survey of respondents who are required to have detailed knowledge about the organisation in order to participate.

During the survey period, response rates are monitored regularly. Respondents who do not access the survey or who do not complete it receive reminders from a range of sources:

- MOPAN country office and headquarter respondents will receive reminders from their MOPAN Focal Point
- Direct partners and any other respondent groups will receive reminders online and from the local survey consultant.

All responses provided through off-line methods (including paper-based surveys, surveys in MS Word provided by email, and surveys completed through structured interviews) are entered into the online instrument using a separate link to the survey. Data for online and off-line responses are merged only after quality control measures, such as confirming correct type of stakeholder, country, etc. are performed.

3.3 Survey instrument

Survey customisation

The survey instrument draws on the existing set of indicators and is customised for each multilateral organisation assessed to reflect both the type of organisation and the types of respondents. This is done in consultation with the multilateral organisations being assessed and other individuals (MOPAN members and external resources) who are familiar with these organisations.

A core set of questions is developed for all respondents and additional questions are designed for specific respondent groups (reflecting their functional responsibility or relationship with the organisations). For example, questions relating to corporate issues, such as reporting to the Executive Board, are asked only of donors at headquarters. Questions on country-specific issues, such as the use of country systems or the extent of contribution to country-level goals, are asked only of donors in-country and clients/direct partners (or other country-based respondent groups) of multilateral organisations. Some questions are adjusted to reflect the nature of the multilateral organisation (e.g. cross-cutting thematic priorities).

Survey instrument

At the beginning of the survey, respondents are invited to assess the organisational effectiveness of the multilateral organisation. They are then asked two open-ended questions on their views of the organisation's overall strengths and areas for improvement. Subsequently, respondents are invited to provide comments on each of the four dimensions of organisational

¹⁰ The threshold has been set at 4 respondents/organisation/country in past years, but this will be reviewed once the data set from this year's survey has been compiled.

effectiveness and then to respond to the relevant questions related to development and/or humanitarian results.

The main part of the survey consists of a series of closed-ended questions on the micro-indicators for each key performance indicator (KPI). Respondents are presented with a statement describing an organisational practice, system, behaviour or specific result and asked to rate the organisation's performance on a scale of 'very weak' to 'very strong' as shown below. There is also a 'don't know' option.

Band	Rating	Definitions	
		Organisational Effectiveness	Development and/or Humanitarian Results
1	Very Weak	The multilateral organisation does not have this practice, behaviour or system in place and this is a source of concern.	The multilateral organisation has not made any contribution in this area and this is a source of concern.
2	Weak	The multilateral organisation has this practice, behaviour or system but there are important deficiencies.	The multilateral organisation has made some contributions in this area, but there are still some deficiencies.
3	Inadequate	The multilateral organisation's practice, behaviour or system in this area has deficiencies that make it less than acceptable.	The multilateral organisation has made some contributions in this area but they are less than acceptable.
4	Adequate	The multilateral organisation's practice, behaviour or system is acceptable in this area.	The multilateral organisation's contributions in this area are acceptable.
5	Strong	The multilateral organisation's practice, behaviour or system is more than acceptable yet without being "best practice" in this area.	The multilateral organisation's contributions in this area are more than acceptable.
6	Very Strong	The multilateral organisation's practice, behaviour or system is "best practice" in this area.	The multilateral organisation's contributions in this area could be considered as "best practice".

3.4 Survey data analysis

SPSS and Stata statistical software are used to analyse survey responses.

First level data analysis

First level survey data analysis includes calculations of mean scores, medians, standard deviations, frequencies (including analysis of 'don't know' and missing responses), as well as content analysis of open-ended questions. This is carried out for all MIs and KPIs in both components.

Frequency Calculation: Frequencies are calculated on both a weighted and un-weighted basis (see below for further explanation of our approach to weighting) and are based on answers to survey questions corresponding to micro-indicators. In both sets of calculations, 'don't know' responses and missing responses are calculated as a part of the overall total frequencies. In addition to raw frequencies, all frequencies are translated into percentages for ease of interpretation.

Mean Score Calculation: Scores are calculated based on answers to survey questions corresponding to micro-indicators. Mean scores are calculated on a weighted basis only, based on the number of valid responses to each question. Valid responses exclude 'don't know' responses and missing data (i.e. where respondents decide not to answer, or do not conform to required criteria such as location of work).

In the organisational effectiveness component, mean scores are calculated for each survey question (micro-indicator) and then for each key performance indicator (KPI) by aggregating the scores for the micro-indicators (MI) within that KPI. Equal weight is applied to each MI. For example, a KPI consisting of three micro-indicators that individually score 2, 3, and 4 will have a KPI mean of 3. In cases where multiple survey questions are needed to develop a concept, micro-indicators are composed of multiple sub-indicators. In such cases, the mean score of the sub-indicators is used to calculate the score for that particular MI.

A weighting scheme is applied to all data ensure that no single respondent group or country is under-represented in the analysis. The weighting is intended to correct for discrepancies/variation in:

- The number of individuals in each respondent group;¹¹
- The number of countries where the survey took place; and,
- The numbers of donors in-country, direct partners, and other respondent groups within each country where the survey took place.¹²

A weight is calculated for each multilateral organisation using the following equation:

$$W = \frac{P}{RCG}$$

Where:

W = weight factor for a given respondent group set for the multilateral organisation

P = total number of respondents for the multilateral organisation

R = number of respondent groups in the survey sample for the multilateral organisation

C = number of countries in the survey sample (per respondent group)

G = number of respondents in a particular country/respondent group set for the multilateral organisation

Weighted figures are carefully reviewed and analysed before inclusion in the multilateral organisation reports.

Converting individual scores to group ratings

A mean score is calculated for each respondent group (e.g. donors at HQ). Since mean scores are not necessarily whole numbers (from 1 to 6) MOPAN assigns numerical ranges and descriptive ratings for each range (from very weak to very strong) as shown below.

Range of the mean scores	Rating
1.00 to 1.49	Very Weak
1.50 to 2.49	Weak

¹¹ To account for the different numbers of respondents in each respondent group, individual weights are applied to each group.

¹² Weights for these groups are determined by the total number of respondents from each group who answer in their country, relative to the total number answering in other countries. Thus, a respondent in a country with a lower number of respondents carries a higher individual weight than the equivalent respondent from a country with a higher number of respondents.

Range of the mean scores	Rating
2.50 to 3.49	Inadequate
3.50 to 4.49	Adequate
4.50 to 5.49	Strong
5.50 to 6.00	Very Strong

The ranges are presented to two decimal places, which is simply the result of a mathematical transformation and should not be interpreted as representing a high degree of precision. The ratings applied to the various KPIs should be viewed as indicative judgments rather than precise measurements.

Second level analysis

Second level analysis examines differences in the responses among categories of respondents and other variables, as relevant for each organisation. Appropriate methods of statistical analysis are applied, including analysis of variance (ANOVA) for differences among multiple groups, t-tests for comparisons of differences between pairs of groups, and non-parametric methods where numbers of respondents required such an approach (e.g. to address assumptions of non-normality where they exist). The normal convention for statistical significance is adopted ($p \leq 0.05$) and these are reported where statistically significant differences are found.

Given the small size of the samples, particularly for some respondent groups, the comparisons across respondent groups are provided as indicative information that can be used as a basis for discussion.

In the development/humanitarian results component, the same two levels of analysis are applied but without an aggregation of scores at the KPI level. Survey data at the MI level is presented along with ratings from the document review. These data sources, as well as information gathered during interviews with HQ and country-based MO staff, are assessed together to determine a rating for two of the three KPIs in the development results component (KPI A and B). KPI C is assessed by survey only.

4. Document Review

4.1 Overview

Through an examination of publicly available documents,¹³ the MOPAN document review explores evidence that multilateral organisations have the practices, behaviours or systems in place that MOPAN considers to be important factors in an organisation's effectiveness and evidence of its contributions to development and/or humanitarian results.

The document review considers various types of documents:

- Multilateral organisation documents relevant to the assessment of the MOPAN micro-indicators, such as strategic plans, results frameworks, policies and procedures in various areas of organisational effectiveness. Documents that present the results achieved at various levels of the organisation are also consulted. The organisations help to identify these documents.
- Organisational reviews or assessments (external or internal) about the organisation's performance on the dimensions of the MOPAN framework (strategic management,

¹³ Documents are considered to be "publicly available" if they are on the organisation's web site or if the organisation is able to provide them upon request for the purpose of assessing the micro-indicators.

operational management, relationship management, and knowledge management). These studies are either found on the organisation's web site or are provided by the organisation.

- External assessments such as the Survey on Monitoring the Paris Declaration (2011), the Common Performance Assessment (COMPAS) report (2011), and previous MOPAN surveys.¹⁴
- Evaluations, either internal or external, of the achievement of results at various levels.

4.2 Document sampling

The multilateral organisations selected for review represent a wide variety of organisational structures, processes, and practices – which makes it challenging to create a generic sampling strategy. However, the collection of documents follows a number of overall principles to ensure consistency and focus the sampling process.

All documents, regardless of type or level within the organisation, should be approved by the relevant authority (e.g. organisation-wide documents are usually approved by the multilateral organisation's Executive Management or Board).¹⁵

All documents (including policies, guidelines, strategies, thematic documents and web site information) are selected, at least in part, based on the requirements noted below.

- Policies or guidelines, at any level within the multilateral organisation, are selected only if they are in force as of the year of assessment.
- Strategies, regardless of level within the multilateral organisation, are selected only if they are being implemented within the year of assessment.
- Thematic documents, including strategies, plans and reports, regardless of the level within the multilateral organisation, are selected based on a principle of reviewing a mix of thematic areas.
- Any information presented on the multilateral organisation's web site (i.e. the text from a page on this site, not a downloadable document available on the site) is retrieved within the year of assessment, and is assumed to be current unless the web page itself states otherwise.
- All documents (except for policies, guidelines and strategies) should be published within the following timelines, unless there is a strong rationale for reviewing older documents:
 - Project/programme level documents: the current or previous year
 - Country, regional, or organisation-wide documents: the past three years inclusive of the year of assessment
- When specific MIs require a sample of sector strategies, country strategies, or project level documentation, a specific sampling approach is developed and tailored for each multilateral organisation.

4.3 Document collection

The collection of documents follows the general steps outlined below, although it is not a linear process:

- Initial document research on the web site of the multilateral organisation

¹⁴ If data from these sources are not available for the multilateral organisations participating in this year's survey, either an alternate approach is developed or the micro-indicators are not assessed.

¹⁵ This is intended to ensure that documents reviewed are final documents (rather than drafts) and that they are providing guidance for organisational behaviour.

- Collection of COMPAS and Paris Declaration Survey Data
- Consultation with the multilateral organisation, who review and refine the initial data set (through the MOPAN Institutional Lead)
- Finalisation of document list.

Once the document list is finalised and the document review has commenced, further documentation needed to fill any gaps in information for certain indicators is requested from the multilateral organisation. If the documents obtained from the third request do not contain the information needed, the consultant team makes the assessment based on the information available.

Other external assessments

As noted above, the document review includes a review of other external assessments.

Common performance assessment system (COMPAS) report, 2010 and 2011

COMPAS provides a framework through which the multilateral development banks (MDBs) can track their capacities to manage for development results (MfDR). The annual COMPAS report provides data in four categories (Country Strategies, Managing for Development Results through the Project Cycle, Corporate Results Reporting, Private Sector Development and Operations) that are relevant to the MDBs' implementation of the MfDR agenda. The data are gathered by internal management units in the MDBs, generally those that are supporting the implementation of MfDR. For the IFIs, MOPAN focuses primarily on the following indicators from the COMPAS report: B. Managing for Development Results through the Project Cycle.

- Implementation performance
 - B. 8. Number and percentage of projects that were unsatisfactory in FY10 and that became satisfactory in FY11.
- Project completion reporting and evaluation
 - B. 11. Number of projects independently reviewed ex post during FY11, as a percentage of the average number of projects completed annually during the last 5 years.

Survey on monitoring the Paris Declaration, 2008 and 2011

The two most recent monitoring surveys (2008 and 2011), managed by the OECD, highlight areas in which countries and organisations may be falling short in reaching the targets established by the Paris Declaration. Since a number of the MOPAN indicators are based on the Paris Declaration indicators, the assessment looks at the data provided in Appendix C of the monitoring survey report, entitled "Donor Data"¹⁶, for the following indicators, when applicable:

- Indicator 3: Aid flows aligned on national procedures
- Indicator 4: Strengthen capacity by co-ordinated support
- Indicator 5 a and b. Use of country public financial systems and use of country procurement systems
- Indicator 6: Strengthen capacity by avoiding parallel implementation structures
- Indicator 7: Aid is more predictable
- Indicator 9: Use of common arrangements or procedures

¹⁶ In general, the assessment draws on the data from the "Average Country Ratio – All Countries", unless it is not available.

- Indicator 10a: Joint missions

The OECD survey reports data for the United Nations as a whole, thus MOPAN relies on UN organisations to provide their data as input for these indicators. Other data sources will also be consulted to complement the OECD survey reports.

The indicators, targets and processes through which implementation of the Busan Partnership for Effective Development Co-operation will be monitored at the global level have not yet been agreed to. As long as the final set of indicators to be established by the Busan process (as a review of Paris and Accra agendas) has not been decided upon, MOPAN will continue to use the Paris Declaration indicators and will revise as soon as there is international agreement on a set of indicators that will replace them.

4.4 Document analysis

4.4.1 Content analysis

Documents are reviewed by content analysis based on the themes of the micro-indicators. Specific criteria for assessing the content of documents have been developed, based on existing standards and guidelines for each of the indicator areas (for example, any UNEG or OECD-DAC guidelines), on MOPAN identification of key aspects to consider, and on the input of subject-matter specialists.

The analysis of indicators in the organisational effectiveness component may include an examination of four broad areas:

- **Quality:** Documents are assessed in terms of their content, and in particular for the presence or absence of particular items or characteristics noted in standards as best practice.
- **Use:** While difficult to assess by document review, some proxy indicators for the use or implementation of a document are examined, such as evidence from budget documents that a certain policy or priority area is being financed, or evidence from evaluations that show implementation of a policy or priority area.
- **Consistency:** Where possible, several documents of the same type are examined (such as country strategies in different countries) to assess the extent to which criteria are met consistently across the organisation.
- **Improvement over time:** In some cases, documents are examined over several years to assess the extent to which progress can be seen over time.

Documents are also used to aid in the understanding of the context in which the multilateral organisations work.

In the development and/or humanitarian results component, documents will be reviewed at both the institutional and country levels to determine the extent to which planned results from the strategic period were achieved. The document review will be largely based on an examination of performance reports and thematic or programme evaluations in relevant areas to examine issues of quality and improvement over time, in particular.

4.4.2 Rating Scales

The multilateral organisations are assessed on relevant micro-indicators in the Common Approach document review framework.¹⁷ The document review ratings are defined according to three sets of scales: a) a six-point scale for the majority of the organisational effectiveness questions (very weak, weak, inadequate, adequate, strong, very strong); b) a three-point scale for organisational effectiveness micro-indicators informed, in part, by the Paris Declaration

¹⁷ Not all MOPAN micro-indicators are identified for document review.

Indicators (inadequate, adequate, strong); and, c) a four-point scale for the assessment of evidence for the development and/or humanitarian results component (weak, inadequate, adequate, strong). This last assessment is a data source that, together with survey data, is used to determine the overall “best fit” rating for KPIs A and B.¹⁸

a. Organisational Effectiveness Component

The document review ratings determined for the majority of the MIs in the Common Approach build on the definitions and scale used in the survey, as described in section 3.3 above.¹⁹ The document review ratings range from 1 (Very Weak) to 6 (Very Strong).

For most micro-indicators, five criteria are established which, taken together, are considered to represent the best practice in that topic area. Each criterion is designed as a ‘met/not met’ alternative and each ‘met’ counts as one point in the rating. Ratings are arrived at by totalling the number of criteria met, taking into account all the evidence in the assessment, and the assessment team’s judgment.

Document review criteria and rating

Number of criteria met	Descriptors	Definitions
No criteria met (or required document(s) do not exist)	Very Weak	The multilateral organisation does not have this practice, behaviour or system in place and this is a source of concern/ or the multilateral organisation has no document that provides evidence of such a system being in place.
One criterion met	Weak	The multilateral organisation has this practice, behaviour or system but there are important deficiencies.
Two criteria met	Inadequate	The multilateral organisation’s practice, behaviour or system in this area has deficiencies that make it less than acceptable.
Three criteria met	Adequate	The multilateral organisation’s practice, behaviour or system is acceptable in this area.
Four criteria met	Strong	The multilateral organisation’s practice, behaviour or system is more than acceptable yet without being “best practice” in this area.
All five criteria met	Very Strong	The multilateral organisation’s practice, behaviour or system is “best practice” in this area.

Some micro-indicators, such as those using Paris Declaration Survey or other related data as the primary data source,²⁰ follow a different rating method. In these cases, ratings are established on a case-by-case basis according to three descriptive criteria – ‘inadequate’, ‘adequate’ and ‘strong’. These ratings are then translated into a 3, 4 or 5 score to maintain consistency with the 6-point scale.

Ratings for key performance indicators (KPIs) are based solely on the ratings for the component micro-indicators in each KPI. Each KPI rating is calculated by taking the arithmetic mean of all micro-indicator ratings in that KPI rounded to the nearest whole number. This number is given the appropriate descriptor. In cases where the micro-indicator ratings for one

¹⁸ The “best fit” approach takes into account all data – survey, document review and contextual – rather than solely the document review data. See section 6 for a more detailed description of the “best fit” approach.

¹⁹ For document review, however, the definition of “Very Weak” is expanded to mean that “the multilateral organisation does not have this system in place and this is a source of concern / or the organisation has no document that can provide evidence of such a system being in place.”

²⁰ Paris Declaration Survey data will be the primary, but not the only, source for those MIs that are based on Paris Declaration indicators.

key performance indicator are highly divergent (i.e. if there are two micro-indicators, and one is rated as “very weak” while the other is rated as “very strong”), this is noted in the narrative of the report.

b. Development/Humanitarian Results Component

A set of criteria has been established as a basis upon which to assess the evidence of progress towards results. The criteria, which are assessed using ‘met/not met’ ratings, are:

- a) Evidence of explicit theory or theories of change²¹
- b) Baselines included for indicators
- c) Targets included for indicators
- d) Reports on outputs²²
- e) Reports on outcomes²³
- f) Reports according to a theory or theories of change²⁴
- g) Data reliability and quality²⁵

The assessment of evidence in the document review of development and/or humanitarian results is a data source that, together with survey data, is used to determine the overall “best fit” rating for KPIs A and B.

5. Interviews

As of 2012, interviews are conducted at the headquarters and country offices of multilateral organisations with individuals who are knowledgeable in areas that relate to the MOPAN assessment.

Interviewees are asked to provide knowledge, insight, and contextual information that will assist the MOPAN assessment team in analysing document review data, and to identify other relevant documents for the assessment team to consider. This helps ensure that the assessment team has all the appropriate and necessary documents, enhances the team’s ability to triangulate data from various sources, and assists the assessment team in the analysis of the key performance indicators by providing contextual information.

Interviews are conducted with a small number of staff who work in the primary units that relate to areas of the MOPAN assessment (e.g. strategy and planning, human resources, RBM, and evaluation). Interviewees are identified by the multilateral organisation in conjunction with the assessment team and MOPAN.

The overall purpose of interviews is to ensure more reliable and valid assessments. In particular, the interviews aim to ensure better quality data and to help contextualise the analysis

²¹ ‘Theory of change’ is understood in the sense defined by Rist and Morra Imas (2009) as, “a representation of how an intervention is expected to lead to desired results”, which typically includes inputs, activities, outputs, outcomes and impacts as well as other features, “including target groups, and internal and external factors”.

²² This refers to the OECD definition of outputs (i.e. lower level results). Some MOs use different terminology for the various levels of results.

²³ This refers to the OECD definition of outcomes (i.e. higher level results). Some MOs use different terminology for the various levels of results.

²⁴ Evidence required to substantiate the reported changes defined in e) or higher-level results

²⁵ According to Rist and Morra Imas, *The Road to Results* – “Reliability is the term used to describe the stability of the measurement – the degree to which it measures the same thing, in the same way, in repeated tests.” Attention is also given to the quality of the evidence – specifically, whether or not it has been derived from or validated by an external and/or independent source.

of results. Initial interviews are conducted with staff of the multilateral organisation and are intended to facilitate:

- Identification and clarification of the organisation's strategic objectives and planned results at the institutional and country level
- Identification of data and documents to use for the assessment, including a discussion of the time period to be considered and selection of country level documentation
- Discussion and clarification of reporting practices and data that are available in order to understand the strengths and limitations of current reporting on results
- Identification of key staff to consult in each selected country office, if necessary, in order to better understand the logic of the organisation's interventions, the organisational contributions at the country level, and contextual factors affecting the organisation's performance.

Interviews are semi-structured but flexible, allowing new questions to be brought up during the interview as a result of what the interviewee says. This type of interview does not follow a tightly prescribed questionnaire, but does require prior preparation of the key interview themes. The interview themes and questions are shaped by the MOPAN assessment framework and are tailored for each of the respondents according to his/her functional responsibility. An interview guide is prepared and interviewees are advised of the content areas beforehand.

Interviews are intended to provide several benefits to the MOPAN assessment. First, they provide the multilateral organisation with a better understanding of the types of documented data that are required for the MOPAN assessment so that they can fill in any gaps in the documentation required for the document review. Second, they provide the MOPAN assessment team an opportunity to better understand the multilateral organisation's practices and systems.

Data gathered during interviews is used as background information on the various areas being assessed – specifically, to understand the context in which the agency is working, as well as how decisions are made. In the event that survey data presents a picture that is very different from the assessment made in the document review, information from the interviews can help to clarify how the multilateral organisation approached a certain issue.

The interviews are conducted after the assessment team has conducted a preliminary review of documents and are scheduled primarily during the months of February and March. If the multilateral organisation and MOPAN agree, the interviews are conducted in person during visits to the headquarters of the multilateral organisations. Alternatively, interviews are carried out by telephone or via video-conference.

6. Ratings

6.1 Overview

From 2003 to 2009, the basis for the determination of ratings in MOPAN assessments was the perceptions of survey respondents. With the introduction of the document review in 2010 and interviews in 2012, ratings now draw on a variety of sources that can be compared and triangulated.

- **Survey:** Survey respondent perceptions are still an important component of the ratings on multilateral organisation performance and now include a broader range of stakeholders.
- **Document Review:** The document review process is guided by specific criteria for assessing the content of documents in relation to the micro-indicators. These criteria draw on existing standards where available (e.g. OECD-DAC, UNEG or other standards) and are adapted to the needs of the MOPAN Common Approach.

- **Interviews:** The interviews are used to triangulate data with the other two data sources. The MOPAN assessment team explores the convergence (or non-convergence) of the data, and when there is no convergence the team relies on expert judgment.

To the extent possible, the assessment standards and criteria are tailored to reflect the nature and operating environment of the multilateral organisations under review.

6.2 Triangulation

Triangulation is the process of using multiple data sources, data collection methods, and/or theories to validate research findings. Triangulation helps eliminate bias, and detect errors or anomalies.²⁶ In the Common Approach, triangulation is done in a number of ways:

- Document review ratings are presented separately from survey results in order to illustrate convergence with or divergence from them.
- Additional assessments of the organisations are reviewed to help to validate or question the findings.
- Interviews are conducted to provide contextual information and highlight additional sources of data.
- The analysis and proposed ratings for the development and/or humanitarian results component is presented to a panel of experts for discussion and finalisation.
- The findings are widely vetted within the MOPAN network and revised based on feedback from members.
- The reports are shared with the multilateral organisations and their review constitutes the final stage of the data collection process.

The MOPAN reports gain trustworthiness through the multiple reviews and validation processes that are carried out by members of the network and by the multilateral organisations themselves.

6.3 “Best fit” approach

The development and/or humanitarian results component’s key performance indicators draw on a set of questions or criteria (see Annex I). The assessment team uses a “best fit approach,” which is a type of criteria-referenced basis for judgment that is more suitable when: criteria are multi-dimensional, there is a mix of both qualitative and quantitative data, and it is not possible to calculate a simple sum of the data points.²⁷ This approach is highly consultative (with institutional advisors, a panel of experts and the MOPAN network) and relies on consensus in the determination of ratings.

Ratings

The approach to the rating by key performance indicator in the results component is different from that in the organisational effectiveness component of the MOPAN assessment. This reflects the particular methodological approach used and the nature of the data. More specifically, four qualitative ratings (strong, adequate, inadequate, weak) have been defined, one of which is selected by the assessment team following an analysis of data from all sources and confirmed following a consensus-based consultation. As in the six-point scale used in the survey and for assessing the micro-indicators on organisational practices, a rating of “strong” signals that the organisation is approaching good practice based on the documentation

²⁶ Wholey, J.S., Hatry, H.P., Newcomer, K.E. Eds (2010) Handbook of Practical Program Evaluation (Third Edition), San Francisco, California: Jossey-Bass, p. 446-447.

²⁷ The “best fit” approach is used in public sector institutions (see Ofsted, 2011: *Criteria for making judgements*).

reviewed, while a rating of “weak” signals that the organisation still has important limitations in demonstrating progress towards its stated results, and particularly its contributions to development and/or humanitarian outcomes.

The descriptors and criteria for each of the ratings are specific to the different KPIs, as summarised in the tables in Annex 1 below. Descriptors illustrate the achievement level and the assessment team selects the achievement level that best describes the performance on all of the criteria.

In some cases, there might be divergence between survey respondent perceptions about the organisation’s progress towards its objectives and the nature and extent of data on results that is presented in the organisation’s reports. In these cases the assessment team takes into account the number and character of the areas for improvement identified in organisation’s reports and other relevant documents. If a majority of the assessment criteria are not fulfilled by the organisation’s reports, then the criteria-based assessment will weigh more heavily in the final rating. In order to justify the rating and provide input for dialogue on results and reporting on results, the MOPAN report presents details of the document analysis that have been emphasised in the determination of ratings.

Data analysis

- Data analysis at the institutional level focuses on the extent to which planned results from the strategic period were achieved. It is based largely on performance reports at the institutional level and organisation-wide thematic evaluations in relevant areas. Particular attention is given to reports and/or evaluations that include evidence that has been derived from or verified by external sources. Data analysis takes into account survey results and the interviews with the multilateral organisations.
- Analysis of data at the country level focuses on the organisation’s contribution to results in the sample of countries selected for the MOPAN assessment. Due to differences in planned results between countries, a separate analysis is conducted for each country. Based on the individual country analyses, an overall judgment of the multilateral organisation’s achievement of results at the country level is provided.
- The assessment is based on the same analytical approach at both levels. Content analysis is used for the review of documents and in the analysis of any open-ended survey questions. The review of documents analyses the evidence of results achievement. Answers to open-ended survey questions are coded by categories that emerge in the preliminary examination of data.

7. Reporting

7.1 Institutional reports

Individual institutional reports are produced for the multilateral organisations assessed. Survey results are reported using means and frequencies. At the organisation-wide level, mean scores are predominantly used to report results from micro-indicators.

The results of the document review are presented alongside the survey results and discussed in light of the perception-based scores and interviews, in order to further substantiate and contextualise the overall findings.

In individual institutional reports, the assessment of development and/or humanitarian results follows the assessment of organisational effectiveness.

7.2 Country data summaries

A short summary of survey results is produced for each of the MOs in each of the countries surveyed where sufficient survey data exists. Country data summaries (CDS) include a short

analysis of micro-indicators rated by MOPAN members, direct partners and other survey respondents at the country level.

Country Data Summaries are prepared in order to provide feedback to those who participated in the MOPAN assessment and to provide input for a dialogue process. These summaries highlight the main strengths and areas for improvement as perceived by survey respondents in each country. The data summaries are based on the perceptions of a range of stakeholders, which vary depending on the multilateral organisation assessed (MOPAN donors, clients/direct partners, peer organisations, etc.). They also describe differences in ratings between the different countries in which an organisation was assessed.

There are, however, some limitations to the MOPAN assessment at the country level. One relates to achieving an adequate response rate from each of the respondent groups and another is the sometimes high level of “don’t know” responses on the survey questions, particularly from MOPAN donors. The assessment team, together with MOPAN, takes these limitations into account when deciding what Country Data Summaries to prepare and which respondent groups to include in the analysis.

Country Data Summaries are not published and are shared only with individuals who attend the country workshop on the MOPAN assessment findings, which usually takes place in the first quarter of the year following the assessment.

8. Strengths and limitations of the Common Approach

MOPAN continues to improve methodology based on the experience of each year of implementation. The following strengths and limitations should be considered when reading MOPAN reports.

Strengths

- It has gone beyond an assessment of organisational systems, practices and behaviours to include an assessment of an organisation’s measurement of and reporting on development and/or humanitarian results at both the organisation-wide and country levels.
- The MOPAN Common Approach has its origin in bilateral assessment tools and is based on common international standards (as set out in bilateral assessments and internationally agreed indicators such as those developed as part of the Paris Declaration). In the long term, the intent is to replace or reduce the need for other assessment approaches by bilateral donors.
- It seeks perceptual information from different perspectives: MOPAN donors (at headquarters and in-country), direct partners/clients of multilateral organisations, peer organisations, and other relevant stakeholders. This is in line with the commitments made by donors to the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action, and the Busan High Level Forum regarding harmonisation, partner voice, and mutual accountability.
- It complements perceptual data with document review and interviews, thus using multiple sources of data. This should enhance the analysis, provide a basis for discussion of agency effectiveness, and increase the validity of the assessment through triangulation of data.
- The reports undergo a validation process, including multiple reviews by MOPAN members, and review by the multilateral organisation being assessed.
- MOPAN strives for consistency across its survey questions and document review for each of the multilateral organisations, while allowing for customisation to account for differences between types of multilateral organisations.

Limitations

MOPAN framework

- The countries are selected based on established MOPAN criteria and comprise only a small proportion of each institution's operations, thus limiting broader generalisations.
- The Common Approach indicators were designed for multilateral organisations that have operations in the field. For organisations that have limited field presence or that have regional structures in addition to headquarters and country operations, there have been some modifications made in the data collection method and there will be a need for greater nuance in the analysis of the data.
- The Common Approach framework was initially designed for multilateral organisations that have a development mandate. MOPAN has also tested and applied the framework for organisations with a humanitarian mandate but considerable adaptation of the framework is required in such cases.

Data sources

- The MOPAN Common Approach asks MOPAN members and the organisations assessed to select the most appropriate individuals to complete the survey. While MOPAN sometimes discusses the selection with the organisation being assessed, it has no means of determining whether the most knowledgeable and qualified individuals are those that complete the survey.
- The document review component works within the confines of an organisation's disclosure policy. In some cases, low document review ratings may be due to unavailability of organisational documents that meet the MOPAN criteria (some of which require a sample of a type of document, such as country plans, or require certain aspects to be documented explicitly). When information is insufficient to make a rating, this is noted in the charts.

Data collection instruments

- Three issues potentially affect survey responses. First, the survey instrument is long and a fatigue factor may affect responses and rates of response. Second, respondents may not have the knowledge to respond to all the questions (e.g. survey questions referring to internal operations of the organisation, such as financial accountability and delegation of decision-making, seem difficult for many respondents, who frequently answer 'don't know.'). Third, a large number of 'don't know' responses may imply that respondents did not understand certain questions.
- The rating choices provided in the MOPAN survey may not be used consistently by all respondents, especially across the many cultures involved in the MOPAN assessment. One potential limitation is 'central tendency bias' (i.e. a tendency in respondents to avoid extremes on a scale). Cultural differences may also contribute to this bias as respondents in some cultures may be unwilling to criticise or too eager to praise.
- Because one of MOPAN's intentions is to merge previously existing assessment tools into one, and to forestall the development of others, the survey instrument remains quite long.

Data analysis

- While the document review can serve to evaluate the contents of a document, it cannot assess the extent to which the spirit of that document has been implemented within the organisation (unless implementation is documented elsewhere).
- Mean scores are used in the MOPAN reports to provide central tendency values of the survey results. The mean has the advantage of being the most commonly understood measure of central tendency, however, there is a disadvantage in using the mean because of its sensitivity to extreme scores (outliers), particularly when samples are

small. The assessment team also reviews the median and standard deviations for each survey question and they are appended to the institutional report.

Ratings

- Although MOPAN uses recognised standards and criteria for what constitutes good practice for a multilateral organisation, such criteria do not exist for all MOPAN indicators. As a result, many of the criteria used in reviewing document content were developed by MOPAN in the course of the assessment process. The criteria are a work in progress and should not be considered definitive standards.
- The Common Approach assessment produces numerical scores or ratings that appear to have a high degree of precision, yet can only provide general indications of how an organisation is doing and a basis for discussion among MOPAN members, the multilateral organisation, and other stakeholders, including direct partners.
- MOPAN assessments used different rating scales. Whereas these differences can be justified according to the methodology used, it can lead to confusion to the readers of the report.
- The methodology for the development/humanitarian results component was designed to draw on the evidence of results achieved, as presented in the reports of a multilateral organisation. However, there is a critical difference between assessing the actual results achieved on the ground and assessing the evidence of results in the organisation's reports to its key stakeholders. This is a limitation that is inherent in the current approach.

Despite these limitations, MOPAN believes that the reports generally provide a reasonable picture of both the systems associated with the organisational effectiveness of multilateral organisations and the evidence of development and/or humanitarian results achieved.

Annex I – Criteria to determine the rating for the development results component KPIs

KPI A

Strong	Given the context, the organisation provides solid evidence of its contributions towards higher level results. The organisation is demonstrating progress towards its key corporate objectives or outcomes and clearly explains where progress has been significant or where progress has been slower, as well as the factors that have affected that progress. The description of progress is well supported by data from measuring indicators, evaluations, or other sources. The organisation has articulated theories of change that link the kinds of products and services that it provides to the kinds of development and/or humanitarian outcomes that it hopes to support. There is consistency across the different data sources, including the perceptions of the organisation's key stakeholders.
Adequate	Given the context, the organisation is demonstrating progress in some of its planned outcome areas. Although the organisation does not yet have a strong evidence base that describes progress or contributions towards outcomes, it does have consistent evidence of the completion and quality of its outputs. The theories of change in different areas are understandable at the organisational level. There may be some inconsistency across data sources.
Inadequate	The organisation does not provide evidence that it is meeting or moving toward most of its stated results. In addition, the theories of change are not well articulated. The exploration of different sources of data (including perceptions of key stakeholders) does not provide consistent evidence with regard to achieving results. While the organisation presents some data on progress towards its expected results, the evidence base is weak.
Weak	The organisation is not demonstrating progress towards its key corporate results. The organisation does not clearly articulate theories of change and the various sources of data collected do not provide a picture of an effective MO.

KPI B

Strong	The MO shows progress towards meeting its expected results in all countries assessed (taking into account their context). The organisation provides evidence that it is, in general, making progress towards higher level results at the country level. The country level data indicates that the MO is meeting its key goals or outcomes identified in its country strategy and clearly explains where progress has been significant or where progress has been slower, as well as the factors that have affected that progress. The description of progress is well supported by data from measuring indicators, evaluations, or other sources. The organisation has articulated theories of change that link the kinds of products and services that it provides to the kinds of development and/or humanitarian outcomes that it hopes to support. There is consistency across the different data sources, including the perceptions of the organisation's key stakeholders.
Adequate	The MO shows progress towards meeting its expected results in some of the countries assessed (taking into account their context). However, the organisation does not yet have a strong evidence base that describes progress or contributions towards outcomes. It does, however, have evidence on the completion of and quality of its outputs. The theories of change are understandable, but there may be some inconsistency across data sources.
Inadequate	The organisation does not provide useful evidence that indicates that it is meeting or moving toward most of its expected results in the countries assessed. In addition, its theories of change are not well articulated. The exploration of different sources of data (including perceptions of key stakeholders) does not provide a consistent picture of positive evidence with regard to achieving results. While the organisation presents some data on progress towards its expected results in the countries assessed, the evidence base is weak.
Weak	The organisation does not provide evidence that it is making progress towards key results articulated in its country strategy. The organisation does not clearly articulate theories of change and the various sources of data collected do not provide a picture of an effective MO.

KPI C

Strong	The organisation is consistently seen by surveyed stakeholders to respond to partner country priorities, provide innovative solutions to development and/or humanitarian challenges, and be flexible in its approach.
Adequate	The organisation demonstrates relevance through positive assessment on most, but not all, of the areas noted above. The assessment is somewhat inconsistent across the countries surveyed.
Inadequate	The organisation demonstrates relevance in only a few areas and the assessment is inconsistent across the countries surveyed.
Weak	There is a clear, more negative perception of the organisation's relevance in each area.

Appendix II MOPAN Common Approach Survey for WHO 2013

Note: This is the survey used to assess the WHO in 2013. It contains all of the possible questions, but not all questions were asked of all respondent groups.

[Introduction]

Welcome to the Survey for the 2013 MOPAN Common Approach and thank you for agreeing to participate. In responding to the survey, please base your answers on your perceptions and knowledge of the World Health Organization (WHO). Your perceptions may be shaped by your experience with and exposure to the WHO. Please rest assured that your answers will remain confidential. Any comments you make will not be attributable to you, or be used in a way that might identify you or your organisation as the author of these comments. Findings will be reported in aggregate form only. The survey should take approximately 45 minutes to complete. Please note, however, that it may take longer depending on the answers you give. Please also note that it would be ideal if you would complete the survey in one session; however, if you would like to continue the survey later, you can do this at any point by closing the internet browser that displays the survey (i.e. this window). When you are ready to continue, you can return to the point where you left off by clicking on the original link to the survey included in the email you received from us. If at any point you have questions about this survey please contact mopan@epinion.dk. You can move back and forth in the questionnaire if you would like to change a response or a comment. Your time spent in participating in the MOPAN Common Approach is very much appreciated. Please click the 'Start' button below to begin.

[1 - Samplegroup - single]

Samplegroup - Auto answered

- 1. HQ
- 2. CO
- 3. DP

4. TP

5. PO

[2 - single]

You have been identified as a key respondent to assess the organisational practices, systems and behaviours of the World Health Organization (WHO). You will also be asked to assess the extent to which WHO has achieved the development results it has set for itself at either the organisation-wide or country level. However, before answering the questionnaire we would like to know how familiar you are with WHO and the way it works. Please use the scale below to indicate your degree of familiarity, where 5 is "very familiar" and 1 is "not at all familiar".

- 1 - Not at all familiar
- 2
- 3
- 4
- 5 - Very familiar

[Condition 2= 1]

[ScreenOut Confirm]

You have indicated that you are not at all familiar with this organisation. This means that you will be screened out of the survey. Please hit 'Back' to modify your answer or hit 'Next' to exit the survey.

[3 - single]

Fake

- 1. Fake [Filtered]

[4 - single]

Which of the following best describes how often you have contact with WHO?

- 1. Daily
- 2. Weekly
- 3. Monthly
- 4. A few times per year or less
- 5. Never

[Condition 4= 5]

[ScreenOut Confirm]

You indicated that you never have contact with this organisation. This means that you will be screened out of the survey. Please hit 'Back' to modify your answer or hit 'Next' to exit the survey.

[5 - single]

Fake

- 1. Fake [Filtered]

[Overall Performance]

We would like to ask you a few questions about the effectiveness of WHO, its strengths and its areas for improvement.

[6 - single]

Thinking about WHO, and the way it operates, what do you consider to be its greatest strength? Please type your answer into the box below:

- 1. Note:

[7 - single]

Still thinking about WHO and the way it operates, what do you consider to be the area where it most needs improvement? Please type your answer into the box below:

- 1. Note:

[8 - single]

How would you rate WHO's overall organisational effectiveness?

(SEE DEFINITION BELOW) Please use the scale below, where 6 means "very effective" and 1 means "not effective at all".

- 1 - Not effective at all
- 2
- 3
- 4
- 5
- 6 - Very effective
- Don't Know

DEFINITION: Organisational effectiveness = Being organised to support partners to deliver expected results.

[Organisational Effectiveness]

We would like to start by asking you some questions regarding specific aspects of WHO's organisational effectiveness. In thinking about these questions, please consider all that you know about WHO.

[Performance Areas]

You will see a series of statements that describe the practices, systems or behaviours in any multilateral organisation. Please rate how you perceive WHO to perform in these areas. You will see a six-point scale as described below. The scale will remain the same for all statements pertaining to WHO's organisational effectiveness.

DEFINITION OF THE SCALE USED IN THE QUESTIONNAIRE:

- 1 - Very weak = WHO does not have this practice, behaviour or system in place and this is a source of concern.
- 2 - Weak = WHO has this practice, behaviour or system, but there are important deficiencies.
- 3 - Inadequate = WHO's practice, behaviour or system in this area has deficiencies that make it less than acceptable.
- 4 - Adequate = WHO's practice, behaviour or system is acceptable in this area.

5 - Strong = WHO's practice, behaviour or system is more than acceptable yet without being "best practice" in this area.

6 - Very strong = WHO's practice, behaviour or system is "best practice" in this area.

At the end of each section, you will have the opportunity to make comments on any of the statements.

The statements are divided into four areas: Strategic Management, Operational Management, Relationship Management and Knowledge Management.

[Strategic Management]

We would like to ask you about certain aspects of WHO's Strategic Management.

[Condition 1= 1 OR 1= 2 OR 1= 3 OR 1= 4]

[Governance and Leadership]

Providing Direction for the Achievement of Results

We would like to ask you some questions about WHO's ability to provide direction for the achievement of results. According to what you know, how do you think WHO performs in relation to the practices, systems or behaviours described in the following statements?

[9 - single]

WHO's institutional culture reinforces a focus on results.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[10 - single]

WHO's institutional culture is partner-focused.

(SEE DEFINITION BELOW)

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 1]

[11 - single]

WHO's senior management shows leadership on results management. (SEE DEFINITION BELOW)

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 1]

[12 - single]

WHO ensures the application of results management across the organisation.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[DEFINITION 1]

Partner-focused = Emphasis on the organisations that receive a direct transfer of finances and/or technical assistance from

a multilateral organisation - such as national government departments, civil society organisations and private entities.

[Condition 1= 1]

[DEFINITION 2]

Results management = Also known as management for results, or results-based management (RBM), it consists in managing and implementing aid in a way that focuses on the desired results and uses information to improve decision-making.

[Condition 1= 1 OR 1= 2 OR 1= 3 OR 1= 4]

[13 - single]

Do you have any additional comments on WHO's institutional culture and values in providing direction for the achievement of results?

- 1. Yes, please note:
- 2. No

[Condition 1= 1]

[Corporate Strategy1]

Organisation-wide Strategy

Still thinking about Strategic Management, but now about organisation-wide strategies, how do you think WHO performs in relation to the practices, systems or behaviours described in each of the following statements?

[14 - single]

WHO has a clear mandate.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[15 - single]

WHO's organisation-wide strategy/strategies are aligned with the mandate.

(SEE DEFINITION BELOW)

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

DEFINITION: Strategy/strategies = High level document(s) that guide and direct the operations of the multilateral organisation.

[Corporate Strategy2]

Cross-cutting Priorities

We would like you to think about how WHO approaches 'cross-cutting' priorities. According to what you know about WHO, how do you think it performs in relation to the practices, systems or behaviours described in each of the following statements?

[16 - single]

WHO sufficiently mainstreams gender equality in its work.

(SEE DEFINITION BELOW)

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[17 - single]

WHO sufficiently promotes environmental health in its work.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[18 - single]

WHO sufficiently promotes the principles of good governance in its work.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[19 - single]

WHO sufficiently mainstreams human rights-based approaches in its work. (SEE DEFINITION BELOW)

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

DEFINITION: Mainstreaming = The horizontal and vertical integration of a topic so as to produce process-related and programmatic results.

[Condition 1= 1 OR 1= 2 OR 1= 3 OR 1= 4]

[20 - single]

Do you have any additional comments on WHO's organisation-wide strategy?

- 1. Yes, please note:
- 2. No

[Condition 1= 5]

[21 - single]

Do you have any comments on how WHO approaches cross-cutting priorities?

- 1. Yes, please note:
- 2. No

[Condition 1= 2 OR 1= 3 OR 1= 4]

[Strategies-Country, Regional]

Strategies - Country Level

We would like to ask you about WHO's country programme documents, known as Country Cooperation Strategy (CCS) and workplans, how do you think WHO performs in relation to the practices, systems or behaviours described in each of the following statements?

[22 - single]

WHO's country programme documents (CCS and workplans) link results from project, sector and country levels.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[23 - single]

WHO's results frameworks include indicators at all levels (country, sector, and project/programme).

- 1. Very weak
- 2. Weak

- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[24 - single]

WHO's country programme documents (CCS and workplans) contain statements of expected results consistent with national development strategies. (SEE DEFINITION BELOW)

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[25 - single]

WHO consults with partners and beneficiaries to develop its expected results. (SEE DEFINITION BELOW)

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[26 - single]

WHO's country programme documents (CCS and workplans) include results related to cross-cutting priorities such as gender equality, environmental health, principles of good governance, and human rights-based approaches.

- 1. Very weak
- 2. Weak
- 3. Inadequate

- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

DEFINITION(S): National development strategies = National development strategies are plans or strategies that set out the country's national development priorities. Partners = Organisations that receive a direct transfer of finances and/or technical assistance from a multilateral organisation - such as national government departments, civil society organisations and private entities.

[Condition 1= 2 OR 1= 3 OR 1= 4]

[27 - single]

Do you have any additional comments on WHO's country programme documents?

- 1. Yes, please note:
- 2. No

[28 - single]

Is there anything further you would like to add about WHO's Strategic Management, that is developing and following strategies that reflect good practices in managing for development results? This could be anything related to the statements you have rated, or anything else you would like us to know.

- 1. Yes, please type your answer into the box below:
- 2. No

[Operational Management]

We would like to know what you think about Operational Management within WHO.

[Condition 1= 1 OR 1= 2 OR 1= 3 OR 1= 4]

[Financial Resources Management]

We would like to ask you some questions about WHO's financial resources management. According to what you know

about WHO, how do you think it performs in relation to the practices, systems or behaviours described in each of the following statements?

[29 - single]

WHO makes readily available its criteria for allocating resources.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[30 - single]

WHO allocates resources according to the criteria mentioned above.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 1]

[31 - single]

WHO links its Proposed Program Budget to expected results.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 1]

[32 - single]

WHO's reports on results include the amounts disbursed linked to achievement of those results.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 1]

[33 - single]

WHO conducts internal financial audits to provide credible information to its management/governing bodies.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 2 OR 1= 3 OR 1= 4]

[34 - single]

WHO's procurement and contract management processes for the provision of services or goods are effective.

(SEE DEFINITION BELOW)

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 2 OR 1= 3 OR 1= 4]

DEFINITION(S): Effective procurement/contract management processes = Procurement or contract management processes that are carried out in an efficient manner and the objectives are met.

[Condition 1= 1 OR 1= 2 OR 1= 3 OR 1= 4]
[35 - single]

Do you have any additional comments on WHO's financial resources management?

- 1. Yes, please note:
- 2. No

[Condition 1= 1 OR 1= 2 OR 1= 3 OR 1= 4]

[Performance Management]

We would like you to think about WHO's performance management, that is - the way WHO manages the performance of its operations. According to what you know about WHO, how do you think it performs in relation to the practices, systems or behaviours described in each of the following statements?

[Condition 1= 1]
[36 - single]

WHO uses project/programme, sector and country information on performance to revise organisational policies.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 2 OR 1= 3 OR 1= 4]
[37 - single]

WHO uses information on its projects/programmes or initiatives to plan

new areas of cooperation at the country level.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 2 OR 1= 3 OR 1= 4]
[38 - single]

WHO's poorly performing programmes and projects are addressed proactively to improve performance.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 1]
[39 - single]

WHO appropriately tracks the implementation of evaluation recommendations reported to its Executive Committee/Board.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 1 OR 1= 2 OR 1= 3 OR 1= 4]
[40 - single]

Do you have any additional comments on WHO's performance management?

- 1. Yes, please note:
- 2. No

[Condition 1= 2 OR 1= 3 OR 1= 4]

[Human Resources Management]

We would like you to think about the way that WHO manages its human resources. According to what you know about WHO, how do you think it performs in relation to the practices, systems or behaviours described in the following statement?

[41 - single]

WHO keeps deployed international staff in country offices for a sufficient time to maintain effective partnerships at country level.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 2 OR 1= 3 OR 1= 4]

[42 - single]

Do you have any additional comments on how WHO manages human resources?

- 1. Yes, please note:
- 2. No

[Condition 1= 2 OR 1= 3 OR 1= 4]

[Portfolio Management]

We would like you to think about WHO's portfolio management. According to what you know about WHO, how do you think it performs in relation to the practices,

systems or behaviours described in the following statements?

[Condition 1= 2]

[43 - single]

WHO subjects new programming initiatives to impact analysis.

(SEE DEFINITION BELOW)

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[44 - single]

WHO country offices have sufficient delegated authority to manage activities at a country level.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[45 - single]

WHO can approve funding for new areas of cooperation locally, within a budget cap.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 2]

DEFINITION(S): Impact analysis = Includes the analysis of environmental, social and economic impacts.

[Condition 1= 5 OR 47= 1 OR 47= 3 OR 47= 5]

[Condition 1= 2 OR 1= 3 OR 1= 4]

[46 - single]

Do you have any additional comments on WHO's portfolio management?

- 1. Yes, please note:
- 2. No

[Humanitarian principles]

We would like you to think about the way that WHO ensures adherence to humanitarian principles. According to what you know about WHO, how do you think it performs in relation to the practices, systems or behaviours described in each of the following statements?

[Condition 1= 2 OR 1= 3 OR 1= 4 OR 1= 5]

[48 - single]

[Condition 1= 2 OR 1= 3 OR 1= 4]

WHO's commitments to humanitarian principles are respected in the delivery of emergency assistance and/or in humanitarian response.

[47 - single]

Humanitarian Principles

(SEE DEFINITION BELOW)

WHO's adherence to humanitarian principles is being assessed in three countries (Ethiopia, Indonesia, and Pakistan). Please indicate the country where you are currently based:

- 1. Ethiopia
- 2. Guatemala
- 3. Indonesia
- 4. Mozambique
- 5. Pakistan
- 6. Vietnam
- 7. None of the above - Please note:

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 47= 2 OR 47= 4 OR 47= 6 OR 47= 7]

[49 - single]

[Confirmation]

You have indicated that you are not based in any of the countries where the WHO is being assessed on its adherence to humanitarian principles. We will, therefore, not ask you questions on this matter. However, if you made an error and you are based in Ethiopia, Indonesia or Pakistan, please hit 'Back' to modify your answer. Otherwise, please hit 'Next' to proceed with the following sections of the survey.

WHO maintains on-going policy dialogue with partners on the importance of observing humanitarian principles in delivering emergency assistance, particularly in cases of protracted crises and complex emergencies.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

DEFINITION(S): Humanitarian principles = Key humanitarian principles are: humanity, neutrality, impartiality, and independence.

[Condition 1= 5 OR 47= 1 OR 47= 3 OR 47= 5]

[50 - single]

Do you have any additional comments on WHO's adherence to humanitarian principles?

- 1. Yes, please note:
- 2. No

[51 - single]

Before moving on to the next section, is there anything further you would like to add about WHO's Operational Management - that is, managing operations in a way that is performance-oriented, thus ensuring organisational accountability for resources and results? This could be anything related to the statements you have rated, or anything else you would like us to know.

- 1. Yes, please type your answer into the box below:
- 2. No

[Relationship Management]

We would like to ask you about some aspects of Relationship Management, particularly WHO's relationship with its partners and other stakeholders.

[Condition 1= 2 OR 1= 3 OR 1= 4]

[Ownership]

We would like you to consider the extent to which WHO promotes national ownership through its work. According to what you know about WHO, how do you think it performs in relation to the practices, systems or behaviours described in each of the following statements?

[52 - single]

WHO supports funding proposals designed and developed by the national government or other direct partners.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[53 - single]

WHO uses procedures that can be easily understood and followed by partners.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[54 - single]

The length of time it takes to complete WHO procedures does not affect implementation.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[55 - single]

WHO adjusts its overall work/portfolio in the country quickly, to respond to changing circumstances.

- 1. Very weak

- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[56 - single]

WHO flexibly adjusts its implementation of individual projects/programmes as learning occurs.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 2 OR 1= 3 OR 1= 4]

[57 - single]

Do you have any additional comments on WHO's efforts to support national ownership?

- 1. Yes, please note:
- 2. No

[Condition 1= 1 OR 1= 2 OR 1= 3 OR 1= 4]

[Alignment]

We would like you to think about the extent to which WHO aligns its work with that of its partners. According to what you know about WHO, how do you think it performs in relation to the practices, systems or behaviours described in each of the following statements?

[Condition 1= 2 OR 1= 3 OR 1= 4]

[58 - single]

WHO uses financial country systems (i.e., public financial management and

procurement) as a first option for its operations where appropriate.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 2 OR 1= 3 OR 1= 4]

[59 - single]

WHO uses country non-financial systems (e.g., monitoring and evaluation) as a first option for its operations, where appropriate.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 2 OR 1= 3 OR 1= 4]

[60 - single]

WHO avoids the use of parallel project implementation units.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 2 OR 1= 3 OR 1= 4]

[61 - single]

WHO encourages mutual accountability assessments of Paris Declaration and subsequent Aid Effectiveness commitments

(Accra Agenda for Action, Busan High Level Forum).

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 1 OR 1= 2 OR 1= 3 OR 1= 4]

[62 - single]

WHO provides valuable inputs to policy dialogue.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 1 OR 1= 2 OR 1= 3 OR 1= 4]

[63 - single]

WHO respects the views of partners when it undertakes policy dialogue.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 1 OR 1= 2 OR 1= 3 OR 1= 4]

[64 - single]

Do you have any additional comments on WHO's performance with regard to alignment?

- 1. Yes, please note:

- 2. No

[Condition 1= 2 OR 1= 3 OR 1= 4 OR 1= 5]

[Harmonisation]

We would like to ask you questions on the extent to which WHO harmonises its work with that of partners. According to what you know about WHO, how do you think it performs in relation to the practices, systems or behaviours described in each of the following statements?

[Condition 1= 2 OR 1= 3 OR 1= 4]

[65 - single]

WHO engages in joint planning, programming, monitoring, and reporting with bilateral and multilateral partners.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 2 OR 1= 3 OR 1= 4]

[66 - single]

WHO's technical assistance is provided through coordinated programmes in support of capacity development.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 5 OR 47= 1 OR 47= 3 OR 47= 5]

[67 - single]

WHO implements coordinated rapid assessments to identify health needs and risks. (SEE NOTE BELOW)

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 5 OR 47= 1 OR 47= 3 OR 47= 5]

[68 - single]

WHO dedicates sufficient analytical resources and policy-level engagement to strategic activities within the cluster.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 5 OR 47= 1 OR 47= 3 OR 47= 5]

[69 - single]

WHO provides sufficient qualified, dedicated staff for coordination of the cluster.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 5 OR 47= 1 OR 47= 3 OR 47= 5]

[70 - single]

WHO monitors implementation of the cluster strategy and regularly reports on results.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 5 OR 47= 1 OR 47= 3 OR 47= 5]

DEFINITION: Rapid assessments = Rapid assessments, in this case, are to be understood in the context of an activated Health Cluster.

[Condition 1= 2 OR 1= 3 OR 1= 4 OR 1= 5]

[71 - single]

Do you have any additional comments on WHO's performance with regard to harmonisation?

- 1. Yes, please note:
- 2. No

[Condition 1= 1 OR 1= 2 OR 1= 3 OR 1= 4 OR 1= 5]

[72 - single]

Before moving on to the next section, is there anything further you would like to add about WHO's Relationship Management - that is, engaging in relationships with partners and other donors at the country level in ways that contribute to aid effectiveness? This could be anything related to the statements you have rated, or anything else you would like us to know.

- 1. Yes, please type your answer into the box below:
- 2. No

[Condition 1= 1 OR 1= 2 OR 1= 3 OR 1= 4]

[Knowledge Management]

In this section we would like to ask you about Knowledge Management within WHO.

[Performance Evaluation]

We would like to ask you about performance evaluation within the organisation. According to what you know about WHO, how do you think it performs in relation to the practices, systems or behaviours described in the following statement?

[Condition 1= 1]

[73 - single]

WHO ensures the independence of its evaluation unit.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 1]

[74 - single]

WHO uses evaluation findings in its decisions on programming, policy and strategy.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 2 OR 1= 3 OR 1= 4]

[75 - single]

WHO involves partners and beneficiaries in evaluations of its projects or programmes.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[76 - single]

Do you have any additional comments on performance evaluation within WHO?

- 1. Yes, please note:
- 2. No

[Condition 1= 1]

[Performance Reporting]

Please think now about performance reporting.

According to what you know about WHO, how do you think it performs in relation to the practices, systems or behaviours described in each of the following statements?

[77 - single]

WHO reports to the Executive Board provide clear measures of achievement of outcomes.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[78 - single]

WHO reports adequately against its organisational strategy.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[79 - single]

WHO reports to the governing body on performance in relation to its aid effectiveness commitments (e.g. Paris Declaration/Busan).

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 1]

[80 - single]

Do you have any additional comments on WHO's performance reporting?

- 1. Yes, please note:
- 2. No

[Condition 1= 1]

[Dissemination]

Dissemination of Lessons Learned

We would like you to think about how WHO disseminates lessons learned.

According to what you know about WHO, how do you think it performs in relation to the practices, systems or behaviours described in each of the following statements?

[81 - single]

WHO identifies and disseminates lessons learned from performance information.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[82 - single]

WHO provides opportunities at all levels of the organisation to share lessons from practical experience.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 1]

[83 - single]

Do you have any additional comments on how WHO disseminates lessons learned?

- 1. Yes, please note:
- 2. No

[Condition 1= 1 OR 1= 2 OR 1= 3 OR 1= 4]

[84 - single]

Is there anything further you would like to add about WHO's Knowledge Management - that is, developing feedback and reporting mechanisms and learning strategies that facilitate the sharing of knowledge and performance information? This could be anything related to the statement(s) you have rated, or anything else you would like us to know.

1. Yes, please type your answer into the box below:

2. No

[Condition 1= 1 OR 47= 1 OR 47= 2 OR 47= 3 OR 47= 4 OR 47= 5 OR 47= 6]

[RESULTS COMPONENT]

We would now like to ask you some questions related to WHO's achievement of development results. In thinking about these questions, please consider all that you know about this multilateral organisation.

[Condition 1= 1 OR 47= 1 OR 47= 2 OR 47= 3 OR 47= 4 OR 47= 5 OR 47= 6]

[Results Achievement]

[Condition 1= 1]

[Info1]

You will see a series of statements related to the extent to which WHO has contributed to meeting its organisation-wide results.

[Condition 47= 1 OR 47= 2 OR 47= 3 OR 47= 4 OR 47= 5 OR 47= 6]

[Info2]

You will be presented with a series of statements on the extent to which WHO has made progress towards reaching its country-level goals and priorities. You will also be asked questions regarding the relevance of WHO's work vis-à-vis its major stakeholders.

[Condition 1= 1 OR 47= 1 OR 47= 2 OR 47= 3 OR 47= 4 OR 47= 5 OR 47= 6]

[Info3]

Please rate how you think WHO performs in these areas. You will see a six-point scale from "Very weak" to "Very strong", as described below. The scale will remain the same for all statements pertaining to WHO's achievement of development results. DEFINITION OF THE SCALE

USED IN THE QUESTIONNAIRE: 1 - Very weak = WHO has not made any contribution in this area and this is a source of concern. 2 - Weak = WHO has made some contributions in this area, but there are still some deficiencies. 3 - Inadequate = WHO has made some contributions in this area but they are less than acceptable. 4 - Adequate = WHO's contributions in this area are acceptable. 5 - Strong = WHO's contributions in this area are more than acceptable. 6 - Very strong = WHO's contributions in this area could be considered as "best practice". At the end of each section, you will have the opportunity to make comments on any of the statements.

[Condition 1= 1]

[Organisational-wide Results]

Results Achievement at the Organisational-wide Level

We would like to ask you some questions about the extent to which WHO is demonstrating progress towards its planned organisation-wide results. In thinking about these questions, please consider all that you know about the WHO and its programming strategies highlighted in the Medium-Term Strategic Plan 2008-2013.

[85 - single]

The WHO is making progress towards its objective of reducing the health, social and economic burden of communicable diseases.

1. Very weak

2. Weak

3. Inadequate

4. Adequate

5. Strong

6. Very strong

7. Don't Know

[86 - single]

The WHO is making progress towards its objective of combating HIV/AIDS, tuberculosis and malaria.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[87 - single]

The WHO is making progress towards its objective of preventing and reducing disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[88 - single]

The WHO is making progress towards its objective of reducing morbidity and mortality.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[89 - single]

The WHO is making progress towards its objective of improving health during key stages of life, including pregnancy,

childbirth, the neonatal period, childhood and adolescence.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[90 - single]

The WHO is making progress towards its objective of improving sexual and reproductive health and promoting active and healthy ageing for all individuals.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[91 - single]

The WHO is making progress towards its objective of reducing the health consequences of emergencies, disasters, crises and conflicts, and minimizing their social and economic impact.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[92 - single]

The WHO is making progress towards its objective of promoting health and development, and preventing or reducing risk factors for health conditions associated

with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[93 - single]

The WHO is making progress towards its objective of addressing the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[94 - single]

The WHO is making progress towards its objective of promoting a healthier environment, intensifying primary prevention and influencing public policies in all sectors so as to address the root causes of environmental threats to health.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[95 - single]

The WHO is making progress towards its objective of improving nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[96 - single]

The WHO is making progress towards its objective of improving health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[97 - single]

The WHO is making progress towards its objective of ensuring improved access, quality and use of medical products and technologies.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[Condition 1= 1]

[98 - single]

Do you have any additional comments on how WHO demonstrates progress towards its planned organisation-wide results?

- 1. Yes, please note:
- 2. No

[Condition 47= 1]

[Ethiopia]

[Country Results]

Achievement of Results in Ethiopia

We would like to ask you some questions on the extent to which WHO is demonstrating progress towards planned country-level results. In thinking about these questions, please consider all that you know about WHO's operations in Ethiopia.

[99 - single]

WHO Ethiopia has effectively contributed to reducing the health, social and economic burden of communicable diseases.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[100 - single]

WHO Ethiopia has effectively contributed to combating HIV/AIDS, tuberculosis and malaria.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong

7. Don't Know

[101 - single]

WHO Ethiopia has effectively contributed to preventing and reducing disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[102 - single]

WHO Ethiopia has effectively contributed to reducing morbidity and mortality.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[103 - single]

WHO Ethiopia has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[104 - single]

WHO Ethiopia has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[105 - single]

WHO Ethiopia has effectively contributed to reducing the health consequences of emergencies, disasters, crises and conflicts, and minimizing their social and economic impact.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[106 - single]

WHO Ethiopia has effectively contributed to promoting health and development, and preventing or reducing risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[107 - single]

WHO Ethiopia has effectively contributed to addressing the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[108 - single]

WHO Ethiopia has effectively contributed to promoting a healthier environment, intensifying primary prevention and influencing public policies in all sectors so as to address the root causes of environmental threats to health.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[109 - single]

WHO Ethiopia has effectively contributed to improving nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong

- 6. Very strong
- 7. Don't Know

[110 - single]

WHO Ethiopia has effectively contributed to improving health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[111 - single]

WHO Ethiopia has effectively contributed to ensuring improved access, quality and use of medical products and technologies.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[112 - single]

Do you have any additional comments on how WHO demonstrates progress towards planned results in Ethiopia?

- 1. Yes, please note:
- 2. No

[Relevance]

Relevance of WHO's Work in Ethiopia

We would like to ask you some questions about the extent to which the objectives and programme of work of WHO are relevant to its major stakeholders in Ethiopia. In

thinking about these questions, please consider all that you know about WHO's work in Ethiopia and reflect on WHO's ability to meet priority stakeholders' needs and maintain their support.

[113 - single]

WHO's activities respond to key development priorities in Ethiopia.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[114 - single]

WHO provides innovative solutions for development challenges in Ethiopia.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[115 - single]

WHO adapts its work to the changing conditions faced by Ethiopia.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[116 - single]

Do you have any additional comments on WHO's ability to meet the needs but also gain and maintain the support from its major stakeholders in Ethiopia?

- 1. Yes, please note:
- 2. No

[Condition 47= 2]
[Guatemala]

[Country Results]

Achievement of Results in Guatemala

We would like to ask you some questions on the extent to which WHO is demonstrating progress towards planned country-level results. In thinking about these questions, please consider all that you know about WHO's operations in Guatemala.

[117 - single]

WHO Guatemala has effectively contributed to reducing the health, social and economic burden of communicable diseases.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[118 - single]

WHO Guatemala has effectively contributed to combating HIV/AIDS, tuberculosis and malaria.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong

- 7. Don't Know

[119 - single]

WHO Guatemala has effectively contributed to preventing and reducing disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[120 - single]

WHO Guatemala has effectively contributed to reducing morbidity and mortality.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[121 - single]

WHO Guatemala has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[122 - single]

WHO Guatemala has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[123 - single]

WHO Guatemala has effectively contributed to addressing the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[124 - single]

WHO Guatemala has effectively contributed to promoting a healthier environment, intensifying primary prevention and influencing public policies in all sectors so as to address the root causes of environmental threats to health.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[125 - single]

WHO Guatemala has effectively contributed to improving nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[126 - single]

WHO Guatemala has effectively contributed to improving health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[127 - single]

Do you have any additional comments on how WHO demonstrates progress towards planned results in Guatemala?

- 1. Yes, please note:
- 2. No

[Relevance]

Relevance of WHO's Work in Guatemala

We would like to ask you some questions about the extent to which the objectives and programme of work of WHO are relevant to its major stakeholders in Guatemala. In thinking about these questions, please

consider all that you know about WHO's work in Guatemala and reflect on WHO's ability to meet priority stakeholders' needs and maintain their support.

[128 - single]

WHO's activities respond to key development priorities of Guatemala.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[129 - single]

WHO provides innovative solutions for development challenges in Guatemala.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[130 - single]

WHO adapts its work to the changing conditions faced by Guatemala.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[131 - single]

Do you have any additional comments on WHO's ability to meet the needs but also gain and maintain the support of its priority stakeholders in Guatemala?

- 1. Yes, please note:
- 2. No

[Condition 47= 3]

[Indonesia]

[Country Results]

Achievement of Results in Indonesia

We would like to ask you some questions about the extent to which WHO is demonstrating progress towards planned country-level results. In thinking about these questions, please consider all that you know about WHO's operations in Indonesia.

[132 - single]

WHO Indonesia has effectively contributed to reducing the health, social and economic burden of communicable diseases.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[133 - single]

WHO Indonesia has effectively contributed to combating HIV/AIDS, tuberculosis and malaria.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[134 - single]

WHO Indonesia has effectively contributed to preventing and reducing disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[135 - single]

WHO Indonesia has effectively contributed to reducing morbidity and mortality.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[136 - single]

WHO Indonesia has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[137 - single]

WHO Indonesia has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[138 - single]

WHO Indonesia has effectively contributed to reducing the health consequences of emergencies, disasters, crises and conflicts, and minimizing their social and economic impact.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[139 - single]

WHO Indonesia has effectively contributed to promoting health and development, and preventing or reducing risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[140 - single]

WHO Indonesia has effectively contributed to addressing the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[141 - single]

WHO Indonesia has effectively contributed of promoting a healthier environment, intensifying primary prevention and influencing public policies in all sectors so as to address the root causes of environmental threats to health.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[142 - single]

WHO Indonesia has effectively contributed to improving nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong

7. Don't Know

[143 - single]

WHO Indonesia has effectively contributed to improving health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[144 - single]

WHO Indonesia has effectively contributed to ensuring improved access, quality and use of medical products and technologies.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[145 - single]

Do you have any additional comments on how WHO demonstrates progress towards planned results in Indonesia?

- 1. Yes, please note:
- 2. No

[Relevance]

Relevance of WHO's Work in Indonesia

We would like to ask you some questions about the extent to which the objectives and programme of work of WHO are relevant to its major stakeholders in Indonesia. In thinking about these questions, please

consider all that you know about WHO's work in Indonesia and WHO's ability to meet priority stakeholders' needs and maintain their support.

[146 - single]

WHO's activities respond to key development priorities of Indonesia.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[147 - single]

WHO provides innovative solutions for development challenges in Indonesia.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[148 - single]

WHO adapts its work to the changing conditions faced by Indonesia.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[149 - single]

Do you have any additional comments on WHO's ability to meet the needs but also gain and maintain the support of its priority stakeholders in Indonesia?

1. Yes, please note:

2. No

[Condition 47= 4]

[Mozambique]

[Country Results]

Achievement of Results in the Mozambique

We would like to ask you some questions about the extent to which WHO is demonstrating progress towards planned country-level results. In thinking about these questions, please consider all that you know about WHO's operations in Mozambique.

[150 - single]

WHO Mozambique has effectively contributed to reducing the health, social and economic burden of communicable diseases.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[151 - single]

WHO Mozambique has effectively contributed to combating HIV/AIDS, tuberculosis and malaria.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong

7. Don't Know

[152 - single]

WHO Mozambique has effectively contributed to preventing and reducing disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[153 - single]

WHO Mozambique has effectively contributed to reducing morbidity and mortality.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[154 - single]

WHO Mozambique has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[155 - single]

WHO Mozambique has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[156 - single]

WHO Mozambique has effectively contributed to reducing the health consequences of emergencies, disasters, crises and conflicts, and minimizing their social and economic impact.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[157 - single]

WHO Mozambique has effectively contributed to promoting health and development, and preventing or reducing risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong

7. Don't Know

[158 - single]

WHO Mozambique has effectively contributed to addressing the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[159 - single]

WHO Mozambique has effectively contributed to promoting a healthier environment, intensifying primary prevention and influencing public policies in all sectors so as to address the root causes of environmental threats to health.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[160 - single]

WHO Mozambique has effectively contributed to improving nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate

5. Strong

6. Very strong

7. Don't Know

[161 - single]

WHO Mozambique has effectively contributed to improving health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[162 - single]

WHO Mozambique has effectively contributed to ensuring improved access, quality and use of medical products and technologies.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[163 - single]

Do you have any additional comments on how WHO demonstrates progress towards planned results in Mozambique?

- 1. Yes, please note:
- 2. No

[Relevance]

Relevance of WHO's Work in Mozambique

We would like to ask you some questions about the extent to which the objectives and programme of work of WHO are relevant to its major stakeholders in Mozambique. In thinking about these questions, please consider all that you know about WHO's work in Mozambique and WHO's ability to meet priority stakeholders' needs and maintain their support.

[164 - single]

WHO's activities respond to key development priorities of Mozambique.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[165 - single]

WHO provides innovative solutions for development challenges in Mozambique.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[166 - single]

WHO adapts its work to the changing conditions faced by Mozambique.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[167 - single]

Do you have any additional comments on WHO's ability to meet the needs but also gain and maintain the support of its priority stakeholders in Mozambique?

- 1. Yes, please note:
- 2. No

[Condition 47= 5]

[Pakistan]

[Country Results]

Achievement of Results in Pakistan

We would like to ask you some questions about the extent to which WHO is demonstrating progress towards planned country-level results. In thinking about these questions, please consider all that you know about WHO's operations in Pakistan.

[168 - single]

WHO Pakistan has effectively contributed to reducing the health, social and economic burden of communicable diseases.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[169 - single]

WHO Pakistan has effectively contributed to combating HIV/AIDS, tuberculosis and malaria.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong

- 6. Very strong
- 7. Don't Know

[170 - single]

WHO Pakistan has effectively contributed to preventing and reducing disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[171 - single]

WHO Pakistan has effectively contributed to reducing morbidity and mortality.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[172 - single]

WHO Pakistan has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[173 - single]

WHO Pakistan has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[174 - single]

WHO Pakistan has effectively contributed to reducing the health consequences of emergencies, disasters, crises and conflicts, and minimizing their social and economic impact.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[175 - single]

WHO Pakistan has effectively contributed to promoting health and development, and preventing or reducing risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong

7. Don't Know

[176 - single]

WHO Pakistan has effectively contributed to addressing the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[177 - single]

WHO Pakistan has effectively contributed to promoting a healthier environment, intensifying primary prevention and influencing public policies in all sectors so as to address the root causes of environmental threats to health.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[178 - single]

WHO Pakistan has effectively contributed to improving nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate

5. Strong

6. Very strong

7. Don't Know

[179 - single]

WHO Pakistan has effectively contributed to improving health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[180 - single]

WHO Pakistan has effectively contributed to ensuring improved access, quality and use of medical products and technologies.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[181 - single]

Do you have any additional comments on how WHO demonstrates progress towards planned results in Pakistan?

- 1. Yes, please note:
- 2. No

[Relevance]

Relevance of WHO's Work in Pakistan

We would like to ask you some questions about the extent to which the objectives and

programme of work of WHO are relevant to its major stakeholders in Pakistan. In thinking about these questions, please consider all that you know about WHO's work in Pakistan and WHO's ability to meet priority stakeholders' needs and maintain their support.

[182 - single]

WHO's activities respond to key development priorities of Pakistan.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[183 - single]

WHO provides innovative solutions for development challenges in Pakistan.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[184 - single]

WHO adapts its work to the changing conditions faced by Pakistan.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[185 - single]

Do you have any additional comments on WHO's ability to meet the needs but also gain and maintain the support of its priority stakeholders in Pakistan?

- 1. Yes, please note:
- 2. No

[Condition 47= 6]

[Vietnam]

[Country Results]

Achievement of Results in Vietnam

We would like to ask you some questions about the extent to which WHO is demonstrating progress towards planned country-level results. In thinking about these questions, please consider all that you that know about WHO's operations in Vietnam.

[186 - single]

WHO Vietnam has effectively contributed to reducing the health, social and economic burden of communicable diseases.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[187 - single]

WHO Vietnam has effectively contributed to combating HIV/AIDS, tuberculosis and malaria.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong

7. Don't Know

[188 - single]

WHO Vietnam has effectively contributed to preventing and reducing disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[189 - single]

WHO Vietnam has effectively contributed to reducing morbidity and mortality.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[190 - single]

WHO Vietnam has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[191 - single]

WHO Vietnam has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[192 - single]

WHO Vietnam has effectively contributed to reducing the health consequences of emergencies, disasters, crises and conflicts, and minimizing their social and economic impact.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[193 - single]

WHO Vietnam has effectively contributed to promoting health and development, and preventing or reducing risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[194 - single]

WHO Vietnam has effectively contributed to addressing the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[195 - single]

WHO Vietnam has effectively contributed to promoting a healthier environment, intensifying primary prevention and influencing public policies in all sectors so as to address the root causes of environmental threats to health.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[196 - single]

WHO Vietnam has effectively contributed to improving nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong

 6. Very strong 7. Don't Know

[197 - single]

WHO Vietnam has effectively contributed to improving health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[198 - single]

WHO Vietnam has effectively contributed to ensuring improved access, quality and use of medical products and technologies.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[199 - single]

Do you have any additional comments on how WHO demonstrates progress towards planned results in Vietnam?

- 1. Yes, please note:
- 2. No

[Relevance]

Relevance of WHO's Work in Vietnam

We would like to ask you some questions about the extent to which the objectives and programme of work of WHO are relevant to its major stakeholders in Vietnam. In

thinking about these questions, please consider all that you know about WHO's work in Vietnam and WHO's ability to meet its priority stakeholders' needs and maintain their support.

[200 - single]

WHO's activities respond to key development priorities of Vietnam.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[201 - single]

WHO provides innovative solutions for development challenges in Vietnam.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[202 - single]

WHO adapts its work to the changing conditions faced by Vietnam.

- 1. Very weak
- 2. Weak
- 3. Inadequate
- 4. Adequate
- 5. Strong
- 6. Very strong
- 7. Don't Know

[203 - single]

Do you have any additional comments on WHO's ability to meet the needs but also gain and maintain the support of its priority stakeholders in Vietnam?

- 1. Yes, please note:
- 2. No

[Background Questions]

[Condition 1= 1 OR 1= 2]

[204 - single]

Background Questions

What MOPAN member country do you work for?

- 1. Australia
- 2. Austria
- 3. Belgium
- 4. Canada
- 5. Denmark
- 6. Finland
- 7. France
- 8. Germany
- 9. Ireland
- 10. Republic of Korea
- 11. The Netherlands
- 12. Norway
- 13. Spain
- 14. Sweden
- 15. Switzerland
- 16. United Kingdom
- 17. United States

[Condition 1= 1]

[205 - single]

What type of organisation do you work for? Choose the one that best describes your organisation:

- 1. MOPAN member organisation, based in offices in the MOPAN country.

2. MOPAN member organisation, based in the permanent mission or executive board office at the multilateral organisation.

3. Other:

[Condition 1= 2]

[206 - single]

What type of organisation do you work for? Choose the one that best describes your organisation:

1. MOPAN member organisation, based in country/regional offices (including embassies).

2. Other:

[Condition 1= 3 OR 1= 4 OR 1= 5]

[207 - single]

Background Questions

What type of organisation do you work for? Choose the one that best describes your organisation:

1. National parliament or legislature

2. Government - line ministry

3. Government - ministry of finance/statistics/planning/economics

4. Government - other

5. NGO or other civil society organisation

6. Academic institution

7. Multilateral organisation

8. Other:

[208 - single]

How would you define your level of seniority within the organisation? Choose the one that best describes your position:

1. Senior-level professional

2. Mid-level professional

3. Junior professional

[ALMOST DONE]

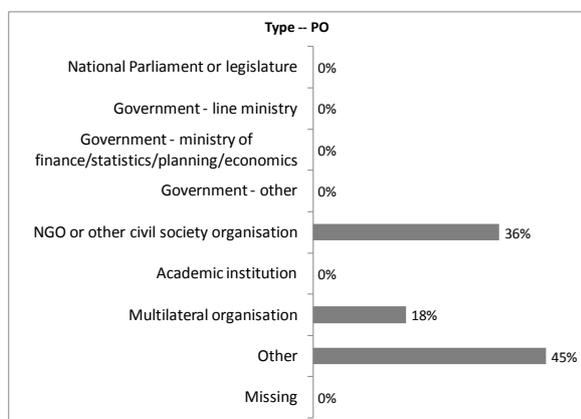
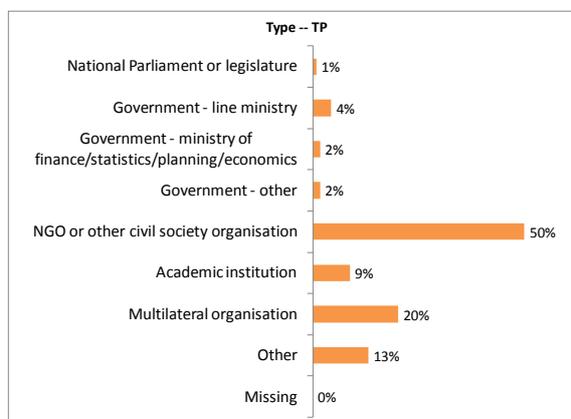
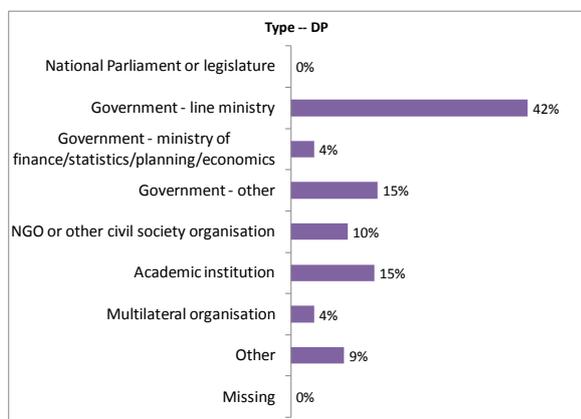
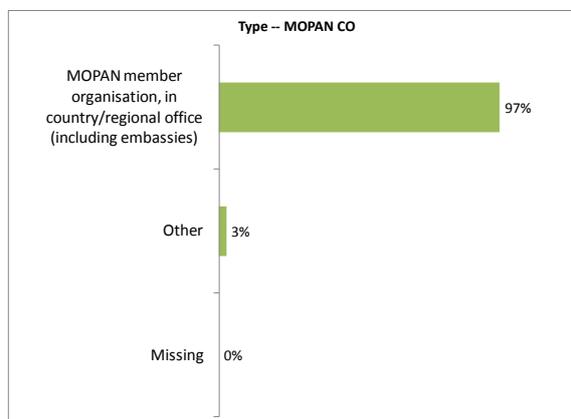
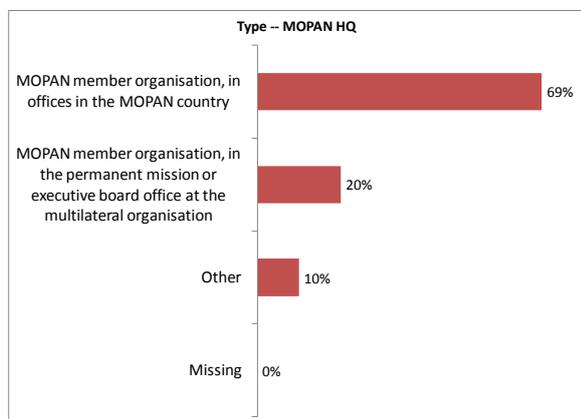
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[End of Interview]

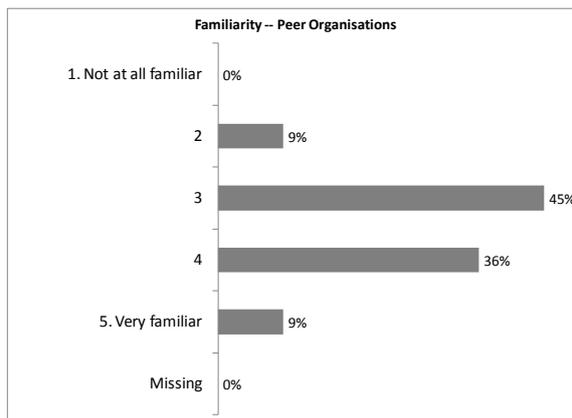
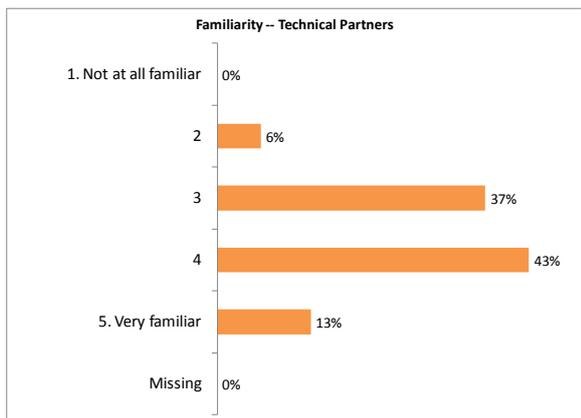
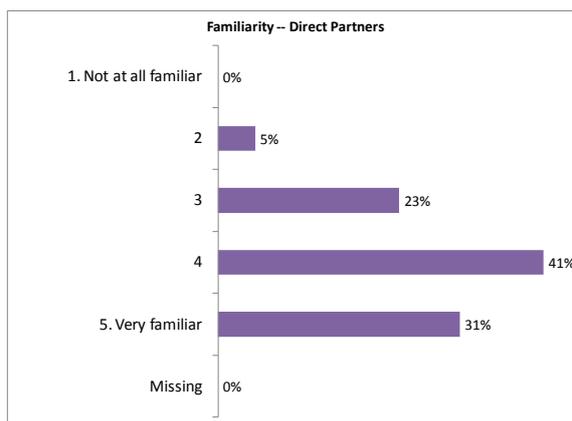
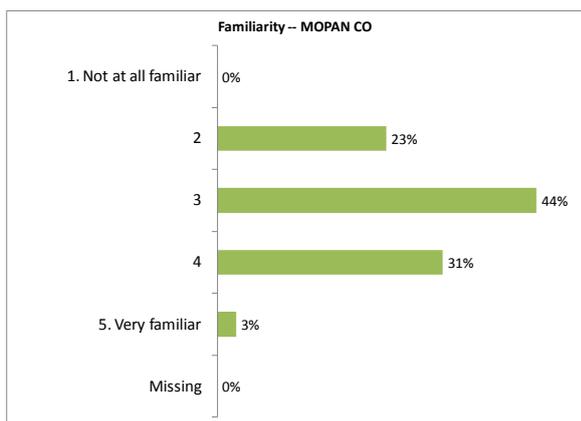
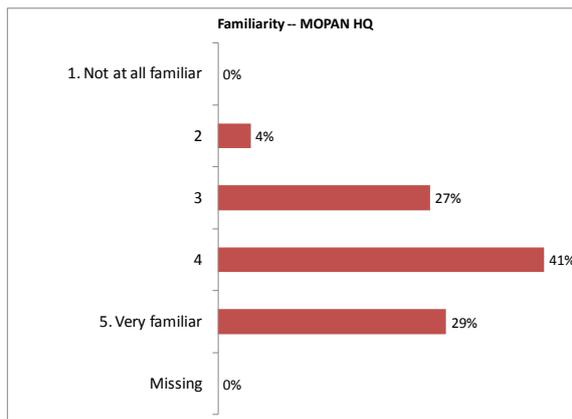
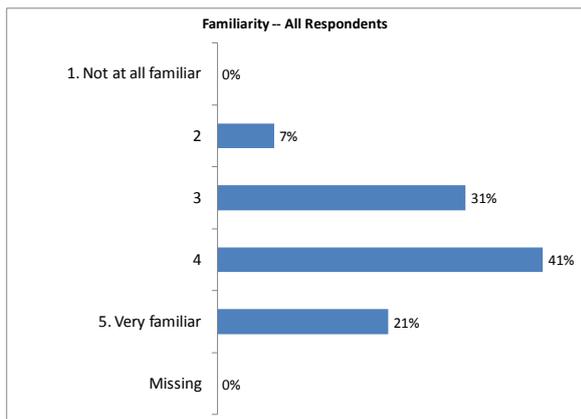
Thank you very much for sharing your insights and taking the time to answer this survey, which is aimed at improving the dialogue on the organisational learning and effectiveness of multilateral organisations.

Appendix III Respondent Profile

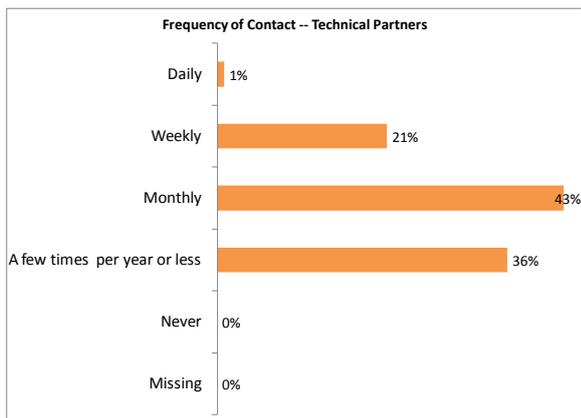
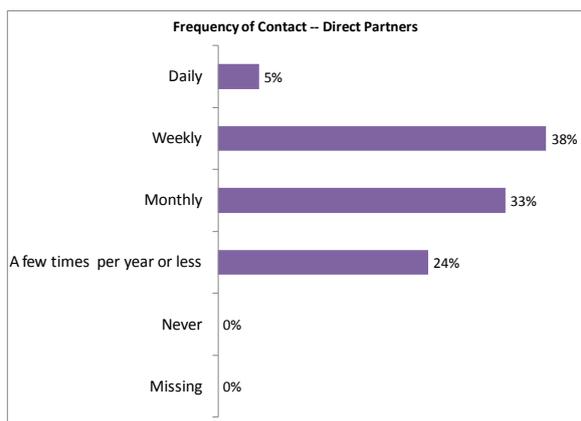
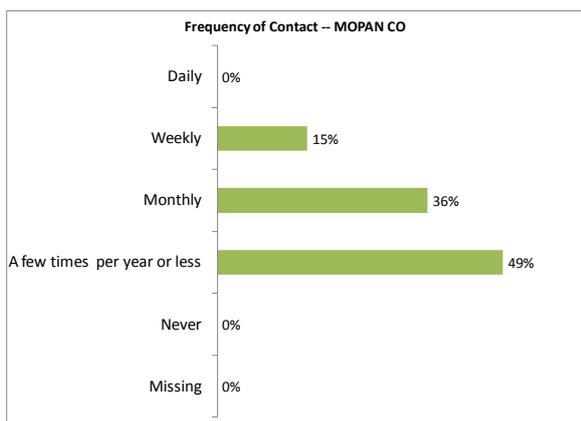
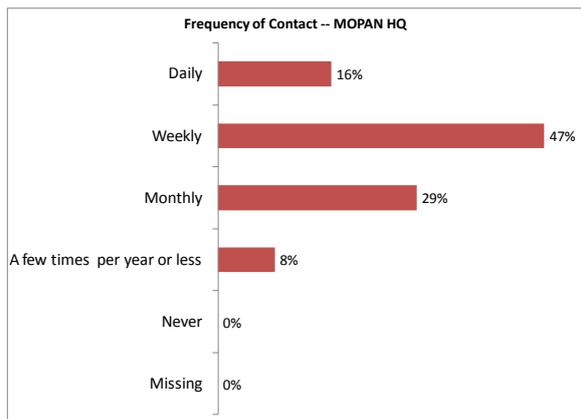
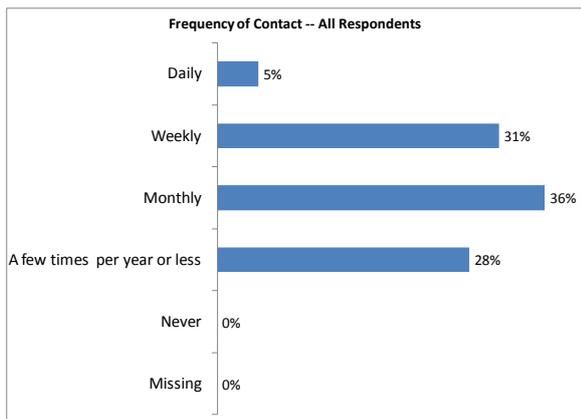
Type of Respondents



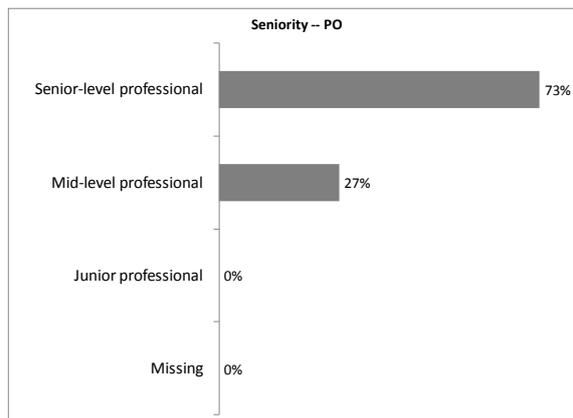
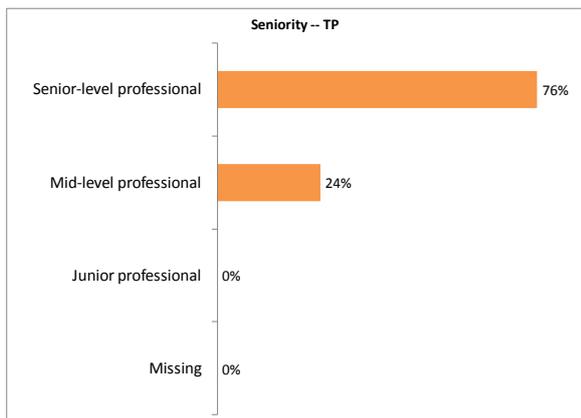
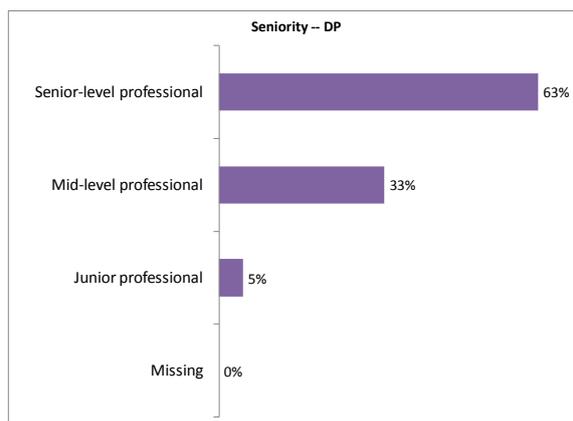
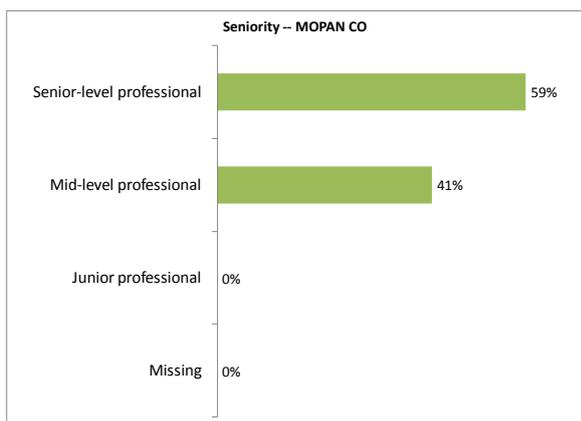
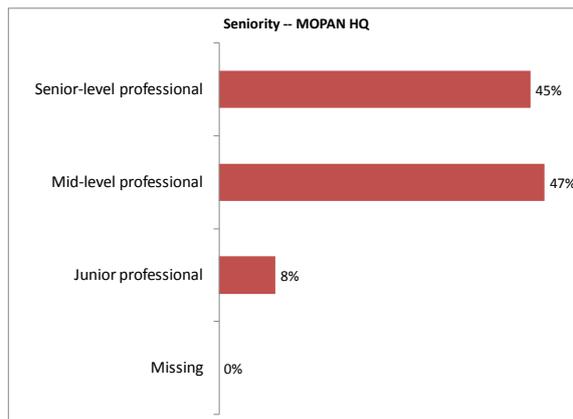
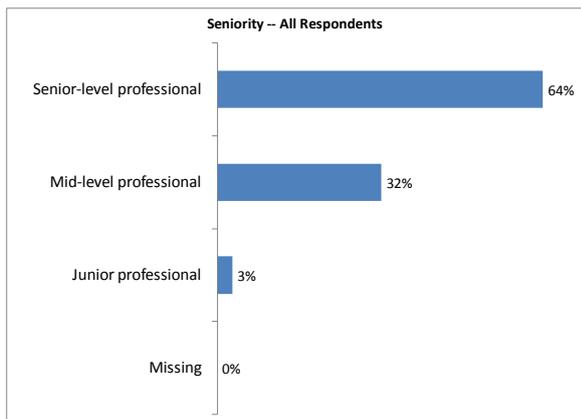
Respondent Familiarity with Multilateral Organisation



Respondent Frequency of Contact with Multilateral Organisation



Respondent Level of Seniority



Appendix IV Base Size and Rate of “Don’t Know” Responses

N (#) = number of respondents who were asked the question (un-weighted data) and replied ‘don’t know’.

% DK = percentage of respondents who indicated “Don’t Know” to the question (weighted data).

“--” indicates that the question was not asked among a particular respondent group

I- Strategic Management

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
KPI 1	The Multilateral Organisation's (MO) provides direction for the achievement of external/beneficiary focused results.												
MI	1.1 The MO has a value system that supports a results-orientation and a partner focus.	17	7%	2	4%	6	18%	4	3%	6	4%	--	--
Sub-MI	WHO's institutional culture reinforces a focus on results	16	7%	1	2%	7	20%	3	2%	5	4%	--	--
Sub-MI	WHO's institutional culture is partner focused	18	8%	3	6%	5	16%	4	3%	6	4%	--	--
MI	1.2 The MO's Executive Management shows leadership on results management.	1	2%	1	2%	--	--	--	--	--	--	--	--
MI	1.3 The MO promotes an organisation-wide policy on results management.	1	2%	1	2%	--	--	--	--	--	--	--	--
KPI 2	The MO's corporate/organisation-wide strategies are clearly focused on the mandate.												
MI	2.1 The MO's corporate/organisation-wide strategy is based on a clear definition of mandate.	1	1%	1	1%	--	--	--	--	--	--	--	--
Sub-MI	WHO has a clear mandate	0	0%	0	0%	--	--	--	--	--	--	--	--
Sub-MI	WHO's organisation-wide strategy/strategies are aligned with the mandate	1	2%	1	2%	--	--	--	--	--	--	--	--
KPI 4	The MO maintains focus on the cross-cutting thematic priorities identified in its strategic framework, and/or based on its mandate and international commitments.												
MI	4.1 Gender equality	46	12%	2	4%	10	20%	12	9%	19	14%	3	11%

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
MI	4.2 Environmental health	60	20%	10	20%	13	34%	8	6%	24	23%	5	17%
MI	4.3 Principles of good governance	43	14%	4	8%	7	21%	7	5%	18	13%	7	24%
MI	4.4 Human rights-based approaches	47	13%	4	8%	9	17%	11	7%	18	14%	5	18%
KPI 5	The MO's country strategy is results-focused.												
MI	5.1 Results frameworks link results at project, programme, sector, and country levels.	51	22%	--	--	10	33%	17	8%	24	24%	--	--
MI	5.2 Frameworks include indicators at project, programme, sector, and country levels.	53	21%	--	--	12	36%	15	8%	26	20%	--	--
MI	5.3 Statements of expected results are consistent with those in national development strategies and UNDAF, as appropriate.	47	19%	--	--	11	34%	16	8%	20	16%	--	--
MI	5.4 Statements of expected results are developed through consultation with direct partners and beneficiaries.	26	9%	--	--	6	12%	11	7%	9	7%	--	--
MI	5.5 Results for cross-cutting thematic priorities are included in country level results frameworks - gender equality, environmental health, principles of good governance, and human rights-based approaches.	57	24%	--	--	12	37%	18	11%	27	26%	--	--

II- Operational Management

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
KPI 6	The MO makes transparent and predictable aid allocation decisions.												
MI	6.1 The MO's criteria for allocating funding are publicly available.	61	19%	2	4%	15	35%	13	8%	31	27%	--	--
MI	6.2 The MO's allocations follow the criteria.	84	26%	6	12%	18	44%	20	12%	40	35%	--	--
MI	6.3 Aid flows or planned resources (financial/technical cooperation, etc) are released according to agreed schedules (in-year).	--	--	--	--	--	--	--	--	--	--	--	--
KPI 7	The MO engages in results-based budgeting.												
MI	7.1 Financial allocations are linked to results.	2	4%	2	4%	--	--	--	--	--	--	--	--
MI	7.2 Expenditures are linked to results.	3	6%	3	6%	--	--	--	--	--	--	--	--
KPI 8	The MO has policies and processes for financial accountability (audit, risk management, anti-corruption).												
MI	8.1 External financial audits meeting recognized international standards are performed across the organisation (External or UN Board of Auditors).	--	--	--	--	--	--	--	--	--	--	--	--
MI	8.2 External financial audits meeting recognized international standards are performed at the regional, country or project level (as appropriate).	--	--	--	--	--	--	--	--	--	--	--	--
MI	8.3 The MO has a policy on anti-corruption.	--	--	--	--	--	--	--	--	--	--	--	--
MI	8.4 Systems are in place for immediate measures against irregularities identified in financial audits at the country (or other) level.	--	--	--	--	--	--	--	--	--	--	--	--
MI	8.5 Internal financial audit processes are used to provide management/governing bodies with credible information.	4	8%	4	8%	--	--	--	--	--	--	--	--
MI	8.6 The MO's procurement and contract management processes for the provision of services or goods are effective.	76	32%	--	--	20	52%	20	13%	36	31%	--	--

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
MI	8.7 The MO has strategies in place for risk identification, mitigation, monitoring and reporting.	--	--	--	--	--	--	--	--	--	--	--	--
KPI 9	Performance information on results is used by the MO for:												
MI	9.1 Revising and adjusting policies	7	14%	7	14%	--	--	--	--	--	--	--	--
MI	9.2 Planning new interventions	44	23%	--	--	14	42%	9	5%	21	22%	--	--
MI	9.3 Poorly performing programmes, projects and/or initiatives are addressed proactively so as to improve performance.	79	33%	--	--	16	47%	22	15%	41	37%	--	--
MI	9.4 Evaluation recommendations reported to Executive Committee/Board are acted upon by the responsible units.	6	12%	6	12%	--	--	--	--	--	--	--	--
KPI 10	The MO manages human resources using methods to improve organisational performance.												
MI	10.1 Results focused performance assessment systems are in place for senior staff (Including Country Representatives).	--	--	--	--	--	--	--	--	--	--	--	--
MI	10.2 There is a transparent system in place to manage staff performance.	--	--	--	--	--	--	--	--	--	--	--	--
MI	10.3 Staff deployment in country is adequate for the development of effective country-level partnerships.	44	13%	--	--	5	9%	12	8%	27	21%	--	--
KPI 11	Country/regional programming processes are performance oriented.												
MI	11.1 Prior to approval, new initiatives are subject to benefits/impact analysis (economic, social, etc).	16	44%	--	--	16	44%	--	--	--	--	--	--
MI	11.2 Milestones/targets are set to rate the progress of (project) implementation.	--	--	--	--	--	--	--	--	--	--	--	--
KPI 12	The MO delegates decision-making authority (to the country or other levels).												
MI	12.1 Aid reallocation decisions can be made locally.	45	21%	--	--	12	35%	11	6%	22	22%	--	--

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
MI	12.2 New programmes/projects can be approved locally within a budget cap.	89	40%	--	--	24	63%	25	16%	40	41%	--	--
KPI 13	The MO ensures adherence to humanitarian principles (humanity, impartiality, neutrality, independence) in its field operations, particularly in conflict-related situations.												
MI	13.1 The MO's strategic framework for humanitarian response includes reference to humanitarian principles.	--	--	--	--	--	--	--	--	--	--	--	--
MI	13.2 The MO respects humanitarian principles while delivering humanitarian/emergency assistance.	21	10%	--	--	4	20%	7	7%	8	11%	2	6%
MI	13.3 The MO maintains ongoing policy dialogue with partners on the importance of observing humanitarian principles in full delivery of humanitarian assistance, particularly in cases of conflict.	25	10%	--	--	3	12%	10	8%	9	13%	3	8%

III- Relationship Management

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
KPI 14	The MO coordinates and directs its aid programming (including capacity building) at the country level in support of agreed national plans or partner plans.												
MI	14.1 Extent to which MO supported funding proposals have been fully designed and developed with the national government or direct partners, rather than conceptualized or initiated by MO itself.	25	12%	--	--	7	14%	9	6%	9	17%	--	--
KPI 15	The MO's procedures take into account local conditions and capacities.												
MI	15.1 The procedures of the MO can be easily understood and completed by partners.	31	17%	--	--	13	32%	4	3%	14	15%	--	--
MI	15.2 The length of time for completing MO procedures does not have a negative effect on implementation.	44	23%	--	--	15	43%	8	6%	21	21%	--	--
MI	15.3 The MO has the operational agility to respond quickly to changing circumstances on the ground.	40	18%	--	--	10	26%	11	8%	19	20%	--	--
MI	15.4 The MO has operational flexibility in the way it implements programmes/projects and deals with budget issues (during implementation).	47	21%	--	--	14	34%	11	7%	22	23%	--	--
KPI 16	The MO uses country systems for disbursement and operations.												
MI	16.1% of the MO's overall ODA disbursements / support recorded in the annual budget as revenue, grants, or ODA loans.	--	--	--	--	--	--	--	--	--	--	--	--
MI	16.2 The MO uses the country's financial systems as a first option for its operations (i.e., procurement and public financial management, etc).	88	32%	--	--	17	42%	25	15%	46	40%	--	--
MI	16.3 The MO uses the country's non-financial systems as a first option for its operations (e.g., monitoring and evaluation).	94	33%	--	--	16	40%	31	20%	47	40%	--	--
MI	16.4 The MO avoids parallel implementation structures.	78	29%	--	--	15	37%	25	15%	38	35%	--	--

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
MI	16.5 The extent to which the MO has promoted a mutual assessment of progress in implementing agreed partnership commitments (mutual accountability).	104	29%	--	--	10	26%	49	28%	45	34%	--	--
KPI 17	The MO adds value to policy dialogue with its direct partners.												
MI	17.1 The MO has reputation among its stakeholders for high quality, valued policy dialogue inputs.	19	5%	0	0%	4	8%	4	3%	11	9%	--	--
MI	17.2 The MO's policy dialogue is undertaken in a manner which respects partner views and perspectives.	23	7%	3	6%	6	11%	2	2%	12	9%	--	--
KPI 18	The MO harmonises arrangements and procedures with other programming partners (donors, UN agencies, etc), as appropriate.												
MI	18.1 The extent to which the MO engages in joint planning, programming, monitoring and reporting.	21	8%	--	--	5	10%	5	4%	11	9%	--	--
MI	18.2 The extent to which MO technical cooperation is disbursed through coordinated programmes.	15	6%	--	--	6	12%	2	1%	7	6%	--	--
MI	18.3 % of the MO's overall ODA disbursements/support that is for government-led PBAs (SWAPs, basket funding, etc).	--	--	--	--	--	--	--	--	--	--	--	--
KPI 19	In cases where the MO is a cluster lead, the MO dedicates sufficient resources to managing the cluster at all levels.												
MI	19.1 The MO implements coordinated rapid assessments to identify health needs and risks.	17	12%	--	--	4	20%	4	5%	6	18%	3	10%
MI	19.2 In cases where the MO is a cluster lead, the MO dedicates sufficient resources to managing the cluster at all levels.	19	8%	--	--	2	7%	9	8%	6	9%	2	7%
MI	19.3 The MO provides sufficient overall leadership within the cluster group via the provision of qualified, dedicated staff for coordination.	13	6%	--	--	2	7%	7	5%	2	3%	2	7%
MI	19.4 The MO monitors implementation of the cluster strategy and regularly reports on results.	22	12%	--	--	4	15%	7	7%	8	21%	3	10%

IV- Knowledge Management

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
KPI 20	The MO consistently evaluates its delivery and external results.												
MI	20.1 The MO has a structurally independent evaluation unit within its organisational structure that reports to senior management or the Executive Board.	13	27%	13	27%	--	--	--	--	--	--	--	--
MI	20.2 The evaluation function provides sufficient coverage of the MO's programming activity (projects, programmes, etc).	--	--	--	--	--	--	--	--	--	--	--	--
MI	20.3 The MO ensures quality of its evaluations.	--	--	--	--	--	--	--	--	--	--	--	--
MI	20.4 Evaluation findings are used to inform decisions on programming, policy, and strategy.	12	24%	12	24%	--	--	--	--	--	--	--	--
MI	20.5 Direct beneficiaries and stakeholder groups are involved in evaluation processes.	31	11%	--	--	8	16%	7	4%	16	13%	--	--
KPI 21	The MO presents performance information on its effectiveness.												
MI	21.1 Reports on the achievement of outcomes, not just inputs, activities and outputs.	1	2%	1	2%	--	--	--	--	--	--	--	--
MI	21.2 Reports performance using data obtained from measuring indicators.	--	--	--	--	--	--	--	--	--	--	--	--
MI	21.3 Reports against its organisation-wide strategy, including expected management and development results.	0	0%	0	0%	--	--	--	--	--	--	--	--
MI	21.4 Reports against its aid effectiveness commitments (e.g. Paris Declaration/Busan) using indicators and country targets.	11	22%	11	22%	--	--	--	--	--	--	--	--
MI	21.5 Reports on adjustments made or recommended to the organisation-wide policies and strategies based on performance information.	--	--	--	--	--	--	--	--	--	--	--	--
MI	21.6 Reports on country (or other) level programming adjustments made or recommended based on performance information.	--	--	--	--	--	--	--	--	--	--	--	--

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
KPI 22	The MO encourages the identification and documentation of lessons learned and/or best practices.												
MI	22.1 Reports on lessons learned based on performance information.	8	16%	8	16%	--	--	--	--	--	--	--	--
MI	22.2 Learning opportunities are organised to share lessons at all levels of the organisation.	15	31%	15	31%	--	--	--	--	--	--	--	--

Development Results Component

KPI A	Extent of MO progress towards its institutional/organisation-wide outcomes	Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
MI	A1 To reduce the health, social and economic burden of communicable diseases	3	6%	3	6%	--	--	--	--	--	--	--	--
MI	A2 To combat HIV/AIDS, tuberculosis and malaria	4	8%	4	8%	--	--	--	--	--	--	--	--
MI	A3 To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	4	8%	4	8%	--	--	--	--	--	--	--	--
MI	A4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	3	6%	3	6%	--	--	--	--	--	--	--	--
Sub-MI	The WHO is making progress towards its objective of reducing morbidity and mortality	3	6%	3	6%	--	--	--	--	--	--	--	--
Sub-MI	The WHO is making progress towards its objective of improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence	3	6%	3	6%	--	--	--	--	--	--	--	--
Sub-MI	The WHO is making progress towards its objective of improving sexual and reproductive health and promoting active and healthy ageing for all individuals	3	6%	3	6%	--	--	--	--	--	--	--	--
MI	A5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	6	12%	6	12%	--	--	--	--	--	--	--	--
MI	A6 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	4	8%	4	8%	--	--	--	--	--	--	--	--

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
MI	A7 To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	2	4%	2	4%	--	--	--	--	--	--	--	--
MI	A8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	4	8%	4	8%	--	--	--	--	--	--	--	--
MI	A9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	5	10%	5	10%	--	--	--	--	--	--	--	--
MI	A10 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	3	6%	3	6%	--	--	--	--	--	--	--	--
MI	A11 To ensure improved access, quality and use of medical products and technologies	7	14%	7	14%	--	--	--	--	--	--	--	--
KPI B	Ethiopia: Extent of MO contributions to country-level goals and priorities												
MI	B1 To reduce the health, social and economic burden of communicable diseases	3	7%	--	--	1	14%	0	0%	2	8%	--	--
MI	B2 To combat HIV/AIDS, tuberculosis and malaria	3	5%	--	--	0	0%	1	7%	2	8%	--	--
MI	B3 To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	4	7%	--	--	0	0%	2	14%	2	8%	--	--
MI	B4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	4	6%	--	--	0	0%	0	2%	4	15%	--	--

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
Sub-MI	WHO Ethiopia has effectively contributed to reducing morbidity and mortality	3	4%	--	--	0	0%	0	0%	3	12%	--	--
Sub-MI	WHO Ethiopia has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence	4	6%	--	--	0	0%	1	7%	3	12%	--	--
Sub-MI	WHO Ethiopia has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals	5	7%	--	--	0	0%	0	0%	5	20%	--	--
MI	B5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	6	10%	--	--	0	0%	2	14%	4	16%	--	--
MI	B6 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	5	11%	--	--	1	14%	1	7%	3	12%	--	--
MI	B7 To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	2	3%	--	--	0	0%	0	0%	2	8%	--	--
MI	B8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	6	10%	--	--	0	0%	2	14%	4	16%	--	--
MI	B9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	3	4%	--	--	0	0%	0	0%	3	12%	--	--
MI	B10 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	3	5%	--	--	0	0%	1	7%	2	8%	--	--
MI	B11 To ensure improved access, quality and use of medical products and technologies	4	6%	--	--	0	0%	1	7%	3	12%	--	--

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
KPI C	MO objectives and programme of work are relevant to major stakeholders												
MI	C1 The activities of the MO respond to key development priorities of the country.	3	5%	--	--	0	0%	1	7%	2	8%	--	--
MI	C2 The MO provides innovative solutions for development challenges in the country.	5	9%	--	--	0	0%	2	14%	3	12%	--	--
MI	C3 The MO adjusts its strategies and objectives according to the changing needs and priorities of the country.	4	7%	--	--	0	0%	2	14%	2	8%	--	--
KPI B	Guatemala: Extent of MO contributions to country-level goals and priorities												
MI	B1 To reduce the health, social and economic burden of communicable diseases	3	4%	--	--	0	0%	0	0%	3	12%	--	--
MI	B2 To combat HIV/AIDS, tuberculosis and malaria	4	5%	--	--	0	0%	0	0%	4	15%	--	--
MI	B3 To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	4	20%	--	--	1	50%	0	0%	3	12%	--	--
MI	B4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	3	19%	--	--	1	50%	0	0%	2	6%	--	--
Sub-MI	WHO Guatemala has effectively contributed to reducing morbidity and mortality	3	19%	--	--	1	50%	0	0%	2	8%	--	--
Sub-MI	WHO Guatemala has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence	3	19%	--	--	1	50%	0	0%	2	8%	--	--
Sub-MI	WHO Guatemala has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals	2	18%	--	--	1	50%	0	0%	1	4%	--	--

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
MI	B5 To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	3	19%	--	--	1	50%	1	5%	1	4%	--	--
MI	B6 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	3	19%	--	--	1	50%	1	5%	1	4%	--	--
MI	B7 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	1	1%	--	--	0	0%	0	0%	1	4%	--	--
MI	B8 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	3	4%	--	--	0	0%	1	5%	2	8%	--	--
KPI C	MO objectives and programme of work are relevant to major stakeholders												
MI	C1 The activities of the MO respond to key development priorities of the country.	1	17%	--	--	1	50%	0	0%	0	0%	--	--
MI	C2 The MO provides innovative solutions for development challenges in the country.	1	17%	--	--	1	50%	0	0%	0	0%	--	--
MI	C3 The MO adjusts its strategies and objectives according to the changing needs and priorities of the country.	1	17%	--	--	1	50%	0	0%	0	0%	--	--
KPI B	Indonesia: Extent of MO contributions to country-level goals and priorities												
MI	B1 To reduce the health, social and economic burden of communicable diseases	2	3%	--	--	0	0%	1	3%	1	5%	--	--
MI	B2 To combat HIV/AIDS, tuberculosis and malaria	4	5%	--	--	0	0%	2	6%	2	9%	--	--

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
MI	B3 To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	7	8%	--	--	0	0%	5	15%	2	9%	--	--
MI	B4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	7	11%	--	--	0	8%	3	10%	3	15%	--	--
Sub-MI	WHO Indonesia has effectively contributed to reducing morbidity and mortality	6	8%	--	--	0	0%	3	9%	3	14%	--	--
Sub-MI	WHO Indonesia has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence	7	9%	--	--	0	0%	4	12%	3	14%	--	--
Sub-MI	WHO Indonesia has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals	8	17%	--	--	1	25%	3	9%	4	18%	--	--
MI	B5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	5	6%	--	--	0	0%	3	9%	2	9%	--	--
MI	B6 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	6	8%	--	--	0	0%	3	9%	3	14%	--	--
MI	B7 To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	6	8%	--	--	0	0%	3	9%	3	14%	--	--
MI	B8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	6	8%	--	--	0	0%	3	9%	3	14%	--	--

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
MI	B9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	6	8%	--	--	0	0%	3	9%	3	14%	--	--
MI	B10 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	4	6%	--	--	0	0%	1	3%	3	14%	--	--
MI	B11 To ensure improved access, quality and use of medical products and technologies	7	16%	--	--	1	25%	3	9%	3	14%	--	--
KPI C	MO objectives and programme of work are relevant to major stakeholders												
MI	C1 The activities of the MO respond to key development priorities of the country.	3	5%	--	--	0	0%	0	0%	3	14%	--	--
MI	C2 The MO provides innovative solutions for development challenges in the country.	4	6%	--	--	0	0%	0	0%	4	18%	--	--
MI	C3 The MO adjusts its strategies and objectives according to the changing needs and priorities of the country.	2	3%	--	--	0	0%	0	0%	2	9%	--	--
KPI B	Mozambique: Extent of MO contributions to country-level goals and priorities												
MI	B1 To reduce the health, social and economic burden of communicable diseases	6	17%	--	--	3	30%	2	14%	1	6%	--	--
MI	B2 To combat HIV/AIDS, tuberculosis and malaria	4	11%	--	--	2	20%	2	14%	0	0%	--	--
MI	B3 To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	7	19%	--	--	3	30%	1	7%	3	19%	--	--
MI	B4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	5	14%	--	--	2	23%	1	7%	2	13%	--	--

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		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
Sub-MI	WHO Mozambique has effectively contributed to reducing morbidity and mortality	5	14%	--	--	3	30%	1	7%	1	6%	--	--
Sub-MI	WHO Mozambique has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence	5	13%	--	--	2	20%	1	7%	2	13%	--	--
Sub-MI	WHO Mozambique has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals	6	15%	--	--	2	20%	1	7%	3	19%	--	--
MI	B5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	3	7%	--	--	1	10%	0	0%	2	13%	--	--
MI	B6 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	7	19%	--	--	3	30%	2	14%	2	13%	--	--
MI	B7 To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	7	17%	--	--	2	20%	1	7%	4	25%	--	--
MI	B8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	11	28%	--	--	3	30%	3	21%	5	31%	--	--
MI	B9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	8	21%	--	--	3	30%	2	14%	3	19%	--	--
MI	B10 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	3	7%	--	--	1	10%	0	0%	2	13%	--	--
MI	B11 To ensure improved access, quality and use of medical products and technologies	7	17%	--	--	2	20%	1	7%	4	25%	--	--

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
KPI C	MO objectives and programme of work are relevant to major stakeholders												
MI	C1 The activities of the MO respond to key development priorities of the country.	5	12%	--	--	1	10%	1	7%	3	19%	--	--
MI	C2 The MO provides innovative solutions for development challenges in the country.	7	17%	--	--	2	20%	1	7%	4	25%	--	--
MI	C3 The MO adjusts its strategies and objectives according to the changing needs and priorities of the country.	7	17%	--	--	2	20%	1	7%	4	25%	--	--
KPI B	Pakistan: Extent of MO contributions to country-level goals and priorities												
MI	B1 To reduce the health, social and economic burden of communicable diseases	2	1%	--	--	0	0%	2	4%	0	0%	--	--
MI	B2 To combat HIV/AIDS, tuberculosis and malaria	4	9%	--	--	2	22%	2	4%	0	0%	--	--
MI	B3 To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	5	14%	--	--	0	0%	4	7%	1	33%	--	--
MI	B4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	4	14%	--	--	1	15%	2	-4%	1	22%	--	--
Sub-MI	WHO Pakistan has effectively contributed to reducing morbidity and mortality	4	16%	--	--	1	11%	2	4%	1	33%	--	--
Sub-MI	WHO Pakistan has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence	3	5%	--	--	1	11%	2	4%	0	0%	--	--
Sub-MI	WHO Pakistan has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals	5	20%	--	--	2	22%	2	4%	1	33%	--	--

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
MI	B5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	3	5%	--	--	1	11%	2	4%	0	0%	--	--
MI	B6 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	5	12%	--	--	3	33%	2	4%	0	0%	--	--
MI	B7 To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	3	8%	--	--	2	22%	1	2%	0	0%	--	--
MI	B8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	3	5%	--	--	1	11%	2	4%	0	0%	--	--
MI	B9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	4	13%	--	--	0	0%	3	5%	1	33%	--	--
MI	B10 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	3	8%	--	--	2	22%	1	2%	0	0%	--	--
MI	B11 To ensure improved access, quality and use of medical products and technologies	5	17%	--	--	1	11%	3	5%	1	33%	--	--
KPI C	MO objectives and programme of work are relevant to major stakeholders												
MI	C1 The activities of the MO respond to key development priorities of the country.	1	1%	--	--	0	0%	1	2%	0	0%	--	--
MI	C2 The MO provides innovative solutions for development challenges in the country.	5	15%	--	--	4	44%	1	2%	0	0%	--	--

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
MI	C3 The MO adjusts its strategies and objectives according to the changing needs and priorities of the country.	1	1%	--	--	0	0%	1	2%	0	0%	--	--
KPI B	Vietnam: Extent of MO contributions to country-level goals and priorities												
MI	B1 To reduce the health, social and economic burden of communicable diseases	3	7%	--	--	1	14%	1	3%	1	4%	--	--
MI	B2 To combat HIV/AIDS, tuberculosis and malaria	8	14%	--	--	1	14%	2	6%	5	22%	--	--
MI	B3 To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	11	25%	--	--	3	43%	2	6%	6	26%	--	--
MI	B4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	10	21%	--	--	2	33%	3	11%	5	20%	--	--
Sub-MI	WHO Vietnam has effectively contributed to reducing morbidity and mortality	6	19%	--	--	3	43%	0	0%	3	13%	--	--
Sub-MI	WHO Vietnam has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence	13	23%	--	--	2	29%	6	19%	5	22%	--	--
Sub-MI	WHO Vietnam has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals	12	22%	--	--	2	29%	4	13%	6	26%	--	--
MI	B5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	19	42%	--	--	5	71%	6	19%	8	35%	--	--

		Total		HQ		CO		DP		TP		PO	
		N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK	N#	%DK
MI	B6 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	11	25%	--	--	3	43%	3	10%	5	22%	--	--
MI	B7 To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	11	24%	--	--	3	43%	5	16%	3	13%	--	--
MI	B8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	11	28%	--	--	4	57%	3	10%	4	17%	--	--
MI	B9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	7	19%	--	--	3	43%	2	6%	2	9%	--	--
MI	B10 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	9	19%	--	--	2	29%	2	6%	5	22%	--	--
MI	B11 To ensure improved access, quality and use of medical products and technologies	12	23%	--	--	2	29%	3	10%	7	30%	--	--
KPI C	MO objectives and programme of work are relevant to major stakeholders												
MI	C1 The activities of the MO respond to key development priorities of the country.	2	3%	--	--	0	0%	0	0%	2	9%	--	--
MI	C2 The MO provides innovative solutions for development challenges in the country.	6	18%	--	--	3	43%	2	6%	1	4%	--	--
MI	C3 The MO adjusts its strategies and objectives according to the changing needs and priorities of the country.	6	19%	--	--	3	43%	0	0%	3	13%	--	--

Appendix V KPI and MI Data by Performance Area

Mean Score: calculation of mean scores includes the application of weighting factors to the respondent sample as follows:

- a) equal weight is given to the views of each of the five respondent groups;
- b) equal weight is given to each of the countries where the survey took place;
- c) equal weight is given to respondent groups within each country where the survey took place

However, the base is un-weighted.²⁸ Total – includes all respondents. "--" indicates that the question was not asked among a particular respondent group

Strong (4.5-5.49)
Adequate (3.5-4.49)

I- Strategic Management

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
<i>Base (un-weighted)</i>													
KPI 1	The Multilateral Organisation's (MO) provides direction for the achievement of external/beneficiary focused results.	3.71	3.60	3.46	4.57	4.29	--	0.94	0.87	1.14	0.92	0.99	--
MI	1.1 The MO has a value system that supports a results-orientation and a partner focus.	4.02	3.69	3.46	4.57	4.29	--	1.07	0.84	1.14	0.92	0.99	--
Sub-MI	WHO's institutional culture reinforces a focus on results	3.89	3.38	3.31	4.51	4.26	--	1.07	0.81	1.12	0.90	0.95	--
Sub-MI	WHO's institutional culture is partner focused	4.16	4.00	3.60	4.63	4.33	--	1.07	0.87	1.17	0.93	1.03	--
MI	1.2 The MO's Executive Management shows leadership on results management.	3.94	3.94	--	--	--	--	0.91	0.91	--	--	--	--
MI	1.3 The MO promotes an organisation-wide policy on results management.	3.17	3.17	--	--	--	--	0.86	0.86	--	--	--	--
KPI 2	The MO's corporate/organisation-wide strategies are clearly focused on the mandate.	4.54	4.54	--	--	--	--	0.90	0.90	--	--	--	--
MI	2.1 The MO's corporate/organisation-wide strategy is based on a clear definition of mandate.	4.54	4.54	--	--	--	--	0.90	0.90	--	--	--	--

²⁸ For a description of weighting, please see the Methodology in Appendix I.

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
Base (un-weighted)		394	49	39	169	115	22	394	49	39	169	115	22
Sub-MI	WHO has a clear mandate	4.96	4.96	--	--	--	--	1.00	1.00	--	--	--	--
Sub-MI	WHO's organisation-wide strategy/strategies are aligned with the mandate	4.13	4.13	--	--	--	--	0.81	0.81	--	--	--	--
KPI 4	The MO maintains focus on the cross-cutting thematic priorities identified in its strategic framework, and/or based on its mandate and international commitments.	4.18	3.89	3.79	4.59	4.31	4.29	0.99	0.83	1.04	0.96	1.07	0.81
MI	4.1 Gender equality	4.18	3.79	3.96	4.63	4.29	4.23	1.00	0.93	1.13	0.97	1.03	0.73
MI	4.2 Environmental health	4.13	3.97	3.67	4.52	4.23	4.12	0.95	0.84	0.96	1.00	1.10	0.61
MI	4.3 Principles of good governance	4.15	3.76	3.63	4.54	4.31	4.49	1.00	0.80	0.87	0.94	1.03	1.02
MI	4.4 Human rights-based approaches	4.27	4.04	3.90	4.68	4.41	4.31	1.02	0.76	1.18	0.94	1.10	0.89
KPI 5	The MO's country strategy is results-focused.	4.31	--	3.93	4.57	4.38	--	1.01	--	0.88	0.96	1.01	--
MI	5.1 Results frameworks link results at project, programme, sector, and country levels.	4.38	--	4.18	4.53	4.38	--	0.87	--	0.65	0.95	0.91	--
MI	5.2 Frameworks include indicators at project, programme, sector, and country levels.	4.47	--	4.31	4.52	4.54	--	0.85	--	0.54	0.97	0.89	--
MI	5.3 Statements of expected results are consistent with those in national development strategies and UNDAF, as appropriate.	4.52	--	4.27	4.61	4.62	--	0.99	--	1.09	0.94	0.94	--
MI	5.4 Statements of expected results are developed through consultation with direct partners and beneficiaries.	3.97	--	3.01	4.63	4.22	--	1.36	--	1.31	0.99	1.24	--
MI	5.5 Results for cross-cutting thematic priorities are included in country level results frameworks - gender equality, environmental health, principles of good governance, and human rights-based approaches.	4.22	--	3.86	4.55	4.14	--	1.01	--	0.81	0.98	1.08	--

II- Operational Management

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
KPI 6	The MO makes transparent and predictable aid allocation decisions.	3.57	2.98	3.34	4.11	3.86	--	1.20	1.03	1.17	1.07	1.22	--
MI	6.1 The MO's criteria for allocating funding are publicly available.	3.50	2.98	3.20	4.07	3.74	--	1.24	1.07	1.24	1.10	1.28	--
MI	6.2 The MO's allocations follow the criteria.	3.64	2.98	3.48	4.15	3.98	--	1.17	0.98	1.11	1.05	1.16	--
MI	6.3 Aid flows or planned resources (financial/technical cooperation, etc) are released according to agreed schedules (in-year).	--	--	--	--	--	--	--	--	--	--	--	--
KPI 7	The MO engages in results-based budgeting.	3.30	3.30	--	--	--	--	1.03	1.03	--	--	--	--
MI	7.1 Financial allocations are linked to results.	3.47	3.47	--	--	--	--	0.97	0.97	--	--	--	--
MI	7.2 Expenditures are linked to results.	3.13	3.13	--	--	--	--	1.08	1.08	--	--	--	--
KPI 8	The MO has policies and processes for financial accountability (audit, risk management, anti-corruption).	4.04	4.13	3.30	4.20	4.10	--	1.05	0.94	1.16	1.07	1.12	--
MI	8.1 External financial audits meeting recognized international standards are performed across the organisation (External or UN Board of Auditors).	--	--	--	--	--	--	--	--	--	--	--	--
MI	8.2 External financial audits meeting recognized international standards are performed at the regional, country or project level (as appropriate).	--	--	--	--	--	--	--	--	--	--	--	--
MI	8.3 The MO has a policy on anti-corruption.	--	--	--	--	--	--	--	--	--	--	--	--
MI	8.4 Systems are in place for immediate measures against irregularities identified in financial audits at the country (or other) level.	--	--	--	--	--	--	--	--	--	--	--	--
MI	8.5 Internal financial audit processes are used to provide management/governing bodies with credible information.	4.13	4.13	--	--	--	--	0.94	0.94	--	--	--	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
MI	8.6 The MO's procurement and contract management processes for the provision of services or goods are effective.	3.95	--	3.30	4.20	4.10	--	1.16	--	1.16	1.07	1.12	--
MI	8.7 The MO has strategies in place for risk identification, mitigation, monitoring and reporting.	--	--	--	--	--	--	--	--	--	--	--	--
KPI 9	Performance information on results is used by the MO for:	3.86	3.67	3.66	4.28	4.06	--	0.95	0.90	0.95	0.90	1.05	--
MI	9.1 Revising and adjusting policies	3.57	3.57	--	--	--	--	0.91	0.91	--	--	--	--
MI	9.2 Planning new interventions	4.30	--	3.98	4.48	4.32	--	0.97	--	0.88	0.92	1.04	--
MI	9.3 Poorly performing programmes, projects and/or initiatives are addressed proactively so as to improve performance.	3.79	--	3.33	4.08	3.80	--	1.01	--	1.03	0.87	1.05	--
MI	9.4 Evaluation recommendations reported to Executive Committee/Board are acted upon by the responsible units.	3.77	3.77	--	--	--	--	0.89	0.89	--	--	--	--
KPI 10	The MO manages human resources using methods to improve organisational performance.	4.21	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	0.00	--
MI	10.1 Results focused performance assessment systems are in place for senior staff (Including Country Representatives).	--	--	--	--	--	--	--	--	--	--	--	--
MI	10.2 There is a transparent system in place to manage staff performance.	--	--	--	--	--	--	--	--	--	--	--	--
MI	10.3 Staff deployment in country is adequate for the development of effective country-level partnerships.	4.21	--	4.10	4.40	4.10	--	1.03	--	0.96	1.02	1.09	--
KPI 11	Country/regional programming processes are performance oriented.	3.62	0.00	3.62	0.00	0.00	--	0.89	0.00	0.89	0.00	0.00	--
MI	11.1 Prior to approval, new initiatives are subject to benefits/impact analysis (economic, social, etc).	3.62	--	3.62	--	--	--	0.89	--	0.89	--	--	--
MI	11.2 Milestones/targets are set to rate the progress of (project) implementation.	--	--	--	--	--	--	--	--	--	--	--	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
KPI 12	The MO delegates decision-making authority (to the country or other levels).	4.07	--	3.84	4.29	3.96	--	1.04	--	1.00	1.00	1.09	--
MI	12.1 Aid reallocation decisions can be made locally.	4.28	--	4.07	4.48	4.20	--	0.97	--	0.96	0.90	1.04	--
MI	12.2 New programmes/projects can be approved locally within a budget cap.	3.87	--	3.61	4.10	3.71	--	1.11	--	1.04	1.10	1.14	--
KPI 13	The MO ensures adherence to humanitarian principles (humanity, impartiality, neutrality, independence) in its field operations, particularly in conflict-related situations.	4.66	--	4.85	4.79	4.74	4.46	0.92	--	0.87	0.95	0.95	0.84
MI	13.1 The MO's strategic framework for humanitarian response includes reference to humanitarian principles.	--	--	--	--	--	--	--	--	--	--	--	--
MI	13.2 The MO respects humanitarian principles while delivering humanitarian/emergency assistance.	4.87	--	4.96	4.83	4.86	4.85	0.93	--	0.87	0.93	0.90	0.98
MI	13.3 The MO maintains ongoing policy dialogue with partners on the importance of observing humanitarian principles in full delivery of humanitarian assistance, particularly in cases of conflict.	4.45	--	4.74	4.76	4.63	4.06	0.91	--	0.87	0.98	1.00	0.70

III- Relationship Management

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
KPI 14	The MO coordinates and directs its aid programming (including capacity building) at the country level in support of agreed national plans or partner plans.	4.32	--	3.99	4.47	4.48	--	1.01	--	0.99	0.96	1.01	--
MI	14.1 Extent to which MO supported funding proposals have been fully designed and developed with the national government or direct partners, rather than conceptualized or initiated by MO itself.	4.32	--	3.99	4.47	4.48	--	1.01	--	0.99	0.96	1.01	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
KPI 15	The MO's procedures take into account local conditions and capacities.	3.98	--	3.56	4.22	4.04	--	1.05	--	1.00	0.97	1.05	--
MI	15.1 The procedures of the MO can be easily understood and completed by partners.	4.08	--	3.36	4.44	4.25	--	1.07	--	1.10	0.91	0.94	--
MI	15.2 The length of time for completing MO procedures does not have a negative effect on implementation.	3.84	--	3.50	4.02	3.88	--	1.02	--	0.87	1.00	1.09	--
MI	15.3 The MO has the operational agility to respond quickly to changing circumstances on the ground.	4.02	--	3.94	4.16	3.94	--	1.00	--	0.95	0.97	1.07	--
MI	15.4 The MO has operational flexibility in the way it implements programmes/projects and deals with budget issues (during implementation).	3.98	--	3.45	4.27	4.08	--	1.10	--	1.07	1.00	1.10	--
KPI 16	The MO uses country systems for disbursement and operations.	3.94	--	3.28	4.38	4.07	--	1.25	--	1.39	0.94	1.18	--
MI	16.1% of the MO's overall ODA disbursements / support recorded in the annual budget as revenue, grants, or ODA loans.	--	--	--	--	--	--	--	--	--	--	--	--
MI	16.2 The MO uses the country's financial systems as a first option for its operations (i.e., procurement and public financial management, etc).	3.81	--	3.07	4.21	3.97	--	1.25	--	1.44	1.00	1.06	--
MI	16.3 The MO uses the country's non-financial systems as a first option for its operations (e.g., monitoring and evaluation).	4.01	--	3.54	4.24	4.17	--	1.04	--	1.17	0.87	0.98	--
MI	16.4 The MO avoids parallel implementation structures.	3.99	--	3.23	4.47	4.09	--	1.31	--	1.43	0.94	1.30	--
MI	16.5 The extent to which the MO has promoted a mutual assessment of progress in implementing agreed partnership commitments (mutual accountability).	3.95	--	3.26	4.59	4.03	--	1.41	--	1.52	0.96	1.36	--
KPI 17	The MO adds value to policy dialogue with its direct partners.	4.61	4.80	4.39	4.76	4.46	--	0.98	0.73	1.06	0.92	1.08	--
MI	17.1 The MO has reputation among its stakeholders for high quality, valued policy dialogue inputs.	4.72	4.92	4.72	4.82	4.41	--	0.99	0.76	1.03	0.93	1.18	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
MI	17.2 The MO's policy dialogue is undertaken in a manner which respects partner views and perspectives.	4.50	4.67	4.05	4.71	4.50	--	0.96	0.70	1.08	0.91	0.99	--
KPI 18	The MO harmonises arrangements and procedures with other programming partners (donors, UN agencies, etc), as appropriate.	4.24	--	3.57	4.73	4.37	--	1.25	--	1.27	1.05	1.16	--
MI	18.1 The extent to which the MO engages in joint planning, programming, monitoring and reporting.	4.18	--	3.54	4.63	4.35	--	1.25	--	1.26	1.09	1.14	--
MI	18.2 The extent to which MO technical cooperation is disbursed through coordinated programmes.	4.31	--	3.61	4.84	4.40	--	1.26	--	1.28	1.02	1.18	--
MI	18.3 % of the MO's overall ODA disbursements/support that is for government-led PBAs (SWAps, basket funding, etc).	--	--	--	--	--	--	--	--	--	--	--	--
KPI 19	In cases where the MO is a cluster lead, the MO dedicates sufficient resources to managing the cluster at all levels.	4.37	--	4.15	4.62	4.32	4.38	0.93	--	1.00	0.81	0.92	0.91
MI	19.1 The MO implements coordinated rapid assessments to identify health needs and risks.	4.46	--	4.05	4.68	4.14	4.66	0.95	--	1.01	0.91	0.95	0.85
MI	19.2 In cases where the MO is a cluster lead, the MO dedicates sufficient resources to managing the cluster at all levels.	4.32	--	4.06	4.58	4.46	4.27	0.89	--	0.91	0.76	1.01	0.84
MI	19.3 The MO provides sufficient overall leadership within the cluster group via the provision of qualified, dedicated staff for coordination.	4.44	--	4.40	4.58	4.35	4.43	0.94	--	0.99	0.82	0.85	1.03
MI	19.4 The MO monitors implementation of the cluster strategy and regularly reports on results.	4.27	--	4.09	4.64	4.34	4.14	0.92	--	1.10	0.74	0.87	0.90

IV- Knowledge Management

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
KPI 20	The MO consistently evaluates its delivery and external results.	4.04	4.06	3.45	4.43	4.03	--	1.06	0.91	1.52	1.02	1.36	--
MI	20.1 The MO has a structurally independent evaluation unit within its organisational structure that reports to senior management or the Executive Board.	4.31	4.31	--	--	--	--	0.88	0.88	--	--	--	--
MI	20.2 The evaluation function provides sufficient coverage of the MO's programming activity (projects, programmes, etc).	--	--	--	--	--	--	--	--	--	--	--	--
MI	20.3 The MO ensures quality of its evaluations.	--	--	--	--	--	--	--	--	--	--	--	--
MI	20.4 Evaluation findings are used to inform decisions on programming, policy, and strategy.	3.81	3.81	--	--	--	--	0.93	0.93	--	--	--	--
MI	20.5 Direct beneficiaries and stakeholder groups are involved in evaluation processes.	3.99	--	3.45	4.43	4.03		1.36	--	1.52	1.02	1.36	
KPI 21	The MO presents performance information on its effectiveness.	3.66	3.66	--	--	--	--	0.81	0.81	--	--	--	--
MI	21.1 Reports on the achievement of outcomes, not just inputs, activities and outputs.	3.69	3.69	--	--	--	--	0.88	0.88	--	--	--	--
MI	21.2 Reports performance using data obtained from measuring indicators.	--	--	--	--	--	--	--	--	--	--	--	--
MI	21.3 Reports against its organisation-wide strategy, including expected management and development results.	3.80	3.80	--	--	--	--	0.73	0.73	--	--	--	--
MI	21.4 Reports against its aid effectiveness commitments (e.g. Paris Declaration/Busan) using indicators and country targets.	3.50	3.50	--	--	--	--	0.83	0.83	--	--	--	--
MI	21.5 Reports on adjustments made or recommended to the organisation-wide policies and strategies based on performance information.	--	--	--	--	--	--	--	--	--	--	--	--
MI	21.6 Reports on country (or other) level programming adjustments made or recommended based on performance information.	--	--	--	--	--	--	--	--	--	--	--	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
Base (un-weighted)		394	49	39	169	115	22	394	49	39	169	115	22
KPI 22	The MO encourages the identification and documentation of lessons learned and/or best practices.	3.74	3.74	--	--	--	--	0.93	0.93	--	--	--	--
MI	22.1 Reports on lessons learned based on performance information.	3.85	3.85	--	--	--	--	0.79	0.79	--	--	--	--
MI	22.2 Learning opportunities are organised to share lessons at all levels of the organisation.	3.62	3.62	--	--	--	--	1.07	1.07	--	--	--	--

Development Results Component

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
KPI A	Extent of MO progress towards its institutional/organisation-wide outcomes												
MI	A1 To reduce the health, social and economic burden of communicable diseases	4.63	4.63	--	--	--	--	0.64	0.64	--	--	--	--
MI	A2 To combat HIV/AIDS, tuberculosis and malaria	4.69	4.69	--	--	--	--	0.63	0.63	--	--	--	--
MI	A3 To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	4.27	4.27	--	--	--	--	0.83	0.83	--	--	--	--
MI	A4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	4.46	4.46	--	--	--	--	0.66	0.66	--	--	--	--
Sub-MI	The WHO is making progress towards its objective of reducing morbidity and mortality	4.50	4.50	--	--	--	--	0.66	0.66	--	--	--	--
Sub-MI	The WHO is making progress towards its objective of improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence	4.52	4.52	--	--	--	--	0.69	0.69	--	--	--	--
Sub-MI	The WHO is making progress towards its objective of improving sexual and reproductive health and promoting active and healthy ageing for all individuals	4.37	4.37	--	--	--	--	0.64	0.64	--	--	--	--
MI	A5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	4.37	4.37	--	--	--	--	0.69	0.69	--	--	--	--
MI	A6 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	4.49	4.49	--	--	--	--	0.75	0.75	--	--	--	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
MI	A7 To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	4.11	4.11	--	--	--	--	0.70	0.70	--	--	--	--
MI	A8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	4.07	4.07	--	--	--	--	0.68	0.68	--	--	--	--
MI	A9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	4.20	4.20	--	--	--	--	0.76	0.76	--	--	--	--
MI	A10 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	4.17	4.17	--	--	--	--	0.85	0.85	--	--	--	--
MI	A11 To ensure improved access, quality and use of medical products and technologies	4.36	4.36	--	--	--	--	0.69	0.69	--	--	--	--
KPI B	Ethiopia: Extent of MO contributions to country-level goals and priorities												
MI	B1 To reduce the health, social and economic burden of communicable diseases	4.46	--	4.33	4.64	4.39	--	0.77	--	0.50	0.85	0.91	--
MI	B2 To combat HIV/AIDS, tuberculosis and malaria	4.61	--	4.57	4.69	4.57	--	0.81	--	0.76	0.86	0.87	--
MI	B3 To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	3.83	--	3.43	4.17	3.96	--	0.97	--	0.76	0.84	1.18	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
MI	B4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	4.19	--	4.10	4.43	4.01	--	0.81	--	0.64	0.85	0.85	--
Sub-MI	WHO Ethiopia has effectively contributed to reducing morbidity and mortality	4.16	--	3.71	4.50	4.27	--	0.87	--	0.73	0.95	0.79	--
Sub-MI	WHO Ethiopia has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence	4.14	--	4.14	4.23	4.05	--	0.79	--	0.67	0.84	0.92	--
Sub-MI	WHO Ethiopia has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals	4.27	--	4.43	4.57	3.70	--	0.78	--	0.52	0.76	0.83	--
MI	B5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	4.21	--	4.00	4.42	4.24	--	0.74	--	0.56	0.67	0.97	--
MI	B6 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	3.90	--	3.67	4.23	3.77	--	0.78	--	0.78	0.60	0.89	--
MI	B7 To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	3.94	--	3.43	4.43	3.96	--	0.84	--	0.52	0.86	0.85	--
MI	B8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	3.70	--	3.00	4.42	3.81	--	1.00	--	0.79	0.80	0.90	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
MI	B9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	3.97	--	3.71	4.43	3.73	--	0.91	--	0.73	0.86	1.01	--
MI	B10 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	3.87	--	3.57	4.15	3.91	--	0.84	--	0.94	0.69	0.81	--
MI	B11 To ensure improved access, quality and use of medical products and technologies	4.01	--	4.00	4.15	3.86	--	0.75	--	0.79	0.69	0.80	--
KPI C	MO objectives and programme of work are relevant to major stakeholders												
MI	C1 The activities of the MO respond to key development priorities of the country.	4.53	--	4.57	4.54	4.48	--	1.00	--	1.10	1.06	0.92	--
MI	C2 The MO provides innovative solutions for development challenges in the country.	3.79	--	3.57	4.00	3.82	--	0.93	--	0.94	0.96	0.93	--
MI	C3 The MO adjusts its strategies and objectives according to the changing needs and priorities of the country.	4.05	--	3.86	4.25	4.09	--	0.83	--	0.67	0.97	0.87	--
KPI B	Guatemala: Extent of MO contributions to country-level goals and priorities												
MI	B1 To reduce the health, social and economic burden of communicable diseases	4.37	--	4.50	4.50	4.09	--	0.95	--	0.52	1.07	1.18	--
MI	B2 To combat HIV/AIDS, tuberculosis and malaria	4.51	--	4.50	4.86	4.09	--	0.97	--	0.52	1.09	1.12	--
MI	B3 To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	4.06	--	4.00	4.41	3.70	--	1.01	--	0.00	1.11	1.08	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
MI	B4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	4.18	--	4.00	4.50	3.95	--	0.94	--	0.00	0.98	1.07	--
Sub-MI	WHO Guatemala has effectively contributed to reducing morbidity and mortality	4.17	--	4.00	4.41	4.00	--	0.96	--	0.00	1.06	1.08	--
Sub-MI	WHO Guatemala has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence	4.19	--	4.00	4.41	4.04	--	0.87	--	0.00	0.97	0.97	--
Sub-MI	WHO Guatemala has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals	4.20	--	4.00	4.68	3.80	--	1.00	--	0.00	0.90	1.17	--
MI	B5 To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	4.10	--	4.00	4.38	3.88	--	0.93	--	0.00	1.08	0.98	--
MI	B6 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	3.66	--	2.00	4.33	3.84	--	1.27	--	0.00	1.12	0.95	--
MI	B7 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	3.51	--	2.50	4.32	3.72	--	1.47	--	1.55	1.14	1.11	--
MI	B8 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	3.12	--	1.50	4.29	3.67	--	1.50	--	0.52	0.96	1.10	--
KPI C	MO objectives and programme of work are relevant to major stakeholders												

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
MI	C1 The activities of the MO respond to key development priorities of the country.	4.71	--	6.00	4.32	4.46	--	1.04	--	0.00	1.00	0.82	--
MI	C2 The MO provides innovative solutions for development challenges in the country.	4.11	--	4.00	4.32	3.96	--	0.98	--	0.00	1.18	1.01	--
MI	C3 The MO adjusts its strategies and objectives according to the changing needs and priorities of the country.	4.21	--	4.00	4.36	4.15	--	0.98	--	0.00	1.19	1.02	--
KPI B	Indonesia: Extent of MO contributions to country-level goals and priorities												
MI	B1 To reduce the health, social and economic burden of communicable diseases	4.13	--	3.75	4.47	4.19	--	0.91	--	0.85	0.85	0.93	--
MI	B2 To combat HIV/AIDS, tuberculosis and malaria	4.25	--	3.75	4.55	4.50	--	1.04	--	1.12	0.94	0.89	--
MI	B3 To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	3.74	--	3.00	4.32	4.00	--	1.11	--	1.03	0.96	0.92	--
MI	B4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	4.19	--	3.42	4.51	4.34	--	1.11	--	1.17	0.78	0.99	--
Sub-MI	WHO Indonesia has effectively contributed to reducing morbidity and mortality	4.10	--	3.50	4.57	4.32	--	1.06	--	1.15	0.87	0.83	--
Sub-MI	WHO Indonesia has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence	4.26	--	3.75	4.62	4.47	--	1.21	--	1.52	0.69	1.08	--
Sub-MI	WHO Indonesia has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals	3.89	--	3.00	4.33	4.22	--	1.06	--	0.85	0.77	1.07	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
MI	B5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	4.26	--	4.00	4.30	4.50	--	0.89	--	0.73	0.85	1.06	--
MI	B6 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	3.97	--	3.25	4.43	4.32	--	1.13	--	1.12	0.74	1.12	--
MI	B7 To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	4.11	--	3.75	4.37	4.26	--	0.97	--	0.85	0.82	1.15	--
MI	B8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	4.07	--	3.50	4.37	4.42	--	1.03	--	0.89	0.90	1.08	--
MI	B9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	3.77	--	3.00	4.13	4.26	--	1.08	--	0.73	0.83	1.20	--
MI	B10 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	3.79	--	3.00	4.28	4.16	--	1.25	--	1.26	0.78	1.27	--
MI	B11 To ensure improved access, quality and use of medical products and technologies	3.76	--	3.00	4.07	4.11	--	1.12	--	0.85	1.03	1.16	--
KPI C	MO objectives and programme of work are relevant to major stakeholders												
MI	C1 The activities of the MO respond to key development priorities of the country.	4.49	--	4.25	4.70	4.53	--	0.96	--	1.12	0.69	1.03	--
MI	C2 The MO provides innovative solutions for development challenges in the country.	4.00	--	3.25	4.48	4.33	--	1.13	--	1.12	0.88	0.98	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
MI	C3 The MO adjusts its strategies and objectives according to the changing needs and priorities of the country.	4.33	--	4.25	4.42	4.30	--	0.94	--	1.12	0.84	0.87	--
KPI B	Mozambique: Extent of MO contributions to country-level goals and priorities												
MI	B1 To reduce the health, social and economic burden of communicable diseases	4.49	--	3.86	4.75	4.73	--	1.10	--	1.19	0.97	1.04	--
MI	B2 To combat HIV/AIDS, tuberculosis and malaria	4.45	--	4.00	4.67	4.63	--	1.04	--	1.05	0.99	1.03	--
MI	B3 To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	3.92	--	3.71	3.54	4.54	--	1.45	--	1.47	1.62	1.14	--
MI	B4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	4.38	--	3.96	4.36	4.76	--	1.21	--	1.10	1.39	1.04	--
Sub-MI	WHO Mozambique has effectively contributed to reducing morbidity and mortality	4.45	--	4.14	4.38	4.73	--	1.14	--	0.88	1.39	1.04	--
Sub-MI	WHO Mozambique has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence	4.43	--	4.00	4.38	4.86	--	1.17	--	1.05	1.33	1.04	--
Sub-MI	WHO Mozambique has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals	4.25	--	3.75	4.31	4.69	--	1.32	--	1.36	1.44	1.04	--
MI	B5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	4.25	--	4.11	4.36	4.29	--	1.18	--	1.04	1.40	1.15	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
MI	B6 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	4.14	--	3.71	4.33	4.29	--	1.38	--	1.35	1.44	1.39	--
MI	B7 To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	4.00	--	4.00	4.08	3.92	--	1.29	--	1.17	1.50	1.25	--
MI	B8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	4.01	--	4.14	3.82	4.09	--	1.17	--	0.88	1.41	1.23	--
MI	B9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	4.09	--	3.86	4.08	4.31	--	1.31	--	1.43	1.45	1.12	--
MI	B10 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	4.08	--	4.33	3.79	4.14	--	1.17	--	0.98	1.43	1.04	--
MI	B11 To ensure improved access, quality and use of medical products and technologies	3.98	--	4.13	3.77	4.08	--	1.26	--	0.97	1.48	1.32	--
KPI C	MO objectives and programme of work are relevant to major stakeholders												
MI	C1 The activities of the MO respond to key development priorities of the country.	4.85	--	5.00	4.85	4.69	--	0.95	--	0.85	1.15	0.86	--
MI	C2 The MO provides innovative solutions for development challenges in the country.	3.88	--	3.88	3.92	3.83	--	1.41	--	1.53	1.61	1.13	--
MI	C3 The MO adjusts its strategies and objectives according to the changing needs and priorities of the country.	4.39	--	4.00	4.85	4.25	--	1.31	--	1.58	1.07	1.23	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
KPI B	Pakistan: Extent of MO contributions to country-level goals and priorities												
MI	B1 To reduce the health, social and economic burden of communicable diseases	4.33	--	4.44	4.56	4.00	--	1.06	--	1.20	1.08	0.84	--
MI	B2 To combat HIV/AIDS, tuberculosis and malaria	4.26	--	4.43	4.40	4.00	--	1.21	--	0.75	1.23	1.45	--
MI	B3 To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	3.76	--	4.11	3.94	3.00	--	1.14	--	1.02	1.14	1.04	--
MI	B4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	4.00	--	4.25	4.28	3.33	--	1.13	--	1.16	1.05	0.48	--
Sub-MI	WHO Pakistan has effectively contributed to reducing morbidity and mortality	4.03	--	4.50	4.31	3.00	--	1.04	--	0.89	1.06	0.00	--
Sub-MI	WHO Pakistan has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence	4.21	--	4.25	4.40	4.00	--	1.26	--	1.24	1.07	1.45	--
Sub-MI	WHO Pakistan has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals	3.77	--	4.00	4.12	3.00	--	1.10	--	1.36	1.02	0.00	--
MI	B5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	4.66	--	5.00	4.69	4.33	--	1.09	--	0.89	1.00	1.28	--
MI	B6 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	4.10	--	4.17	4.15	4.00	--	0.93	--	0.94	1.06	0.84	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
MI	B7 To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	3.84	--	3.86	4.00	3.67	--	1.24	--	1.40	1.09	1.28	--
MI	B8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	3.94	--	4.00	4.17	3.67	--	1.18	--	1.15	1.10	1.28	--
MI	B9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	3.96	--	4.11	4.14	3.50	--	1.14	--	1.41	1.10	0.52	--
MI	B10 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	4.00	--	4.14	4.23	3.67	--	1.19	--	1.17	1.11	1.28	--
MI	B11 To ensure improved access, quality and use of medical products and technologies	3.86	--	3.88	4.12	3.50	--	1.03	--	1.09	1.22	0.52	--
KPI C	MO objectives and programme of work are relevant to major stakeholders												
MI	C1 The activities of the MO respond to key development priorities of the country.	4.54	--	4.44	4.51	4.67	--	0.95	--	0.98	0.95	0.97	--
MI	C2 The MO provides innovative solutions for development challenges in the country.	3.94	--	3.80	4.30	3.67	--	1.10	--	1.40	1.01	0.97	--
MI	C3 The MO adjusts its strategies and objectives according to the changing needs and priorities of the country.	4.28	--	4.11	4.40	4.33	--	1.31	--	1.49	1.20	1.28	--
KPI B	Vietnam: Extent of MO contributions to country-level goals and priorities												
MI	B1 To reduce the health, social and economic burden of communicable diseases	4.58	--	4.33	4.67	4.73	--	1.00	--	1.28	0.76	0.94	--

<i>Base (un-weighted)</i>		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
MI	B2 To combat HIV/AIDS, tuberculosis and malaria	4.72	--	4.67	4.72	4.78	--	0.81	--	0.97	0.76	0.74	--
MI	B3 To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	4.38	--	4.50	4.41	4.24	--	0.99	--	1.17	0.74	1.15	--
MI	B4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	4.59	--	4.87	4.58	4.38	--	0.90	--	0.98	0.79	0.91	--
Sub-MI	WHO Vietnam has effectively contributed to reducing morbidity and mortality	4.58	--	5.00	4.55	4.35	--	0.86	--	0.74	0.86	0.88	--
Sub-MI	WHO Vietnam has effectively contributed to improving health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence	4.66	--	5.00	4.68	4.33	--	0.99	--	1.14	0.81	0.97	--
Sub-MI	WHO Vietnam has effectively contributed to improving sexual and reproductive health and promoting active and healthy ageing for all individuals	4.53	--	4.60	4.52	4.47	--	0.86	--	1.06	0.71	0.88	--
MI	B5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	4.40	--	4.50	4.48	4.27	--	0.79	--	0.55	0.72	0.97	--
MI	B6 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	4.62	--	4.50	4.57	4.78	--	0.82	--	0.52	0.75	1.06	--
MI	B7 To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	4.13	--	3.75	4.46	4.05	--	0.97	--	1.14	0.71	1.00	--

		Mean Scores						Standard Deviation					
		Total	HQ	CO	DP	TP	PO	Total	HQ	CO	DP	TP	PO
		394	49	39	169	115	22	394	49	39	169	115	22
Base (un-weighted)													
MI	B8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	4.36	--	4.33	4.46	4.26	--	0.85	--	1.00	0.58	1.05	--
MI	B9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	4.33	--	4.25	4.55	4.14	--	1.06	--	1.36	0.79	1.11	--
MI	B10 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	4.25	--	4.00	4.52	4.17	--	0.93	--	1.14	0.64	0.99	--
MI	B11 To ensure improved access, quality and use of medical products and technologies	4.48	--	4.40	4.54	4.50	--	0.79	--	0.83	0.70	0.90	--
KPI C	MO objectives and programme of work are relevant to major stakeholders												
MI	C1 The activities of the MO respond to key development priorities of the country.	4.72	--	5.00	4.48	4.67	--	0.85	--	0.55	1.04	0.86	--
MI	C2 The MO provides innovative solutions for development challenges in the country.	4.31	--	4.50	4.41	4.09	--	0.99	--	0.52	1.06	1.11	--
MI	C3 The MO adjusts its strategies and objectives according to the changing needs and priorities of the country.	4.45	--	4.50	4.55	4.30	--	0.77	--	0.52	0.86	0.80	--

Appendix VI Document Review Ratings, Criteria and Evidence by KPI and MI

PERFORMANCE AREA I – STRATEGIC MANAGEMENT

KPI 1. The Multilateral Organisation (MO) provides direction for the achievement of external/beneficiary focused results.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 1.3 The MO promotes an organisation-wide policy on results management	An organisation-wide policy, strategy, framework, or plan that describes the nature and role of results based management (RBM) and/or management for development results (MfDR) in the organisation is corporately approved (alternatively, the approach to RBM/MfDR may be described in the context of a strategic plan and further operationalised through other documents).	Met	<p>Medium-term Strategic Plan 2008-2013 http://apps.who.int/gb/ebwha/pdf_files/AMTSP-PPB/a-mtsp_2en.pdf</p> <p>EB132/26 Draft Twelfth WHO General Programme of Work http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_26-en.pdf</p> <p>WHO reform: programmes and priority setting - Document 1 February 2012 http://www.who.int/dg/reform/consultation/WHO_Reform_1_en.pdf</p> <p>Programme Management in WHO Operational Planning : Business Rules, Procedures (including practical guidance) (Internal document)</p> <p>Programme management in WHO operational planning ;Developing and costing Regional and Headquarters expected results (Internal document)</p>
	The MO has guidelines on RBM/MfDR, either in hard copies or online.	Not met	<p>Results-based Management: Application of a Logical Approach to Managing Programmes in WHO (2002) (Internal document)</p> <p>Programme Management in WHO Operational Planning : Business Rules, Procedures (including practical guidance) (Internal document)</p>
	The MO provides opportunities for capacity building of staff on RBM/MfDR.	Met	<p>Facilitator Guide Introduction: Results-based Management in WHO (Internal document)</p> <p>Logical Approach to Managing Programmes (Internal document)</p>
	There is evidence (e.g. in the policy itself, in	Met	<p>WHO Reform: Programmes and Priority Setting - Document 1 February 2012 http://www.who.int/dg/reform/consultation/WHO_Reform_1_en.pdf</p>

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	the MO's general reform agenda, etc.) that the MO reviews its policy on RBM/MfDR to ensure its adequate implementation.		
	There is evidence that the MO holds its partners accountable for results-based management (e.g. proposal and report formats require results-based formulations).	Not met	Implementation of WHO Reform 2012 http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_INF3-en.pdf Principles Governing Relations between the World Health Organization and Nongovernmental Organizations http://apps.who.int/gb/bd/PDF/bd47/EN/principles-governing-rela-en.pdf Programme Management in WHO Operational Planning : Business Rules, Procedures (including practical guidance) (Internal document) Template for Technical Proposal (Internal document)
Overall Score MI 1.3		Adequate (4)	

KPI 2. The MO's corporate/organisation-wide strategies are clearly focused on the mandate.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 2.1 The MO's corporate/organisation-wide strategy is based on a clear definition of mandate	The necessary periodic revisions of the MO mandate are made so it has continuing relevance.	Met	Basic Documents Forty-seventh Edition 2009 http://apps.who.int/gb/bd/PDF/bd47/EN/basic-documents-47-en.pdf Amendments to Articles 24 and 25 of the Constitution http://www.ris.bka.gv.at/Dokumente/RegV/REGV_COO_2026_100_2_176841/COO_2026_100_2_177146.pdf Engaging for Health - 11th General Programme of Work, 2006-2015: A Global Health Agenda http://whqlibdoc.who.int/publications/2006/GPW_eng.pdf Medium-term Strategic Plan 2008-2013 http://apps.who.int/gb/ebwha/pdf_files/AMTSP-PPB/a-mtsp_2en.pdf Proposed Programme Budget 2010-2011 http://apps.who.int/gb/ebwha/pdf_files/MTSP2009/PPB3-en.pdf Proposed Programme Budget 2012-2013 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf WHO Reform: Programmes and Priority Setting - Document 1 February 2012 http://www.who.int/dg/reform/consultation/WHO_Reform_1_en.pdf EB132/26 Draft Twelfth WHO General Programme of Work http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_26-en.pdf

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
			EB132/27 Proposed Programme Budget 2014–2015 http://apps.who.int/gb/ebwaha/pdf_files/EB132/B132_27-en.pdf
	The organisational strategic plan articulates goals & focus priorities.	Met	Engaging for Health - 11th General Programme of Work, 2006-2015: A Global Health Agenda http://whqlibdoc.who.int/publications/2006/GPW_eng.pdf Medium-term Strategic Plan 2008-2013 and Programme Budget 2008-2009 http://whqlibdoc.who.int/pb/2008-2009/MTSP_2008-2013_eng.pdf EB132/27 Proposed Programme Budget 2014–2015 http://apps.who.int/gb/ebwaha/pdf_files/EB132/B132_27-en.pdf
	The organisational strategic plan gives a clear indication of how the MO will implement the mandate in a certain period.	Met	Engaging for Health - 11th General Programme of Work, 2006-2015: A Global Health Agenda http://whqlibdoc.who.int/publications/2006/GPW_eng.pdf Medium-term Strategic Plan 2008-2013 and Programme Budget 2008-2009 http://whqlibdoc.who.int/pb/2008-2009/MTSP_2008-2013_eng.pdf EB132/27 Proposed Programme Budget 2014–2015 http://apps.who.int/gb/ebwaha/pdf_files/EB132/B132_27-en.pdf
	(If criteria two and three are met) there is an implicit link between these goals and focus priorities to the organisation's mandate/articles of agreement.	Met	Basic Documents Forty-seventh Edition 2009 http://apps.who.int/gb/bd/PDF/bd47/EN/basic-documents-47-en.pdf Engaging for Health - 11th General Programme of Work, 2006-2015: A Global Health Agenda http://whqlibdoc.who.int/publications/2006/GPW_eng.pdf Medium-term Strategic Plan 2008-2013 and Programme Budget 2008-2009 http://whqlibdoc.who.int/pb/2008-2009/MTSP_2008-2013_eng.pdf
	If criteria two and three are met) there is an explicit link between these goals and focus priorities to the organisation's mandate/articles of agreement.	Met	Basic Documents Forty-seventh Edition 2009 http://apps.who.int/gb/bd/PDF/bd47/EN/basic-documents-47-en.pdf Engaging for Health - 11th General Programme of Work, 2006-2015: A Global Health Agenda http://whqlibdoc.who.int/publications/2006/GPW_eng.pdf Medium-term Strategic Plan 2008-2013 and Programme Budget 2008-2009 http://whqlibdoc.who.int/pb/2008-2009/MTSP_2008-2013_eng.pdf
Overall Score MI 2.1		Very strong (6)	

KPI 3. The MO's corporate/organisation-wide strategies are results-focused.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 3.1 Organisation-wide plans and strategies contain frameworks of expected management and development results	A corporate management results framework (MRF) exists, either contained within the strategic plan or as a separate document which is referred to by the strategic plan.	Met	Medium-term Strategic Plan 2008-2013 and Programme Budget 2009-2009 http://whqlibdoc.who.int/pb/2008-2009/MTSP_2008-2013_eng.pdf Proposed Programme Budget 2010-2011 http://apps.who.int/gb/ebwha/pdf_files/MTSP2009/PPB3-en.pdf Proposed Programme Budget 2012-2013 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf Proposed Programme Budget 2014-2015 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf EB132/26 Draft Twelfth WHO General Programme of Work http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_26-en.pdf EB132/27 Proposed Programme Budget 2014–2015 http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_27-en.pdf Stage One Independent Evaluation of the WHO Reform http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_5Add2-en.pdf
	A development results framework (DRF) exists, either contained within the strategic plan or as a separate document which is referred to by the strategic plan.	Met	See criterion 1
	(If either first or second criterion met) at least one results framework (MRF or DRF) contains both statements of outputs and expected outcomes.	Not met	See criterion 1
	(If third criterion met) in the same results framework as #3, all statements of results are appropriate to their results level (i.e., what are called outputs are	Not met	See criterion 1

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	actually outputs; what are called outcomes are actually outcomes).		
	(If most above criteria met) all above criteria are met for both MRF and DRF.	Not met	See criterion 1
Overall Score MI 3.1		Inadequate (3)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 3.2 Results frameworks have causal links from outputs through to impacts/final outcomes	At least one results framework exists at the organisation-wide level (i.e., MRF and/or DRF).	Met	Medium-term Strategic Plan 2008-2013 and Programme Budget 2009-2009 http://whqlibdoc.who.int/pb/2008-2009/MTSP_2008-2013_eng.pdf Proposed Programme Budget 2010-2011 http://apps.who.int/gb/ebwha/pdf_files/MTSP2009/PPB3-en.pdf Proposed Programme Budget 2012-2013 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf EB132/26 Draft Twelfth WHO General Programme of Work http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_26-en.pdf EB132/27 Proposed Programme Budget 2014–2015 http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_27-en.pdf
	(If first criterion is met) there is either an <i>implicit or explicit</i> description, in the DRF (or in the strategic plan), of how the outputs in the results framework(s) are linked to the expected outcomes.	Not met	See criterion 1
	In the DRF, there is a clear and logical progression from	Not met	See criterion 1

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	outcomes to impact.		
	(If first three criteria are met) there is either an <i>implicit or explicit</i> description in the MRF of the results chain at the level of outputs and outcomes.	Not met	See criterion 1
	(If first four criteria are met) there is a clear and logical progression from outcomes to impact in the MRF.	Not met	See criterion 1
Overall Score MI 3.2		Weak (2)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 3.3 Standard performance indicators are included in organisation-wide plans and strategies at a delivery (output) and development results level	A development results framework exists at the organisation-wide level and contains adequate performance indicators at both the output and outcome levels.	Not met	Medium-term Strategic Plan 2008-2013 and Programme Budget 2009-2009 http://whqlibdoc.who.int/pb/2008-2009/MTSP_2008-2013_eng.pdf Proposed Programme Budget 2010-2011 http://apps.who.int/gb/ebwaha/pdf_files/MTSP2009/PPB3-en.pdf Proposed Programme Budget 2012-2013 http://apps.who.int/gb/ebwaha/pdf_files/WHA64/A64_7-en.pdf EB132/26 Draft Twelfth WHO General Programme of Work http://apps.who.int/gb/ebwaha/pdf_files/EB132/B132_26-en.pdf EB132/27 Proposed Programme Budget 2014–2015 http://apps.who.int/gb/ebwaha/pdf_files/EB132/B132_27-en.pdf
	In the DRF, more than half of the performance indicators are relevant to the results they are associated with in the framework(s).	Not met	See criterion 1
	In the DRF, more than half of the performance	Met	See criterion 1

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	indicators are clear (i.e. it is clear what is to be measured).		
	In the DRF, more than half of all indicators (most likely at the outcome level) include targets with clear dates for achievement.	Met	See criterion 1
	(All above criteria met) in both an MRF and DRF.	Not met	See criterion 1
Overall Score MI 3.3		Inadequate (3)	

KPI 4. The MO maintains focus on the cross-cutting thematic priorities identified in its strategic framework, and/or based on its mandate and international commitments.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 4.1 Gender equality	The organisation has developed a policy or strategic framework on the mainstreaming of gender.	Met	Report of the Midterm Review of WHO Gender Strategy: Gender Mainstreaming in WHO: What is Next? http://whqlibdoc.who.int/publications/2011/9789241502337_eng.pdf SWAP for the Implementation of the UN CEB Policy on Gender Equality and the Empowerment of Women http://www.unwomen.org/wp-content/uploads/2012/05/SWAP.pdf WHA60 25 Integrating Gender Analysis and Actions Into the Work of WHO Draft Strategy http://whqlibdoc.who.int/hq/2008/WHO_FCH_GWH_08.1_eng.pdf Human Rights and Gender Equality in Health Sector Strategies: How to Assess Policy Coherence http://whqlibdoc.who.int/publications/2011/9789241564083_eng.pdf Integrating Gender into HIV/AIDS Programmes in the Health Sector: Tool to Improve Responsiveness to Women's Needs (Internal document) WHO Organization-wide Action Plan for Gender, Equity and Human Rights Mainstreaming (Internal document)
	The organisation has clearly defined roles and responsibilities with regard to the mainstreaming of	Met	Mainstreaming Gender, Equity and Human Rights in the Work of WHO (Internal document) Gender Mainstreaming in WHO August 2010 (Internal document)

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	gender.		
	The organisation has carried out an expenditure review/costing and budgetary allocation for the implementation of mainstreaming activities.	Not met	Mainstreaming Gender, Equity and Human Rights in the Work of WHO (Internal document) Gender Mainstreaming in WHO August 2010 (Internal document) Gender Funding Gap Overview (Internal document)
	The organisation has functioning systems (organisational and programmatic) and relevant capacities (e.g. planning, human resources, budgeting, etc.) to ensure effective mainstreaming.	Not met	Report of the Baseline Assessment of the WHO Gender Strategy WHO 2011 http://whqlibdoc.who.int/publications/2011/9789241500135_eng.pdf WHA60 25 Integrating Gender Analysis and Actions into the Work of WHO Draft Strategy http://whqlibdoc.who.int/hq/2008/WHO_FCH_GWH_08.1_eng.pdf Gender Mainstreaming in WHO August 2010 (Internal document)
	The organisation has defined accountability mechanisms, both programmatic and operational, to ensure monitoring and continuous improvement of mainstreaming efforts.	Met	Report of the Baseline Assessment of the WHO Gender Strategy WHO 2011 http://whqlibdoc.who.int/publications/2011/9789241500135_eng.pdf WHA60 25 Integrating Gender Analysis and Actions into the Work of WHO Draft Strategy http://whqlibdoc.who.int/hq/2008/WHO_FCH_GWH_08.1_eng.pdf UN System-Wide Action Plan for the Implementation of the CEB Policy on Gender Equality and the Empowerment of Women http://www.unwomen.org/wp-content/uploads/2012/05/SWAP.pdf
Overall Score MI 4.1		Adequate (4)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 4.2 Environmental health	The organisation-wide strategic plan identifies environmental health as a priority or focus area.	Met	Medium-term Strategic Plan 2008-2013 and Programme Budget 2009-2009 http://whqlibdoc.who.int/pb/2008-2009/MTSP_2008-2013_eng.pdf Proposed Programme Budget 2010-2011 http://apps.who.int/gb/ebwha/pdf_files/MTSP2009/PPB3-en.pdf Proposed Programme Budget 2012-2013

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	(If the first criterion is met) the organisation has defined results related to environmental health principles either in the organisation-wide strategic plan or in a separate policy document.	Met	http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf Medium-term Strategic Plan 2008-2013 and Programme Budget 2009-2009 http://whqlibdoc.who.int/pb/2008-2009/MTSP_2008-2013_eng.pdf Proposed Programme Budget 2010-2011 http://apps.who.int/gb/ebwha/pdf_files/MTSP2009/PPB3-en.pdf Proposed Programme Budget 2012-2013 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf
	The organisation has a separate policy or strategy that describes how it promotes environmental health in its programming/operations.	Met	Public Health and Environment (PHE): Public Health and Environment Health Topics http://www.who.int/phe/health_topics/en/ Strategic Approach to International Chemicals Management (SAICM): Health Sector Focus http://www.who.int/ipcs/saicm/saicm/en/index.html Climate Change and Health (Sixty-First World Health Assembly, Agenda Item 11.11) http://www.who.int/globalchange/A61_R19_en.pdf Climate Change and Health: Report by the Secretariat http://www.who.int/globalchange/A62_11_en.pdf Water Quality and Health Strategy 2013-2020 http://www.who.int/entity/water_sanitation_health/publications/2013/water_quality_strategy.pdf WHO Public Health & Environment: Global Strategy Overview (2011) http://www.who.int/phe/publications/PHE_2011_global_strategy_overview_2011.pdf
	There is evidence that the organisation supports environmental health activities through the allocation of resources (financial, human, etc) as part of its programming (in reports to the Board, evaluations, etc.)	Met	Public Health and Environment (PHE): the Department of Public Health and Environment http://www.who.int/phe/about_us/en/
	An organisation-wide evaluation or review has been undertaken that documents	Met	Programme Budget 2010-2011: Mid-Term Review (2011) http://www.who.int/about/resources_planning/MTR10-11_report_May2011.pdf Programme Budget 2010-2011: Performance Assessment Report (2012)

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	progress in implementing the commitment to promoting environmental health.		http://www.who.int/about/resources_planning/performance_assessment-report_2010_2011.pdf
Overall Score MI 4.2		Very strong (6)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 4.3 Principles of Good Governance	The organisation-wide strategic plan identifies principles of good governance as a priority or focus area.	Met	<p>Medium-term Strategic Plan 2008-2013 and Programme Budget 2009-2009 http://whqlibdoc.who.int/pb/2008-2009/MTSP_2008-2013_eng.pdf</p> <p>Proposed Programme Budget 2010-2011 http://apps.who.int/gb/ebwha/pdf_files/MTSP2009/PPB3-en.pdf</p> <p>Proposed Programme Budget 2012-2013 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf</p> <p>WHO's Role in Global Health Governance http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add5-fr.pdf</p> <p>Governance for Health in the 21st Century: a Study Conducted for the WHO Regional Office for Europe http://www.euro.who.int/_data/assets/pdf_file/0010/148951/RC61_InfDoc6.pdf</p>
	(If the first criterion is met) the organisation has defined results related to principles of good governance principles either in the organisation-wide strategic plan or in a separate policy document.	Met	<p>Medium-term Strategic Plan 2008-2013 and Programme Budget 2009-2009 http://whqlibdoc.who.int/pb/2008-2009/MTSP_2008-2013_eng.pdf</p> <p>Proposed Programme Budget 2010-2011 http://apps.who.int/gb/ebwha/pdf_files/MTSP2009/PPB3-en.pdf</p> <p>Proposed Programme Budget 2012-2013 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf</p>
	The organisation has a separate policy or strategy that describes how it promotes principles of good governance in its programming/	Not met	<p>WHO's Role in Global Health Governance http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add5-fr.pdf</p> <p>A Framework for Good Governance in the Pharmaceutical Sector http://www.who.int/medicines/areas/policy/goodgovernance/WHO-GGMframework.pdf</p> <p>Measuring Transparency in the Public Pharmaceutical Sector: Assessment Instrument http://www.who.int/medicines/areas/policy/goodgovernance/AssessmentInstrumentMeastranspENG.PDF</p>

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	operations.		WHO Good Governance for Medicines Programme: an Innovative Approach to Prevent Corruption in the Pharmaceutical Sector http://www.who.int/healthsystems/topics/financing/healthreport/25GGM.pdf
	There is evidence that the organisation supports principles of good governance activities through the allocation of resources (financial, human, etc) as part of its programming (in reports to the Board, evaluations, etc.)	Met	Medium-term Strategic Plan 2008-2013 and Programme Budget 2009-2009 http://whqlibdoc.who.int/pb/2008-2009/MTSP_2008-2013_eng.pdf Proposed Programme Budget 2010-2011 http://apps.who.int/gb/ebwha/pdf_files/MTSP2009/PPB3-en.pdf Proposed Programme Budget 2012-2013 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf
	An organisation-wide evaluation or review has been undertaken that documents progress in implementing the commitment to promoting principles of good governance.	Not met	
Overall Score MI 4.3		Adequate (4)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 4.4 Human rights-based approaches	The organisation has undertaken a situation analysis and planning related to the mainstreaming of human rights-based approaches.	Met	Human Rights and Gender Equality in Health Sector Strategies: How to Assess Policy Coherence http://whqlibdoc.who.int/publications/2011/9789241564083_eng.pdf WHO Organization-wide Action Plan for Gender, Equity and Human Rights Mainstreaming (Internal document) Integrating Gender into HIV/AIDS Programmes in the Health Sector: Tool to Improve Responsiveness to Women's Needs (Internal document) The Right to Health in the Constitutions of Member States of the World Health Organization South-East Asia Region (Internal document)
	The organisation has clearly defined roles	Met	Medium-term Strategic Plan 2008-2013 and Programme Budget 2009-2009 http://whqlibdoc.who.int/pb/2008-2009/MTSP_2008-2013_eng.pdf

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	and responsibilities with regard to the mainstreaming of human rights-based approaches.		Proposed Programme Budget 2010-2011 http://apps.who.int/gb/ebwha/pdf_files/MTSP2009/PPB3-en.pdf Proposed Programme Budget 2012-2013 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf Health and Human Rights http://www.who.int/hhr/en/index.html Mainstreaming Gender, Equity and Human Rights in the Work of WHO (Internal document)
	The organisation has carried out an expenditure review/costing and budgetary allocation for the implementation of mainstreaming activities.	Not met	
	The organisation has integrated institutional systems and associated capacities (e.g. policy, planning, human resources, budgeting, etc.) to ensure effective mainstreaming.	Not met	
	The organisation has defined accountability mechanisms to ensure monitoring and continuous improvement of mainstreaming efforts (feedback loops).	Met	WHO Organization-wide Action Plan for Gender, Equity and Human Rights Mainstreaming (Internal document)
Overall Score MI 4.4		Adequate (4)	

KPI 5. The MO's country strategy is results-focused.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 5.1 Results frameworks link results at project, programme, sector, and country levels	At least half of the countries surveyed have strategies that include statements of expected results articulated at output and outcome levels.	Not met	Workplans – Ethiopia (Internal document) Mid-Term Review – Ethiopia (Internal document) End of Biennium OSER Progress Report – Ethiopia (Internal document) Annual Report – Ethiopia (Internal document) Workplans – Guatemala (Internal document) Mid-Term Review – Guatemala (Internal document) End of Biennium OSER Progress Report – Guatemala (Internal document) Annual Report – Guatemala (Internal document) Workplans – Indonesia (Internal document) Mid-Term Review – Indonesia (Internal document) End of Biennium OSER Progress Report – Indonesia (Internal document) Annual Report – Indonesia (Internal document) Workplans – Mozambique (Internal document) Mid-Term Review – Mozambique (Internal document) End of Biennium OSER Progress Report – Mozambique (Internal document) Annual Report – Mozambique (Internal document) Workplans – Pakistan (Internal document) Mid-Term Review – Pakistan (Internal document) End of Biennium OSER Progress Report – Pakistan (Internal document) Annual Report – Pakistan (Internal document) Workplans – Vietnam (Internal document) Mid-Term Review – Vietnam (Internal document) End of Biennium OSER Progress Report – Vietnam (Internal document) Annual Report – Vietnam (Internal document)
	(If first criterion met) in more than half of the country strategies, all statements of results are appropriate to their results level (i.e., what are called outputs are actually outputs; what are called outcomes are actually	Not met	See criterion 1

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	outcomes).		
	(If first criterion is met) more than half of the country strategies sampled explicitly link expected results of the MO's projects/ programmes and/or initiatives to the MO's expected results at country level.	Met	See criterion 1
	(If first criterion is met) at least two of the country strategies sampled explicitly link expected results of the MO's sector strategies to the MO's expected results at country level.	Met	See criterion 1
	(If all above criteria are met) all of the above criteria are met for all country strategies sampled.	Not met	See criterion 1
Overall Score MI 5.1		Inadequate (3)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 5.2 Frameworks include indicators at project, programme, sector, and country levels	The majority (more than half) of the country strategies sampled have the following characteristics: A set of performance indicators with data	Not met	Workplans – Ethiopia (Internal document) Mid-Term Review – Ethiopia (Internal document) End of Biennium OSER Progress Report – Ethiopia (Internal document) Annual Report – Ethiopia (Internal document) Workplans – Guatemala (Internal document)

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	sources and data collection methods.		Mid-Term Review – Guatemala (Internal document) End of Biennium OSER Progress Report – Guatemala (Internal document) Annual Report – Guatemala (Internal document) Workplans – Indonesia (Internal document) Mid-Term Review – Indonesia (Internal document) End of Biennium OSER Progress Report – Indonesia (Internal document) Annual Report – Indonesia (Internal document) Workplans – Mozambique (Internal document) Mid-Term Review – Mozambique (Internal document) End of Biennium OSER Progress Report – Mozambique (Internal document) Annual Report – Mozambique (Internal document) Workplans – Pakistan (Internal document) Mid-Term Review – Pakistan (Internal document) End of Biennium OSER Progress Report – Pakistan (Internal document) Annual Report – Pakistan (Internal document) Workplans – Vietnam (Internal document) Mid-Term Review – Vietnam (Internal document) End of Biennium OSER Progress Report – Vietnam (Internal document) Annual Report – Vietnam (Internal document)
	More than half of the performance indicators are <i>adequate</i> (i.e. provide a sufficient basis to assess performance).	Not met	See criterion 1
	More than half of the performance indicators are <i>relevant</i> to the results they are associated with in the country strategies.	Met	See criterion 1
	More than half of the performance indicators	Not met	See criterion 1

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	are <i>clear</i> (i.e. it is clear what is to be measured).		
	More than half of the performance indicators are <i>monitorable</i> (i.e. they have targets set for them and these targets are timebound).	Met	See criterion 1
Overall Score MI 5.2		Inadequate (3)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 5.3 Statements of expected results are consistent with those in national development strategies and UNDAF, as appropriate	At least half of the country strategies sampled contain statements of expected results.	Met	Country Cooperation Strategy – Ethiopia 2008-2011 http://www.who.int/countryfocus/cooperation_strategy/ccs_eth_en.pdf Country Cooperation Strategy – Guatemala 2006-2010 http://www.who.int/countryfocus/cooperation_strategy/ccs_gtm_es.pdf Country Cooperation Strategy – Indonesia 2007-2011 http://www.who.int/countryfocus/cooperation_strategy/ccs_idn_en.pdf Country Cooperation Strategy – Mozambique 2009-2013 http://www.who.int/countryfocus/cooperation_strategy/ccs_moz_en.pdf Country Cooperation Strategy – Pakistan 2005-2009 http://www.who.int/countryfocus/cooperation_strategy/ccs_pak_en.pdf Country Cooperation Strategy – Vietnam 2002-2006 http://www.who.int/countryfocus/cooperation_strategy/ccs_pak_en.pdf Ethiopia UNDAF 2012-2015 http://ethiopia.unfpa.org/drive/EthiopiaUnitedNationsDevelopmentAssistanceFramework_2012to2015.pdf Guatemala-UNDAF-2010-2014 http://planipolis.iiep.unesco.org/upload/Guatemala/Guatemala_UNDAF_2010-2014.pdf Indonesia UNDAF 2006-2010 http://www.undp.or.id/pubs/docs/UNDAF%202006-2010.pdf Mozambique UNDAF 2012-2015 http://mz.one.un.org/eng/Resources/Publications/UNDAF-2012-2015 One Programme – Pakistan 2013-2017

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
			http://www.un.org.vn/en/publications/one-un-documents/doc_view/278-the-one-plan-2012-2016-between-the-government-of-the-socialist-republic-of-viet-nam-and-the-united-nations-in-viet-nam.html One Plan - Viet Nam 2012-2016 http://www.un.org.vn/en/publications/one-un-documents/cat_view/106-one-un-documents/119-one-plan.html
	At least half of the country strategies contain reference to the country's national development strategies (e.g. PRSP) as applicable.	Met	See criterion 1
	(If first two criteria are met) in at least half of the cases, the link between the MO's expected results and those identified in the national development strategies (e.g. PRSP) is implicit.	Met	See criterion 1
	(If all above criteria are met) at least half of the country strategies <i>explicitly</i> demonstrate how the MO's expected results are consistent with those in the national development strategies (e.g. PRSP).	Not met	See criterion 1
	(If all above criteria are met) all above criteria are met for all country strategies sampled.	Not met	See criterion 1
Overall Score MI 5.3		Adequate (4)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 5.5 Results for cross-cutting thematic priorities are included in country level results frameworks - gender equality, environmental health, principles of good governance, and human rights-based approaches	More than half of the country strategies sampled identify (at least briefly mention) at least two of the organisationally relevant cross-cutting themes (the same ones assessed in KPI 3).	Met	<p>Country Cooperation Strategy – Ethiopia 2008-2011 http://www.who.int/countryfocus/cooperation_strategy/ccs_eth_en.pdf</p> <p>Country Cooperation Strategy – Guatemala 2006-2010 http://www.who.int/countryfocus/cooperation_strategy/ccs_gtm_es.pdf</p> <p>Country Cooperation Strategy – Indonesia 2007-2011 http://www.who.int/countryfocus/cooperation_strategy/ccs_idn_en.pdf</p> <p>Country Cooperation Strategy – Mozambique 2009-2013 http://www.who.int/countryfocus/cooperation_strategy/ccs_moz_en.pdf</p> <p>Country Cooperation Strategy – Pakistan 2005-2009 http://www.who.int/countryfocus/cooperation_strategy/ccs_pak_en.pdf</p> <p>Country Cooperation Strategy – Vietnam 2002-2006 http://www.who.int/countryfocus/cooperation_strategy/ccs_pak_en.pdf</p> <p>Ethiopia UNDAF 2012-2015 http://ethiopia.unfpa.org/drive/EthiopiaUnitedNationsDevelopmentAssistanceFramework_2012to2015.pdf</p> <p>Guatemala-UNDAF-2010-2014 http://planipolis.iiep.unesco.org/upload/Guatemala/Guatemala_UNDAF_2010-2014.pdf</p> <p>Indonesia UNDAF 2006-2010 http://www.undp.or.id/pubs/docs/UNDAF%202006-2010.pdf</p> <p>Mozambique UNDAF 2012-2015 http://mz.one.un.org/eng/Resources/Publications/UNDAF-2012-2015</p> <p>One Programme – Pakistan 2013-2017 http://www.un.org.vn/en/publications/one-un-documents/doc_view/278-the-one-plan-2012-2016-between-the-government-of-the-socialist-republic-of-viet-nam-and-the-united-nations-in-viet-nam.html</p> <p>One Plan - Viet Nam 2012-2016 http://www.un.org.vn/en/publications/one-un-documents/cat_view/106-one-un-documents/119-one-plan.html</p>
	More than half of the country strategies sampled identify (at least briefly mention) all of the key cross-cutting themes for the organisation being assessed.	Met	See criterion 1
	(If first criterion is met) more than half of country strategies sampled identify	Not met	See criterion 1

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	results that integrate at least two of the issues/themes, as relevant.		
	(If first criterion is met) more than half of country strategies sampled provide evidence of strategies and approaches to address or apply the cross-cutting issue/theme.	Not met	See criterion 1
	(If first criterion met) all country strategies sampled meet criteria 2-4.	Not met	See criterion 1
Overall Score MI 5.5		Inadequate (3)	

PERFORMANCE AREA II - OPERATIONAL MANAGEMENT

KPI 6. The MO makes transparent and predictable aid allocation decisions.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 6.1 The MO's criteria for allocating funding are publicly available	A policy for the allocation of resources to country programmes exists.	Met	<p>EB116/5 Guiding Principles for Strategic Resource Allocation 2006 http://apps.who.int/gb/archive/pdf_files/EB117/B117_17-fr.pdf</p> <p>EB118/7 Strategic Resource Allocation http://apps.who.int/gb/archive/pdf_files/EB118/B118_7-en.pdf</p> <p>A65/5Add2 WHO Reform Independent Evaluation report http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_5Add2-en.pdf</p> <p>The Future of Financing for WHO 2011 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_4-en.pdf</p> <p>WHO Reform Programmes and Priority Setting http://apps.who.int/iris/bitstream/10665/23703/1/B130_5Add1-en.pdf</p> <p>WHO Reform</p>

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
			http://apps.who.int/gho/data/view.who-reform.status-3
	The policy is reviewed on at least a 5-year cycle.	Not met	See criterion 1
	There is evidence of the application of this policy.	Not met	See criterion 1
	The policy is available on the agency's public website.	Met	See criterion 1
	The policy is available in more than one of the UN official languages.	Met	See criterion 1
Overall Score MI 6.1		Adequate (4)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 6.3 Aid flows or planned Resources (financial/ technical co-operation, etc) are released according to agreed schedules (in-year)	Evidence of improved predictability in scheduling.	-	
	Evidence of improved delivery of scheduled aid (or evidence of attempts made to deliver scheduled aid, depending on the context).	-	
Overall Score MI 6.3		Not assessed	

KPI 7. The MO engages in results-based budgeting.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
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Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 7.1 Financial allocations are linked to results	In the most recent annual or multi-year organisation-wide budget, budget information in a results-oriented way.	Not met	Programme Budget 2012-2013 http://whqlibdoc.who.int/pb/2012-2013/PB_2012%E2%80%932013_eng.pdf EB116/5 Guiding Principles for Strategic Resource Allocation 2006 http://apps.who.int/gb/archive/pdf_files/EB117/B117_17-fr.pdf Implementation of WHO Reform, 2012. Report by the Director General http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add8-en.pdf GSM Guidance (Internal document) PRP.SOP.II.004 Revisions of Budget Allocations PRP/BCR (Internal document) PRP Standard Operating Procedure Target Audience: All Staff (Internal document) HQ and regional operational planning documents
	Some output costs and/or outcome costs from the DRF and MRF are presented in the budget document.	Not met	Programme Budget 2012-2013 http://whqlibdoc.who.int/pb/2012-2013/PB_2012%E2%80%932013_eng.pdf GSM/PRG Reports Catalogue (Version 2.4 as at December 2012) (Internal document)
	Most output costs and/or outcome costs in the DRF and MRF are presented in the budget document.	Not met	GSM/PRG Reports Catalogue (Version 2.4 as at December 2012) (Internal document) HQ and regional operational planning documents
	There is evidence of improvement of outputs and outcomes costing over time in budget documents reviewed (evidence of building a better system).	Met	GSM/PRG Reports Catalogue (Version 2.4 as at December 2012) (Internal document) Implementation of WHO Reform, 2012. Report by the Director General http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add8-en.pdf
	There is evidence (from evaluations or audits conducted in this area) of a system that allows the organisation to track costs from activity through to outcome.	Met	GSM/PRG Reports Catalogue (Version 2.4 as at December 2012) (Internal document)

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
Overall Score MI 7.1		Inadequate (3)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 7.2 Expenditures are linked to results	The most recent annual financial reports shows financial disbursements aligned with achieved results (i.e., the report shows how much was spent to achieve each result).	Not met	A65 28 Programme Budget 2010–2011 Performance Assessment Report http://apps.who.int/gb/ebwaha/pdf_files/WHA65/A65_28-en.pdf A65/29 Financial Report and Audited Financial Statements FY10-11 http://www.who.int/about/resources_planning/A65_29-en.pdf GSM/PRG Reports Catalogue (Version 2.4 as at December 2012) (Internal document) Financial Management Reports
	In the most recent annual financial report, statements of results achieved are aligned with expected results described in the organisation-wide strategic plan.	Met	A65 28 Programme Budget 2010–2011 Performance Assessment Report aligns expenditures with strategic objectives, as per the request of Member states http://apps.who.int/gb/ebwaha/pdf_files/WHA65/A65_28-en.pdf A65/29 Financial Report and Audited Financial Statements FY10-11 http://www.who.int/about/resources_planning/A65_29-en.pdf GSM/PRG Reports Catalogue (Version 2.4 as at December 2012) (Internal document)
	In the most recent annual reports, variances in operational expenditure and results achievement (i.e. differences between planned and actual operational expenditures and between planned and actual results achievements) are reported.	Not met	A65 28 Programme Budget 2010–2011 Performance Assessment Report http://apps.who.int/gb/ebwaha/pdf_files/WHA65/A65_28-en.pdf A65/29 Financial Report and Audited Financial Statements FY10-11 http://www.who.int/about/resources_planning/A65_29-en.pdf GSM/PRG Reports Catalogue (Version 2.4 as at December 2012) (Internal document) Financial Management Reports
	(If the third criterion is met) In the most recent	Not met	A65/28 Programme Budget 2010–2011 Performance Assessment Report

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	annual reports, variances in operational expenditure and results achievement (i.e. differences between planned and actual operational expenditures and between planned and actual results achievements) are explained.		http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_28-en.pdf A65/29 Financial Report and Audited Financial Statements FY10-11 http://www.who.int/about/resources_planning/A65_29-en.pdf Implementation of Programme Budget 2010–2011: Interim Report http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_5-en.pdf Financial Management Reports
	In the documents consulted, there is evidence of consistent improvement over time in the degree of alignment between operational expenditures and results achievement.	Not met	A65/28 Programme Budget 2010–2011 Performance Assessment Report http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_28-en.pdf A65/29 Financial Report and Audited Financial Statements FY10-11 http://www.who.int/about/resources_planning/A65_29-en.pdf Implementation of Programme Budget 2010–2011: Interim Report http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_5-en.pdf
Overall Score MI 7.2		Weak (2)	

KPI 8. The MO has policies and processes for financial accountability (audit, risk management, anti-corruption).

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 8.1 External financial audits meeting recognized international standards are performed across the organisation (External or UN Board of Auditors)	Annual organisation-wide reports on financial performance exist. (In the case of some UN organisations, the schedule for external audit may be determined by the Board of Auditors, therefore the requirement of “annual” may not apply.)	Met	Financial Regulations of the World Health Organization http://apps.who.int/gb/bd/PDF/bd47/EN/financial-regu-en.pdf A65/29 Financial Report and Audited Financial Statetements FY10-11 http://www.who.int/about/resources_planning/A65_29-en.pdf Amendments to the Financial Regulations Implementation of the International Public Sector Accounting Standards (IPSAS) and Frequency of External Audits http://apps.who.int/gb/ebwaha/pdf_files/WHA63/A63_34-fr.pdf
	(If first criterion is met) the most recent annual financial report reviewed is accompanied by a letter from an external auditor confirming an external financial audit was undertaken at the organisation-wide level. (Or the report and/or audit opinion comes from the Board of Auditors, in the case of some of the UN agencies.)	Met	Financial Regulations of the World Health Organization http://apps.who.int/gb/bd/PDF/bd47/EN/financial-regu-en.pdf A65/32 Report of the External Auditor http://apps.who.int/gb/ebwaha/pdf_files/WHA65/A65_32-en.pdf A65/29 Financial Report and Audited Financial Statements FY10-11 http://www.who.int/about/resources_planning/A65_29-en.pdf
	(If first two criteria are met) the letter from the external auditor confirms that the external financial audit was undertaken in adherence to international standards (GAAP or equivalent).	Met	Financial Regulations of the World Health Organization http://apps.who.int/gb/bd/PDF/bd47/EN/financial-regu-en.pdf A65/29 Financial Report and Audited Financial Statements FY10-11 http://www.who.int/about/resources_planning/A65_29-en.pdf

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	(In case of UN Agencies audited by BOA, the audits are carried out using international standards.)		
	(If first criterion is met) <i>all</i> annual financial reports reviewed are accompanied by a letter from an external auditor confirming an external financial audit was undertaken at the organisation-wide level. (Or the report/ audit opinion comes from the Board of Auditors, in the case of the UN agencies)	Met	<p>A63/37 Report of the External Auditor to the Health Assembly http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_37-en.pdf</p> <p>A65/32 Report of the External Auditor http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_32-en.pdf</p> <p>A65/29 Financial Report and Audited Financial Statements FY 10-11 http://www.who.int/about/resources_planning/A65_29-en.pdf</p> <p>A63/32 Financial Report and Audited Financial Statements FY 08-09 http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_32-en.pdf</p> <p>A61/20 Financial Report and Audited Financial Statements FY 06-07 http://apps.who.int/gb/ebwha/pdf_files/A61/A61_20-en.pdf</p>
	(If criterion 4 is met) in <i>all</i> financial reports reviewed, the letter from the external auditor confirms that the external financial audit was undertaken in adherence to international standards (GAAP or equivalent). (Or the report/ audit opinion comes from the Board of Auditors, in case of the UN agencies)	Met	<p>A63/37 Report of the External Auditor to the Health Assembly http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_37-en.pdf</p> <p>A65/32 Report of the External Auditor http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_32-en.pdf</p> <p>A65/29 Financial Report and Audited Financial Statements FY 10-11 http://www.who.int/about/resources_planning/A65_29-en.pdf</p> <p>A63/32 Financial Report and Audited Financial Statements FY 08-09 http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_32-en.pdf</p> <p>A61/20 Financial Report and Audited Financial Statements FY 06-07 http://apps.who.int/gb/ebwha/pdf_files/A61/A61_20-en.pdf</p>
Overall Score MI 8.1		Very strong (6)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 8.2 External financial audits meeting recognized international standards are performed at the regional, country or project level (as appropriate)	The documents available provide evidence that audits are performed at regional, country, or project levels (as appropriate).	Met	Appointment of the External Auditor http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_35-en.pdf A63/37 Report of the External Auditor to the Health Assembly http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_37-en.pdf
	There are established rules/ procedures for the conduct of audits in the organisation.	Met	Appointment of the External Auditor http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_35-en.pdf Financial Regulations and Financial Rules (Internal document) External Audit Procedures for System Access (Internal document)
	The rules/ procedures ensure ample audit coverage of the organisation's programmes and operations.	Not met	
	The evidence also indicates that the audits will be carried out using international standards, or provides an indication that the MO will be using national audit systems and procedures.	Met	Appointment of the External Auditor http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_35-en.pdf Financial Regulations and Financial Rules (Internal document) External Audit Procedures for System Access (Internal document)
	External financial audit reports at country/ project/ regional level are made available to the public by the MO.	Not met	
Overall Score MI 8.2		Adequate (4)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 8.3 The MO has a policy on anti-corruption	Guidelines, policy or a framework on anti-corruption are corporately approved (in other words, not in draft form).	Met	WHO Accountability Framework (Internal document) WHO Whistleblower Protection Policy and Procedures 2006 (Internal document) Investigation Process (Internal document) Fraud Prevention Policy & Fraud Awareness Guidelines 2005 (Internal document)
	(If first criterion is met) the document includes operational policy measures which pro-actively support solutions to counter corruption at the local level (e.g. training, incentive and reward structures for staff, complaint and advocacy mechanisms, whistle blowing mechanisms, etc.).	Met	WHO Whistleblower Protection Policy and Procedures 2006 (Internal document) Fraud Prevention Policy & Fraud Awareness Guidelines 2005 (Internal document)
	(If first criterion is met) the policy commits the organisation to design and manage programmes and services which are compliant with preventing and combating fraud and corruption.	Met	Fraud Prevention Policy & Fraud Awareness Guidelines 2005 (Internal document)
	(If first criterion is met) the policy defines the roles, responsibilities and accountabilities of Management, Staff and Experts/ Specialists in	Met	WHO Whistleblower Protection Policy and Procedures 2006 (Internal document) Investigation Process (Internal document)

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	implementing & complying with the policy.		
	(If first criterion is met) the policy commits the organisation to review its activities on combating fraud and corruption or there is other evidence that the organisation has reviewed its policy and/or practice in this area.	Not met	
	OR, if the first criterion is NOT met: At least one policy on anti-corruption exists at the country, regional or other level (it could also be a policy on fraud, which is one type of corruption). (If the sixth criterion met) at least one policy meets criteria 2 through 5, above.	N/A	
Overall Score MI 8.3		Strong (5)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 8.4 Systems are in place for immediate measures against irregularities	There is a policy on financial audit that refers to measures to be taken against irregularities.	Met	A65/32 Report of the External Auditor http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_32-en.pdf EBPBAC15/4 Report of the Independent Expert Oversight Advisory Committee http://apps.who.int/gb/ieoac/PDF/PBAC15_4-en.pdf A61/25 Rev.1 Report of the Internal

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
identified in financial audits at the country (or other) level			https://apps.who.int/gb/ebwha/pdf_files/A61/A61_25Rev1-en.pdf External and Internal Audit Recommendations: Progress on Implementation http://apps.who.int/gb/pbac/pdf_files/Thirteenth/PBAC13_5-en.pdf
	Management guidelines or rules support the policy and describe the procedure for a response to irregularities identified during an external financial audit.	Met	Financial Regulations of WHO http://apps.who.int/gb/bd/PDF/bd47/EN/financial-regu-en.pdf A65/32 Report of the External Auditor http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_32-en.pdf EBPBAC14/3 Report of the Independent Expert Oversight Advisory Committee http://apps.who.int/gb/ieoac/PDF/PBAC14_3-en.pdf
	(If second criterion is met) these guidelines set timelines for the response to irregularities identified during an external financial audit (in other words, the managers have to respond to audit findings within a certain period of time).	Not met	A65/32 Report of the External Auditor http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_32-en.pdf EBPBAC14/3 Report of the Independent Expert Oversight Advisory Committee http://apps.who.int/gb/ieoac/PDF/PBAC14_3-en.pdf
	There is evidence (in audit reports to the Board or other documents) that audit recommendations are in fact followed up by management.	Met	A65/32 Report of the External Auditor http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_32-en.pdf External and Internal Audit Recommendations: Progress on Implementation http://apps.who.int/gb/pbac/pdf_files/Thirteenth/PBAC13_5-en.pdf
	Major or systemic irregularities are reported to the board/governing body, as appropriate.	Met	External and Internal Audit Recommendations: Progress on Implementation http://apps.who.int/gb/pbac/pdf_files/Thirteenth/PBAC13_5-en.pdf
Overall Score MI 8.4	Strong (5)		

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 8.5 Internal financial audit processes are used to provide management/ governing bodies with credible information	There is evidence of practice of internal financial audits in the organisation.	Met	A65/33 - Report of the Internal Auditor http://apps.who.int/gb/pbac/pdf_files/sixteenth/Reports-to-the-EB-and-WHA/A65_33-en.pdf Review of Management, Administration and Decentralization in the WHO http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf Office of Internal Oversight Services Manual (May 2011) (Internal document)
	(If the first criterion is met) an organisation-wide guideline/policy for the practice of internal financial audits exists and is corporately approved.	Met	Office of Internal Oversight Services Manual (May 2011) (Internal document)
	(If first criterion is met) there is evidence in these documents that the internal audit function is separate from the programming areas, enabling it to provide an “independent” audit opinion. The key is that internal auditors are not influenced by the programmes they are auditing.	Met	PBAC17/3 - Report of the Office of Internal Oversight Services http://apps.who.int/gb/pbac/pdf_files/Seventeenth/PBAC17_3-en.pdf
	There is evidence in these documents that the internal audit function reports directly to the Executive Board, thus providing maximum assurance of its independence from programming.	Met	PBAC17/3 - Report of the Office of Internal Oversight Services http://apps.who.int/gb/pbac/pdf_files/Seventeenth/PBAC17_3-en.pdf
	Reports available from the Audit Committee	Met	External and Internal Audit Recommendations: Progress on Implementation http://apps.who.int/gb/pbac/pdf_files/Thirteenth/PBAC13_5-en.pdf

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	(or equivalent) of the Executive Board confirm receipt of internal audit information.		
Overall Score MI 8.5		Very strong (6)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 8.6 The MO's procurement and contract management processes for the provision of services or goods are effective	There is one or more organisation-wide policy, guideline or instructions on procurement and contract management processes.	Met	WHO eManual (Internal document)
	(If the first criterion has been met) This/these document(s) explicitly sets targets or requirements for timeliness of delivery of products and services.	Met	WHO eManual (Internal document)
	(If the first criterion is met) This/these document(s) establish requirements to ensure quality, efficiency and effectiveness of these products and services.	Met	WHO eManual (Internal document)
	An audit, evaluation or other review has been undertaken, at the country, regional or organisation-wide	Not met	EB132/5 Add.6 - Review of Management, Administration and Decentralization in the World Health Organization, Report by the Joint Inspection Unit (2013) http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf Terms of Reference for a Commercial Expertise Review of the World Health Organization (Internal document)

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	level, which examined the timeliness, efficiency and/or effectiveness of the MO's procurement and contract management processes, and found that these are in general satisfactory or better.		
	There is other documentary evidence that the MO has functioning procurement and contract management systems in place.	Met	EB132/5 Add.6 - Review of Management, Administration and Decentralization in the World Health Organization, Report by the Joint Inspection Unit (2013) http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf
Overall Score MI 8.6		Strong (5)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 8.7 The MO has strategies in place for risk identification, mitigation, monitoring and reporting	An organisation-wide policy, strategy, framework or guideline on risk management is corporately approved.	Not met	EB132/INF/3 Implementation of WHO Reform, 2012 High-level Implementation Plan http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_INF3-en.pdf EB132/5 Add.6 - Review of Management, Administration and Decentralization in the World Health Organization, Report by the Joint Inspection Unit (2013) http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf IOS Risk Assessment (14 December 2011) (Internal document)
	(If first criterion is met) this document follows international standards on managing risk, including a description of roles and responsibilities of key actors.	Not met	
	(If first criterion is met) this document applies	Not met	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	to country, regional and corporate activities. In other words, risk analysis is undertaken as appropriate at these different levels.		
	(If first criterion is met) Major risk analysis (significant programmes, projects, etc) is presented to the Board.	Not met	
	(If first criterion is met) Management and/or Board documents demonstrate utilization of risk management policy and procedures.	Not met	
Overall Score MI 8.7		Very weak (1)	

KPI 9. Performance information on results is used by the MO for:

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 9.1 Revising and adjusting policies	Information on organisation-wide performance (i.e., progress towards outcomes) is available, for instance in annual performance reports, or from an organisation-wide evaluation.	Met	Draft Twelfth General Programme of Work http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_6-en.pdf Programme Budget 2008-2009: Performance Assessment Report (2010) http://www.who.int/about/resources_planning/PBPA-1.pdf Programme Budget 2010-2011: Mid-Term Review (2011) http://www.who.int/about/resources_planning/MTR10-11_report_May2011.pdf Programme Budget 2010-2011: Performance Assessment Report (2012) http://www.who.int/about/resources_planning/performance_assessment-report_2010_2011.pdf
	(If first criterion is met) There is evidence that	Met	A65/33 Report of the Internal Auditor http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_33-en.pdf

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	the MO analyses/ assesses its performance in a systematic manner and takes into account recommendations from organisation-wide audits, performance reports and/or evaluations.		A64/28 Report of the Internal Auditor http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_28-en.pdf A63/38 Report of the Internal Auditor http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_38-en.pdf WHO eManual (Internal document)
	(If the first two criteria are met) There is evidence that the MO takes steps to respond to the <i>specific</i> performance-related problems highlighted in audits, performance reports and/or evaluations.	Met	A65/33 Report of the Internal Auditor http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_33-en.pdf Programme Budget 2010-2011: Performance Assessment Report (2012) http://www.who.int/about/resources_planning/performance_assessment-report_2010_2011.pdf EB132/5 Add.6 - Review of Management, Administration and Decentralization in the World Health Organization, Report by the Joint Inspection Unit (2013) http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf
	(If the first two criteria are met) there is evidence that the MO revises and adjusts its <i>broader</i> programming and policies in response to performance issues raised in audits, performance reports and /or evaluations (problems and successes).	Met	EB132/5 Add.6 - Review of Management, Administration and Decentralization in the World Health Organization, Report by the Joint Inspection Unit (2013) http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf
	(If criterion 4 is met) There is evidence that the MO systematically evaluates and audits its policies, procedures and practices so as to ensure continuous	Not met	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	learning and improvement of processes and performance.		
Overall Score MI 9.1		Strong (5)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 9.2 Planning new interventions	Information on the MO's performance in the country (i.e., progress towards outcomes) is available.	Met	Country Cooperation Strategy Guide 2010 http://www.who.int/countryfocus/cooperation_strategy/WHO-CSS_Guide2010_Eng_intranet_24sep10.pdf Workplan – OSER implementation monitoring (GSM, internal document)
	(If first criterion is met) for at least half of the countries, there is evidence of an analysis/assessment of performance (problems as well as successes).	Met	Ethiopian Health and Nutrition Research Institute: Report of IHR Core Capacity Assessment in Ethiopia (Internal document) Measles Elimination Strategic Plan, Ethiopia, 2012- 2020 (Internal document) Mid-Term Review – Ethiopia (Internal document) End of Biennium OSER Progress Report – Ethiopia (Internal document) Annual Report – Ethiopia (Internal document) Mid-Term Review – Guatemala (Internal document) End of Biennium OSER Progress Report – Guatemala (Internal document) Workplans – Indonesia (Internal document) Mid-Term Review – Indonesia (Internal document) End of Biennium OSER Progress Report – Indonesia (Internal document) Annual Report – Indonesia (Internal document) Mid-Term Review – Mozambique (Internal document) End of Biennium OSER Progress Report – Mozambique (Internal document) Annual Report – Mozambique (Internal document) Mid-Term Review – Pakistan (Internal document) End of Biennium OSER Progress Report – Pakistan (Internal document) Annual Report – Pakistan (Internal document) Mid-Term Review – Vietnam (Internal document) End of Biennium OSER Progress Report – Vietnam (Internal document)

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
			Annual Report – Vietnam (Internal document)
	(If second criterion is met) There is evidence of analysis of the implications of this performance information on planning new interventions (i.e., how new interventions in the planning stage need to be altered, or what new interventions should be developed in response to the performance information).	Not met	
	(If all above criteria are met) for at least half of the countries, there is evidence from country strategies or reports that new interventions have been introduced in response to the performance information.	Not met	
	(If all above criteria are met) all criteria met for all countries.	Not met	
Overall Score MI 9.2		Inadequate (3)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 9.3 Poorly performing	The MO has a process for reviewing the	Met	PRP.SOP.II.008 Standard Operating Procedures (SOPs) (Internal document) PRP.SOP.II.009 Managing Tasks during Workplan Implementation (Internal document)

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
programmes, projects and/or initiatives are addressed proactively so as to improve performance	performance of its programmes, projects or initiatives.		PRP.SOP.II.010 Managing OSERs during Workplan Implementation (Internal document)
	There is evidence that the MO is implementing this process.	Met	Programme Budget 2010-2011: Mid-Term Review (2011) http://www.who.int/about/resources_planning/MTR10-11_report_May2011.pdf
	The MO has a specific process for reviewing poorly performing programmes, projects or initiatives.	Not met	
	The MO has a way for following up on poorly performing programmes, projects or initiatives.	Met	GSM Guidance (Internal document)
	There is evidence that changes to poorly performing programmes, projects or initiatives are being implemented.	Not met	
Overall Score MI 9.3		Adequate (4)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 9.4 Evaluation recommendation reported to Executive Committee/ Board are acted upon by the responsible units	MO Evaluation Policy or guidelines include the requirement of a management response, action plan and/or agreement stating responsibilities and accountabilities for follow-up of evaluations (accepting	Met	B131/3 - Draft Formal Evaluation Policy http://apps.who.int/gb/ebwha/pdf_files/EB131/B131_3-en.pdf Evaluation Handbook 2013 (Internal document) Evaluation Guidelines OIOS (Internal document)

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	recommendations).		
	MO Evaluation Policy outlines a process for tracking the implementation of accepted evaluation recommendations.	Not met	See criterion 1
	There is evidence that the management response, action plan and/or agreement accepting recommendations are presented to the Executive Management (Head of the Organisation) and/or Governing Bodies (Executive Boards).	Not met	See criterion 1
	There is evidence of <u>periodic reports</u> on the status of the implementation of these evaluation recommendations accepted by management/ governing body.	Not met	See criterion 1
	There is evidence of a systematic process for follow-up on the evaluation of the recommendations accepted by management/ governing body (regularly on the agenda of the	Not met	See criterion 1

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	Executive Board; reports or presentations to Board illustrate regular tracking of follow up).		
Overall Score MI 9.4		Weak (2)	

KPI 10. The MO manages human resources using methods to improve organisational performance.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 10.1 Results-focused performance assessment systems are in place for senior staff (including Country Representatives)	There is evidence in the documents reviewed that a system is in place that requires performance assessments for certain staff.	Met	WHO Staff Regulations http://www.who.int/employment/staff_regulations_rules/EN_staff_regulations_and_staff_rules.pdf Performance Management ePMDS (Internal document) ePMDS - Three Components (Internal document) ePMDS - How To (Internal document) ePMDS - Tips for Supervisors (Internal document) ePMDS - Resources (Internal document) ePMDS - Frequently Asked Questions (Internal document) Managing Performance and Development: Recognizing and Rewarding Excellence - Policy and Procedures (Internal document) Managing Performance and Development: Improving Performance Policy and Good HR Practice - Policy and Procedures (Internal document)
	The evidence suggests that this applies to senior staff (e.g., president/CEO, vice presidents, sector/ programme/ division directors, country representatives, country directors) and/or that the MO has a specific performance assessment system for senior staff.	Not met	WHO Staff Regulations http://www.who.int/employment/staff_regulations_rules/EN_staff_regulations_and_staff_rules.pdf Performance Management PMDS (Internal document) Frequently Asked Questions (Internal document)

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	The system includes a description of the approach to creating performance assessments and the content of those assessments.	Met	Performance Management and Development System (PMDS) Users' Guide: Completing your PMDS on Paper (Internal document) Managing Performance and Development: Improving Performance Policy and Good HR Practice - Policy and Procedures (Internal document) ePMDS - Three Components (Internal document) ePMDS - How To (Internal document) ePMDS - Tips for Supervisors (Internal document)
	There is an explicit policy (HR or otherwise) that summarises all the aims and content of the performance assessment system for senior staff.	Met	A Strategy for the Management of the Human Resources of WHO (2010- 2015) (Internal document) Performance Management and Development System (PMDS) Users' Guide: Completing your PMDS on Paper (Internal document) Managing Performance and Development: Improving Performance Policy and Good HR Practice - Policy and Procedures (Internal document)
	(If the first two criteria are met) There is evidence of compliance with the performance assessment system. In other words, there are management indicators that monitor the application of the performance assessment system, or there are other sources – newsletters, reports etc—that comment on how many senior staff go through this system every year.	Not met	Proposed Programme Budget 2012-2013 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf Programme Budget 2010-2011: Performance Assessment Report (2012) http://www.who.int/about/resources_planning/performance_assessment-report_2010_2011.pdf EB132/5 Add.6 - Review of Management, Administration and Decentralization in the World Health Organization, Report by the Joint Inspection Unit (2013) http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf
Overall Score MI 10.1		Adequate (4)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 10.2 There is a transparent system in place to manage staff performance	There is evidence (either in a HR policy or through various documents) that the MO has a system for managing staff performance (see 9.1) that is operational.	Met	<p>WHO Staff Regulations http://www.who.int/employment/staff_regulations_rules/EN_staff_regulations_and_staff_rules.pdf</p> <p>The Future of Financing for WHO 2011 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_4-en.pdf</p> <p>Managing Performance and Development: Recognizing and Rewarding Excellence - Policy and Procedures (Internal document)</p> <p>Managing Performance and Development: Improving Performance Policy and Good HR Practice - Policy and Procedures (Internal document)</p> <p>A Strategy for the Management of the Human Resources of WHO (2010- 2015) (Internal document)</p> <p>Performance Management ePMDS (Internal document)</p>
	There is evidence that the organisation is making efforts to better link the assessment of staff performance with incentives (is it looking at this issue at all – for example, has it set up a working group, is it reviewing its policy to better address this, is it seeking data from partner agencies or other organisations, etc).	Met	<p>Implementation of WHO Reform - High-level Implementation Plan (2012) http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_INF3-en.pdf</p> <p>Managing Performance and Development: Improving Performance Policy and Good HR Practice - Policy and Procedures (Internal document)</p> <p>Guidelines uPMDS (Internal document)</p> <p>uPMDS Form (Internal document)</p> <p>What is New With the uPMDS (Internal document)</p>
	There is an explicit effort to explain how performance of staff relates to promotion (advancing from one grade to the next).	Met	<p>WHO Staff Regulations http://www.who.int/employment/staff_regulations_rules/EN_staff_regulations_and_staff_rules.pdf</p> <p>Managing Performance and Development: Improving Performance Policy and Good HR Practice - Policy and Procedures (Internal document)</p> <p>WHO eManual (Internal document)</p> <p>Performance Management PMDS (Internal document)</p> <p>Frequently Asked Questions (Internal document)</p>
	There is an explicit description of the relationship between staff performance rewards and/or	Not met	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	incentives.		
	There is a review or evaluation that comments positively on the performance management system and MO transparency in HR decisions, specifically with regards to incentives.	Not met	EB132/5 Add.6 - Review of Management, Administration and Decentralization in the World Health Organization, Report by the Joint Inspection Unit (2013) http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf
Overall Score MI 10.2		Adequate (4)	

KPI 11. Country/regional programming processes are performance oriented.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 11.1 Prior to approval, new initiatives are subject to benefits/ impact analysis (economic, social, etc)	There is a policy that requires an impact/benefits analysis to be conducted prior to initiating new programmes/ projects /initiatives.	Met	Engaging for Health - 11th General Programme of Work, 2006-2015: A Global Health Agenda http://whqlibdoc.who.int/publications/2006/GPW_eng.pdf Programme Management in WHO Operational Planning : Business Rules, Procedures (including practical guidance) (Internal document)
	There are guidelines for staff on the types of analysis to be carried out.	Met	Programme Management in WHO Operational Planning : Business Rules, Procedures (including practical guidance) (Internal document)
	There is evidence that the MO's staff are informed about and trained on the guidelines.	Not met	
	There is evidence that the guidelines are implemented.	Not met	
	There is evidence that benefits/impact	Not met	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	analysis is used for decision-making in the sample of projects/ initiatives reviewed.		
Overall Score MI 11.1		Inadequate (3)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 11.2 Milestones/ targets are set to rate the progress of (project) implementation	<i>At least two of the project implementation plans, country or other workplans sampled contain a description of milestones and/or targets for project/ programme implementation.</i>	Met	GSM Guidance (Internal document) End of Biennium Assessment: GSM Guidance Note - OSER PBPA (Internal document) End of Biennium Assessment: GSM Guidance Note - TopTask PBPA (Internal document) Workplans – Ethiopia (Internal document) Mid-Term Review – Ethiopia (Internal document) End of Biennium OSER Progress Report – Ethiopia (Internal document) Annual Report – Ethiopia (Internal document) Workplans – Guatemala (Internal document) Mid-Term Review – Guatemala (Internal document) End of Biennium OSER Progress Report – Guatemala (Internal document) Annual Report – Guatemala (Internal document) Workplans – Indonesia (Internal document) Mid-Term Review – Indonesia (Internal document) End of Biennium OSER Progress Report – Indonesia (Internal document) Annual Report – Indonesia (Internal document) Workplans – Mozambique (Internal document) Mid-Term Review – Mozambique (Internal document) End of Biennium OSER Progress Report – Mozambique (Internal document) Annual Report – Mozambique (Internal document) Workplans – Pakistan (Internal document) Mid-Term Review – Pakistan (Internal document) End of Biennium OSER Progress Report – Pakistan (Internal document) Annual Report – Pakistan (Internal document)

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
			Workplans – Vietnam (Internal document) Mid-Term Review – Vietnam (Internal document) End of Biennium OSER Progress Report – Vietnam (Internal document) Annual Report – Vietnam (Internal document)
	(If first criterion is met) <i>in most cases</i> , baseline values have been established for each indicators used to measure the progress of project/ programme implementation.	Not met	See criterion 1
	(If first criterion is met) in most cases, the milestones/ targets provided are appropriate to the activities described in the project/ programme implementation document.	Met	See criterion 1
	(If first criterion is met) dates are established for the milestones/ targets, in more than half of the project implementation plans, country or workplans sampled.	Met	See criterion 1
	(If all above criteria are met) all above criteria are met for all PIPs/ country or other workplans sampled.	Not met	See criterion 1
Overall Score MI 11.2	Adequate (4)		

KPI 12. The MO delegates decision-making authority (to the country or other levels).

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 12.1 Aid reallocation decisions can be made locally	An organisation-wide policy or guidelines exist and is corporately approved that describes decision-making authorities at different levels within the organisation.	Met	WHO Accountability Framework (2006) (Internal document) Programme Management in WHO Operational Planning : Business Rules, Procedures (including practical guidance) (Internal document) PRP.SOP.II.004 Revisions of Budget Allocations PRP/BCR (Internal document) PRP.SOP.II.007 Managing Planned Costs and Award Budgets PRP/BCR (Internal document) PRP.SOP.II.008 Managing Workplan Information at Project Level PRP.SOP.II.008 (Internal document) PRP.SOP.II.009 Managing Tasks during Workplan Implementation (Internal document) PRP.SOP.II.010 Managing OSERs during Workplan Implementation (Internal document)
	(If first criterion is met) This policy or other documents provide sufficient evidence of the level of autonomy available at the country level regarding decision making proceses related to project changes (or other local level as appropriate).	Met	PRP.SOP.II.004 Revisions of Budget Allocations PRP/BCR (Internal document) PRP.SOP.II.007 Managing Planned Costs and Award Budgets PRP/BCR (Internal document) PRP.SOP.II.008 Managing Workplan Information at Project Level PRP.SOP.II.008 (Internal document) PRP.SOP.II.009 Managing Tasks during Workplan Implementation (Internal document) PRP.SOP.II.010 Managing OSERs during Workplan Implementation (Internal document)
	(If first two criteria are met) in the documents available, it is possible to identify the parameters within which the local level decisions regarding changes in projects or programming do not require central level approval.	Met	PRP.SOP.II.004 Revisions of Budget Allocations PRP/BCR (Internal document) PRP.SOP.II.007 Managing Planned Costs and Award Budgets PRP/BCR (Internal document) PRP.SOP.II.008 Managing Workplan Information at Project Level PRP.SOP.II.008 (Internal document) PRP.SOP.II.009 Managing Tasks during Workplan Implementation (Internal document) PRP.SOP.II.010 Managing OSERs during Workplan Implementation (Internal document)
	There is evidence that the organisation has made efforts to improve delegation of decision making to the country or other	Not met	WHO Reforms for a Healthy Future http://apps.who.int/gb/ebwha/pdf_files/EBSS/EBSS2_2-en.pdf Implementation of WHO Reform, 2012 High-level Implementation Plan http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_INF3-en.pdf

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	relevant levels.		
	An operational review/evaluation of the MO comments positively on progress in the delegation of decision making authority to the country or other relevant level. Note: If there is a review/evaluation that comments negatively on this point, the findings should be noted and the rating should not be higher than adequate.	Met	EB132/5 Add.6 - Review of Management, Administration and Decentralization in the World Health Organization, Report by the Joint Inspection Unit (2013) http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf
Overall Score MI 12.1		Strong (5)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 12.2 New programmes/ projects can be approved locally within a budget cap	An organisation-wide policy or guidelines exist and is corporately approved that describes the extent to which new aid programmes/ projects can be proposed at different levels within the organisation.	Met	Programme Management in WHO Operational Planning : Business Rules, Procedures (including practical guidance) (Internal document)
	(If first criterion is met) This policy or other documents provide sufficient evidence of the types of decisions about new initiatives (plans, projects,	Met	Programme Management in WHO Operational Planning : Business Rules, Procedures (including practical guidance) (Internal document)

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	programmes) that can be made at the country level (or other local level as appropriate).		
	(If first two criteria are met) in the suite of documents available, it is possible to identify the parameters (e.g. budget ceilings or allocations) within which the local level does not require central level approval prior to making decisions on new initiatives.	Not met	PRP.SOP.II.007 Managing Planned Costs and Award Budgets PRP/BCR (Internal document)
	The organisation has made efforts to improve delegation of decision making to the country or other relevant levels.	Met	WHO Reforms for a Healthy Future http://apps.who.int/gb/ebwha/pdf_files/EBSS/EBSS2_2-en.pdf Implementation of WHO Reform, 2012 High-level Implementation Plan http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_INF3-en.pdf
	An operational review/ evaluation of the MO comments positively on progress in the delegation of authority to the country or other relevant level. Note: If there is a review/ evaluation that comments negatively on this point, the findings should be noted and the rating should not be higher than adequate.	Met	EB132/5 Add.6 - Review of Management, Administration and Decentralization in the World Health Organization, Report by the Joint Inspection Unit (2013) http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf
Overall Score MI 12.2		Strong (5)	

KPI 13. The MO ensures adherence to humanitarian principles (humanity, impartiality, neutrality, independence) in its field operations, particularly in conflict-related situations.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 13.1 The MO's strategic framework for humanitarian response includes reference to humanitarian principles	The organisation's strategic framework for humanitarian response includes reference to the humanitarian principles (humanity, impartiality, neutrality, independence).	Not met	Programme Budget 2012-2013 http://whqlibdoc.who.int/pb/2012-2013/PB_2012%E2%80%932013_eng.pdf Emergency Response Framework http://www.who.int/hac/global_health_cluster/guide/en/index.html Global Health Cluster Framework 2012-2013 http://www.who.int/hac/global_health_cluster/about/global_health_cluster_framework2012_2013.pdf Strengthening WHO's Institutional Capacity for Humanitarian Health Action (A Five-Year Programme 2009-2013) http://www.who.int/hac/about/hac_5year_plan_2009_2013.pdf Health Cluster Guide http://whqlibdoc.who.int/hq/2009/WHO_HAC_MAN_2009.7_eng.pdf
	The organisation's strategic and operational documentation include definitions and clear instructions and/or guidance on the application of key humanitarian concepts (humanity, impartiality, neutrality, independence).	Not met	Global Health Cluster Framework 2012-2013 http://www.who.int/hac/global_health_cluster/about/global_health_cluster_framework2012_2013.pdf Strengthening WHO's Institutional Capacity for Humanitarian Health Action (A Five-Year Programme 2009-2013) http://www.who.int/hac/about/hac_5year_plan_2009_2013.pdf Health Cluster Guide http://whqlibdoc.who.int/hq/2009/WHO_HAC_MAN_2009.7_eng.pdf
	The organisation's strategic and operational documentation establishes clear accountabilities in the application of its humanitarian mandate.	Met	Emergency Response Framework http://www.who.int/hac/global_health_cluster/guide/en/index.html Health Cluster Guide http://whqlibdoc.who.int/hq/2009/WHO_HAC_MAN_2009.7_eng.pdf
	The organisation has operational mechanisms for the coordination of its humanitarian functions and roles.	Met	Emergency Response Framework http://www.who.int/hac/global_health_cluster/guide/en/index.html Health Cluster Guide http://whqlibdoc.who.int/hq/2009/WHO_HAC_MAN_2009.7_eng.pdf

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	An evaluation/review has been undertaken and illustrates progress in the MO's application of these functions and roles.	Met	<p>Global Health Cluster (Meeting of Partners, Geneva, 14 - 15 December 2011) http://www.who.int/hac/global_health_cluster/about/global_meeting_december2011/en/index.html</p> <p>A65/25 - WHO's Response, and Role as the Health Cluster Lead, in Meeting the Growing Demands of Health in Humanitarian Emergencies http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_25-en.pdf</p> <p>Global Health Cluster Framework 2012-2013 http://www.who.int/hac/global_health_cluster/about/global_health_cluster_framework2012_2013.pdf</p> <p>Global Health Cluster Feedback http://www.who.int/hac/global_health_cluster/about/ghc_feedback.pdf</p> <p>Review of Evaluations, Country Mission Reports and Lessons Learned http://www.who.int/hac/global_health_cluster/about/ghc_evaluation_missions_lessons_learned_december2011.ppt_x.pdf</p> <p>Establishing a WHO Corporate Approach to Emergencies http://www.who.int/hac/global_health_cluster/about/who_corporate_approach_emergencies_december2011.pdf</p> <p>EB128R10 - Strengthening National Health Emergency and Disaster Management Capacities and Resilience of Health Systems http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_R10-en.pdf</p>
Overall Score MI 13.1		Adequate (4)	

PERFORMANCE AREA III - RELATIONSHIP MANAGEMENT
KPI 16. The MO uses country systems for disbursement and operations.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 16.1 % of the MO's overall ODA disbursements/ support recorded in the annual budget as revenue, grants, or ODA loans	Inadequate: Paris Declaration data and other sources indicate limited progress towards the target and limited evidence of the organisation's efforts to use country systems for disbursements and operations.	-	WHO Participation in the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document) Analysis of the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document) IHP+Results, 2012 Partner Scorecard for WHO.
	Adequate: Evidence exists of both progress made and areas requiring improvement with regard to the use of country systems for disbursement and operations.	-	See above
	Strong: Paris Declaration data and other sources consistently indicate progress towards the target and clear evidence of the organisation's efforts to use country systems for disbursements and operations.	Met	See above
Overall Score MI 16.1		Strong (5)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 16.2 The MO uses the country's financial systems as a first option for its operations (i.e., procurement and public financial management, etc)	Inadequate: Paris Declaration data and other sources indicate limited progress towards the target and limited evidence of the organisation's efforts to use country systems for disbursements and operations.		See below
	Adequate: Evidence exists of both progress made and areas requiring improvement with regard to the use of country systems for disbursement and operations.	Met	WHO Participation in the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document) Analysis of the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document) IHP+Results, 2012 Partner Scorecard for WHO.
	Strong: Paris Declaration data and other sources consistently indicate progress towards the target and clear evidence of the organisation's efforts to use country systems for disbursements and operations.	-	See above
Overall Score MI 16.2		Adequate (4)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
<p>NOTE: The document review on this indicator is based on Indicator 5b of the Paris Declaration, focused on use of procurement system. The assessment of procurement has been reported as part of MI 16.2 in Volume I.</p> <p>MI 16.3 The MO uses the country's non-financial systems as a first option for its operations (e.g., monitoring and evaluation)</p>	<p>Inadequate: Paris Declaration data and other sources indicate limited progress towards the target and limited evidence of the organisation's efforts to use country systems for disbursements and operations.</p>	<p>Met</p>	<p>The assessment based on data reported for Indicator 5b of the Paris Declaration, which focuses on use of country procurement systems. WHO Participation in the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document) Analysis of the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document) IHP+Results, 2012 Partner Scorecard for WHO.</p>
	<p>Adequate: Evidence exists of both progress made and areas requiring improvement with regard to the use of country systems for disbursement and operations.</p>		<p>See above</p>
	<p>Strong: Paris Declaration data and other sources consistently indicate progress towards the target and clear evidence of the organisation's efforts to use country systems for disbursements and operations.</p>	<p>-</p>	<p>See above</p>
<p>Overall Score MI 16.3</p>		<p>Inadequate (3) This rating was averaged with the rating for 16.2 so that it could be reported together under 16.2</p>	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 16.4 The MO avoids parallel implementation structures	Percentage (%) of all MOs project implementation units that operated in parallel with those of government structures.	0%	WHO Participation in the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document) Analysis of the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document)
Overall Score MI 16.4		Strong (5)	

KPI 18. The MO adds value to policy dialogue with its direct partners.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 18.1 The extent to which the MO engages in joint planning, programming, monitoring and reporting	Percentage (%) of joint missions.	36.6%	WHO Participation in the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document) Analysis of the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document)
Overall Score MI 18.1		Adequate (4)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 18.2 The extent to which the MO's technical cooperation is disbursed through coordinated programmes	Percentage (%) of technical assistance coordinated with country programmes.	39%	WHO Participation in the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document) Analysis of the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document)
Overall Score MI 18.2		Adequate (4)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 18.3 % of the MO's overall ODA disbursements/support that is for government-led PBAs (SWAps, basket funding, etc)	Percentage (%) of the MOs overall ODA disbursements/support that is for government-led PBAs (SWAps, basket funding, etc).	42.2%	WHO Participation in the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document) Analysis of the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document) IHP+Results, 2012 Partner Scorecard for WHO.
Overall Score MI 18.3		Adequate (4)	

PERFORMANCE AREA IV - KNOWLEDGE MANAGEMENT

KPI 20. The MO consistently evaluates its delivery and external results.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 20.1 The MO has a structurally independent evaluation unit within its organisational structure that reports to senior management or the Executive Board	An organisation-wide (central) evaluation unit or function exists.	Met	The Structure of WHO http://www.who.int/about/structure/organigram/en/index.html EB131/2012/REC/1 Executive Board (Resolutions, decisions and annexes) http://apps.who.int/gb/ebwha/pdf_files/EB131-REC1/B131_REC1-en.pdf B131/3 - Draft Formal Evaluation Policy http://apps.who.int/gb/ebwha/pdf_files/EB131/B131_3-en.pdf PBAC17/3 - Report of the Office of Internal Oversight Services http://apps.who.int/gb/pbac/pdf_files/Seventeenth/PBAC17_3-en.pdf
	An organisation-wide evaluation policy exists, which includes guidance on how the MO is to conduct independent evaluations.	Met	EB131/2012/REC/1 Executive Board (Resolutions, decisions and annexes) http://apps.who.int/gb/ebwha/pdf_files/EB131-REC1/B131_REC1-en.pdf B131/3 - Draft Formal Evaluation Policy http://apps.who.int/gb/ebwha/pdf_files/EB131/B131_3-en.pdf PBAC17/3 - Report of the Office of Internal Oversight Services http://apps.who.int/gb/pbac/pdf_files/Seventeenth/PBAC17_3-en.pdf

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	(If first criterion is met) there is evidence of reports being submitted by the organisation-wide evaluation unit or function to Executive Management (Head of Organisation) or Board/committee responsible for independent evaluations.	Not met	Report of the Office of Internal Oversight Services 2012 http://apps.who.int/gb/pbac/pdf_files/Seventeenth/PBAC17_3-en.pdf Report of the Office of Internal Oversight Services 2011 http://apps.who.int/gb/pbac/pdf_files/Fifteenth/PBAC15_3-en.pdf Report of the Office of Internal Oversight Services 2010 http://apps.who.int/gb/pbac/pdf_files/Thirteenth/PBAC13_4-en.pdf Evaluation: Update and Proposed Workplan for 2013 http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_30-en.pdf
	(If first criterion is met), the organisation-wide evaluation unit has a direct reporting function to the Executive Management, but not the Board.	Met	EB131/2012/REC/1 Executive Board (Resolutions, decisions and annexes) http://apps.who.int/gb/ebwha/pdf_files/EB131-REC1/B131_REC1-en.pdf B131/3 - Draft Formal Evaluation Policy http://apps.who.int/gb/ebwha/pdf_files/EB131/B131_3-en.pdf
	The central evaluation unit has a direct reporting function to the MO's Board.	Not met	EB131/2012/REC/1 Executive Board (Resolutions, decisions and annexes) http://apps.who.int/gb/ebwha/pdf_files/EB131-REC1/B131_REC1-en.pdf B131/3 - Draft Formal Evaluation Policy http://apps.who.int/gb/ebwha/pdf_files/EB131/B131_3-en.pdf
Overall Score MI 20.1		Adequate (4)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 20.2 The evaluation function provides sufficient coverage of the MO's programming activity (projects,	An organisation-wide evaluation policy or plan exists and is corporately approved which identifies the need for independent evaluations of projects and programmes.	Met	EB131/2012/REC/1 Executive Board (Resolutions, decisions and annexes) http://apps.who.int/gb/ebwha/pdf_files/EB131-REC1/B131_REC1-en.pdf B131/3 - Draft Formal Evaluation Policy http://apps.who.int/gb/ebwha/pdf_files/EB131/B131_3-en.pdf

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
programmes, etc)	(If first criterion is met) this policy or plan defines the evaluation coverage of projects and programmes (i.e., the number or percent of projects/ programmes requiring evaluations of <i>any type</i>) or it clearly explains how evaluations are planned and prioritised.	Met	<p>EB131/2012/REC/1 Executive Board (Resolutions, decisions and annexes) http://apps.who.int/gb/ebwha/pdf_files/EB131-REC1/B131_REC1-en.pdf</p> <p>B131/3 - Draft Formal Evaluation Policy http://apps.who.int/gb/ebwha/pdf_files/EB131/B131_3-en.pdf</p> <p>Evaluation: Update and Proposed Workplan for 2013 http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_30-en.pdf</p> <p>Evaluation Handbook 2013 (Internal document)</p> <p>WHO Evaluation Practice Handbook – Annex 4 (Internal document)</p>
	(If first criterion is met) this policy or plan defines the amount or % of programming (or % of expenditures) that needs an <i>independent</i> evaluation.	Not met	<p>EB131/2012/REC/1 Executive Board (Resolutions, decisions and annexes) http://apps.who.int/gb/ebwha/pdf_files/EB131-REC1/B131_REC1-en.pdf</p> <p>B131/3 - Draft Formal Evaluation Policy http://apps.who.int/gb/ebwha/pdf_files/EB131/B131_3-en.pdf</p> <p>Evaluation: Update and Proposed Workplan for 2013 http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_30-en.pdf</p> <p>Evaluation Handbook 2013 (Internal document)</p> <p>WHO Evaluation Practice Handbook – Annex 4 (Internal document)</p>
	Recent independent evaluation reports are available for <i>at least half of the</i> countries sampled.	Not met	Evaluation Status Report 2008-2013 - Jan. 2013 (Internal document)
	(If fourth criterion is met) reports of independent evaluations exist for <i>all</i> countries sampled.	Not met	Evaluation Status Report 2008-2013 - Jan. 2013 (Internal document)
Overall Score MI 20.2		Inadequate (3)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 20.3 The MO ensures quality of its evaluations	The MO has a policy/ procedures for the quality control of their evaluations.	Met	EB131/2012/REC/1 Executive Board (Resolutions, decisions and annexes) http://apps.who.int/gb/ebwha/pdf_files/EB131-REC1/B131_REC1-en.pdf B131/3 - Draft Formal Evaluation Policy http://apps.who.int/gb/ebwha/pdf_files/EB131/B131_3-en.pdf WHO Evaluation Guideline 2006 (Internal document)
	The MO implemented the quality control procedures (i.e. reviewed its evaluations) within the past five years.	Not met	Evaluation: Update and Proposed Workplan for 2013 http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_30-en.pdf
	There is evidence (in the reports on the quality of evaluations/ review of evaluations) that the MO is respecting relevant evaluation standards (e.g. UNEG standards, DAC standards, ECG standards) in its centralised and decentralised evaluations.	Not met	EB131/2012/REC/1 Executive Board (Resolutions, decisions and annexes) http://apps.who.int/gb/ebwha/pdf_files/EB131-REC1/B131_REC1-en.pdf B131/3 - Draft Formal Evaluation Policy http://apps.who.int/gb/ebwha/pdf_files/EB131/B131_3-en.pdf EB132/5 Add.6 - Review of Management, Administration and Decentralization in the World Health Organization, Report by the Joint Inspection Unit (2013) http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf
	The reviews of the MO's evaluations (i.e. the reports on the quality of evaluations) cover organisation-wide, country and project level evaluations.	Not met	
	There is evidence that the MO's evaluation practices have changed as a result of the review of evaluations.	Not met	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
Overall Score MI 20.3		Weak (2)	

KPI 21. The MO presents performance information on its effectiveness.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 21.1 Reports on the achievement of outcomes, not just inputs, activities and outputs	Annual performance reports exist at the organisation-wide level.	Met	Programme Budget 2008-2009: Performance Assessment Report (2010) http://www.who.int/about/resources_planning/PBPA-1.pdf Programme Budget 2010-2011: Mid-Term Review (2011) http://www.who.int/about/resources_planning/MTR10-11_report_May2011.pdf Programme Budget 2010-2011: Performance Assessment Report (2012) http://www.who.int/about/resources_planning/performance_assessment-report_2010_2011.pdf
	(If first criterion is met) the most recent performance report sampled describes outputs achieved.	Met	See criterion 1
	(If first two criteria are met) the most recent performance report sampled discusses expected outcomes achieved.	Not met	See criterion 1
	(If first two criteria are met) the most recent performance report sampled provides evidence for the MO's contribution to outcome achievement (i.e., establishes a link between organisation-wide outputs and outcomes).	Not met	See criterion 1
	(If all above criteria are met) all above criteria are met <i>for all performance reports</i>	Not met	See criterion 1

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	<i>sampled.</i>		
Overall Score MI 21.1		Inadequate (3)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 21.2 Reports performance using data obtained from measuring indicators	Annual performance reports exist at the organisation-wide level.	Met	Programme Budget 2008-2009: Performance Assessment Report (2010) http://www.who.int/about/resources_planning/PBPA-1.pdf Programme Budget 2010-2011: Mid-Term Review (2011) http://www.who.int/about/resources_planning/MTR10-11_report_May2011.pdf Programme Budget 2010-2011: Performance Assessment Report (2012) http://www.who.int/about/resources_planning/performance_assessment-report_2010_2011.pdf
	(If first criterion is met) the most recent performance report sampled specifies indicators for the reporting period that respect SMART or CREAM criteria for indicators.	Not met	See criterion 1
	(If first criterion is met) the most recent performance report sampled presents an illustration of trends in measurement over a period of time (i.e., indicator data are compared across X years).	Not met	See criterion 1
	(If first criterion is met) the most recent performance report sampled compares indicator measurement to baseline (in the case	Not met	See criterion 1

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	of outcomes) and target amounts (in the case of both outputs and outcomes) (either in graph or narrative form).		
	(If all above criteria are met) all above criteria are met for all performance reports sampled.	Not met	See criterion 1
Overall Score MI 21.2		Weak (2)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 21.3 Reports against its organisation-wide strategy, including expected management and development results	Annual performance reports exist at the organisation-wide level.	Met	Programme Budget 2008-2009: Performance Assessment Report (2010) http://www.who.int/about/resources_planning/PBPA-1.pdf Programme Budget 2010-2011: Mid-Term Review (2011) http://www.who.int/about/resources_planning/MTR10-11_report_May2011.pdf Programme Budget 2010-2011: Performance Assessment Report (2012) http://www.who.int/about/resources_planning/performance_assessment-report_2010_2011.pdf
	(If first criterion is met) the most recent performance report sampled makes reference to the expected results identified in the organisation-wide DRF and MRF.	Met	See criterion 1
	(If criterion two is met) the most recent performance report sampled describes the extent of achievement to date of results identified in the DRF	Met	See criterion 1

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	and MRF, along with an explanation of any variances.		
	(If all above criteria are met) all above criteria are met for all performance reports sampled.	Met	See criterion 1
	There is an independent evaluation/review confirming the quality of organisation-wide reporting on results.	Not met	See criterion 1
Overall Score MI 21.3		Strong (5)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
21.4 Reports against its aid effectiveness commitments (e.g. Paris Declaration/ Busan) using indicators and country targets	An annual, organisation-wide report on the MO's performance against Paris Declaration (PD) commitments exists (this may not be a separate report, but part of another report, such as the annual performance report).	Not met	WHO Participation in the 2011 Paris Declaration Monitoring Surveys: Key Highlights (Internal document) International Health Partnership 2012 Annual Performance Report http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Results_Evidence/IHP_Results/IHP_Results_2012_Rpt.Eng.pdf
	(If the first criterion is met) the most recent report describes the extent of overall achievement to date on PD commitments, using indicators.	Not met	See criterion 1

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	(If the first two criteria are met) the most recent report shows country targets for PD commitments.	Not met	See criterion 1
	(If all above criteria are met) the most recent report shows the extent of achievement to date of PD commitments by country.	Not met	See criterion 1
	(If all above criteria are met) all above criteria are met for all reports sampled.	Not met	See criterion 1
Overall Score 21.4		Adequate (4)	Strictly adhering to the criteria, WHO would receive a rating of very weak on this MI. However, there is evidence that WHO is committed to assessing its organisational performance against the principles of aid effectiveness (e.g., Paris Declaration/Busan). The organisation received a rating of adequate.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 21.5 Reports on adjustments made or recommended to the organisation-wide policies and strategies based on performance information	The MO has a policy that defines how annual performance reporting will be carried out.	Met	Programme Management in WHO Operational Planning : Business Rules, Procedures (including practical guidance) (Internal document) End of Biennium Assessment: GSM Guidance Note - OSER PBPA (Internal document) End of Biennium Assessment: GSM Guidance Note - TopTask PBPA (Internal document) Programme Management Handbook 2012 of the Western Pacific Region ftp://ftp.wpro.who.int/scratch/PRG%20MGT%20User%20Hndbk/PRG%20User%20Handbook%20as%20of%207%20Dec%202012.pdf
	The MO has a policy that defines how annual performance reporting will be systematically used.	Met	Programme Management in WHO Operational Planning : Business Rules, Procedures (including practical guidance) (Internal document) End of Biennium Assessment: GSM Guidance Note - OSER PBPA (Internal document) End of Biennium Assessment: GSM Guidance Note - TopTask PBPA (Internal document) Programme Management Handbook 2012 of the Western Pacific Region ftp://ftp.wpro.who.int/scratch/PRG%20MGT%20User%20Hndbk/PRG%20User%20Handbook%20as%20of%207%20Dec%202012.pdf

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
			20Dec%202012.pdf
	There is evidence that annual performance reviews (e.g. audits, evaluations) are systematically used to adjust strategies/policies.	Not met	EB132/5 Add.6 - Review of Management, Administration and Decentralization in the World Health Organization, Report by the Joint Inspection Unit (2013) http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf
	There is evidence that annual performance reviews (e.g. audits, evaluations) are systematically used to adjust budgets.	Not met	EB132/5 Add.6 - Review of Management, Administration and Decentralization in the World Health Organization, Report by the Joint Inspection Unit (2013) http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf
	The Board receives annual reports on strategy and/or budgetary changes that are based on performance information.	Met	Programme Budget 2008-2009: Performance Assessment Report (2010) http://www.who.int/about/resources_planning/PBPA-1.pdf Programme Budget 2010-2011: Mid-Term Review (2011) http://www.who.int/about/resources_planning/MTR10-11_report_May2011.pdf Programme Budget 2010-2011: Performance Assessment Report (2012) http://www.who.int/about/resources_planning/performance_assessment-report_2010_2011.pdf A66/5 -Implementation of Programme Budget 2012–2013: Interim Report http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_5-en.pdf
Overall Score MI 21.5		Adequate (4)	

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 21.6 Reports on country (or other) level programming adjustments made or recommended based on performance information	The MO has a policy that defines how annual performance reporting will be carried out at the country level.	Met	Country Cooperation Strategy Guide 2010 http://www.who.int/countryfocus/cooperation_strategy/WHO-CSS_Guide2010_Eng_intranet_24sep10.pdf Programme Management in WHO Operational Planning : Business Rules, Procedures (including practical guidance) (Internal document) End of Biennium Assessment: GSM Guidance Note - OSER PBPA (Internal document) End of Biennium Assessment: GSM Guidance Note - TopTask PBPA (Internal document)
	The MO has a policy that defines how annual performance	Met	Country Cooperation Strategy Guide 2010 http://www.who.int/countryfocus/cooperation_strategy/WHO-CSS_Guide2010_Eng_intranet_24sep10.pdf Programme Management in WHO Operational Planning : Business Rules, Procedures (including practical

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	reporting will be systematically used at the country level.		guidance) (Internal document) End of Biennium Assessment: GSM Guidance Note - OSER PBPA (Internal document) End of Biennium Assessment: GSM Guidance Note - TopTask PBPA (Internal document)
	There is evidence that annual performance reviews (e.g. audits, evaluations) at the country level are systematically used to adjust strategies/policies.	Not met	
	There is evidence that annual performance reviews (e.g. audits, evaluations) at the country level are systematically used to adjust budgets.	Not met	
	The Board receives annual reports on strategy and/or budgetary changes at the country level that are based on performance information.	Not met	
Overall Score MI 21.6		Inadequate (3)	

KPI 22. The MO encourages the identification and documentation of lessons learned and/or best practices.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 22.1 Reports on lessons learned based on performance	There is evidence that the organisation is committed to the identification of	Met	WHO Knowledge Management Strategy http://www.who.int/kms/about/strategy/kms_strategy.pdf EB132/5 Add.6 - Review of Management, Administration and Decentralization in the World Health Organization,

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
information	lessons learned and/or best practices.		Report by the Joint Inspection Unit (2013) http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf Guide for Documenting and Sharing «Best Practices» in Health Programmes (AFRO) http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=1981 An Introduction to WHO's Ways of Working (Internal document)
	There is a unit/coordinating group responsible for documenting and disseminating lessons learned and/or best practices.	Met	WHO Knowledge Management Strategy http://www.who.int/kms/about/strategy/kms_strategy.pdf
	The MO has a system for collecting and disseminating internal lessons learned and/or best practices.	Not met	WHO IRIS WHO's Institutional Repository for Information Sharing http://apps.who.int/iris/?locale=en WHO Press - A New Focus for Publishing in WHO http://apps.who.int/bookorders/anglais/aboutus1.jsp
	(If third criterion is met) The MO has an easily accessible system that collects and disseminates <i>both</i> internal <i>and</i> external lessons learned and/or best practices.	Not met	
	There is evidence that the MO uses lessons learned and/or best practices based on performance to change management and programming practices.	Not met	
Overall Score MI 22.1		Inadequate (3)	

KPI 23. The MO ensures the availability of documents in the public domain.

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
MI 23.1 Key MO documents are available to the public	<i>More than half</i> of the documents in the sample (excluding the disclosure policy, which is identified below) are available on the website.	Met	Executive Board Session Decisions http://apps.who.int/gb/or/ Executive Board Session Documents http://apps.who.int/gb/index.html Performance Information http://www.who.int/about/resources_planning/en/index.html The Structure of WHO http://www.who.int/about/structure/organigram/en/index.html Organisation-wide Strategic Plan http://www.who.int/about/resources_planning/en/index.html Key Financial Information (or found in Annual Report including donor funding information) http://www.who.int/about/resources_planning/en/index.html Thematic Reports http://www.who.int/publications/en/ Country-level Planning and/or Programming Documents http://www.who.int/countryfocus/cooperation_strategy/en/
	(If first criterion met) <i>all</i> of the documents in the sample (excluding the disclosure policy,) are available on the website.	Not met	See Criterion 1
	(If first criterion met) More than 50% of the documents in the sample are available on the public website in multiple languages in keeping with the	Met	EB121_6 - Multilingualism: Plan of Action http://apps.who.int/gb/ebwha/pdf_files/EB121/B121_6-en.pdf WHA61.12 - Multilingualism: Implementation of Action Plan http://www.who.int/about/multilingualism/WHA61_12_resolution_multilingualism_en.pdf A52_31 - Use of Languages in WHO http://apps.who.int/gb/archive/pdf_files/WHA52/ew31.pdf

Micro-Indicator	Criteria	Status	Key documents consulted (Title and Hyperlink if available)
	organisation's policies.		
	A disclosure/ privacy/ access to information policy exists and is available on the MO website.	Not met	WHO Reform Implementation Plan http://apps.who.int/gho/data/node.who-reform# WHO Publications Policy: Report on Implementation http://apps.who.int/gb/ebwha/pdf_files/EB129/B129_4-en.pdf
	Clear procedures exist to contact the MO.	Met	General Enquiries http://www.who.int/about/contacthq/en/index.html
Overall Score MI 23.1		Adequate (4)	

Appendix VII WHO – HQ, RO and CO Interviewees

Headquarters

Area	Name	Title	Division
Reform Management	Dr. Anarfi Asamoah-Baah	Deputy Director-General	Office of the Director-General
	Dr. Hans Troedsson	Executive Director	Office of the Director-General
	Dr. Ian Smith	Advisor to the Director-General	Office of the Director-General
Strategic Planning	Dr. Andrew Cassels	Director	Office of the Director-General
	Dr. Elil Renganathan	Director	Planning, Resource Coordination & Performance Monitoring (PRP)
	Mr. Scott Pendergast	Coordinator	PRP
Country Support	Dr. Mohamed Jama	Assistant Director-General	General Management
	Dr. Elil Renganathan	Director	PRP
	Dr. Marie-Andrée Romisch-Diouf	Director	Country Focus
Finance and Resource Allocation	Dr. Mohamed Jama	Assistant Director-General	General Management
	Mr. Nicholas Jeffreys	Comptroller & Director	Department of Finance
	Dr. Elil Renganathan	Director	PRP
Reporting and Results (Org. Practices)	Dr. Elil Renganathan	Director	PRP
	Mr. Scott Pendergast	Coordinator	PRP
Audit	Mr. David Webb	Director	Office of Internal Oversight
	Mr. Deepak Thapa	Deputy Director	Office of Internal Oversight
	Mr. Nicholas Jeffreys	Comptroller & Director	Department of Finance
Evaluation and Lessons Learned	Mr. David Webb	Director	Office of Internal Oversight
	Mr. Deepak Thapa	Deputy Director	Office of Internal Oversight
	Dr. Maria Santamaria	Medical Officer	Office of Internal Oversight
Partnerships and Aid Effectiveness Agenda	Dr. Andrew Cassels	Director	Office of the Director-General
	Dr. Phyllida Travis	Coordinator	IHP+ Core Team
	Dr. Shambhu Acharya	Coordinator	Country Focus
Reporting and Results (Results)	Dr. Bruce Aylward	Assistant Director-General	Polio, Emergencies and Country Collaboration
	Dr. Marie-Paul Kieny	Assistant Director-General	Health Systems and Innovation
	Dr. Elil Renganathan	Director	PRP
Human Resources	Dr. Mohamed Jama	Assistant Director-General	General Management
	Mr. Mahen Sandrasagren	Director	Human Resources Management
	Ms. Aba Ankrah-Ntambwe	Legal Officer/HR specialist	HR Management

Regional Offices

Office	Name	Title
Regional Office for Africa (AFRO)	Dr. Matshidiso Rebecca Moeti	Deputy Regional Director
	Mr. Dan Walter	Director Administration and Finance
	Dr. Khaled Bessaoud	Coordinator, Country Analysis and Support
	Dr. Dosithee Ngo Bebe	Programme Manager, Planning, Monitoring and Evaluation
Regional Office for the Americas (AMRO)	Dr. Jon K. Andrus	Deputy Director a.i. of Planning, Budgeting and Resource Coordination
	Mr. Guillermo Birmingham	Director Administration
	Dr. Mariela Licha-Salomon	Senior Advisor, Country Focus Support
	Dr. Jose Teruel	Assistant Director
Regional Office for the Eastern Mediterranean (EMRO)	Dr. Samir Ben Yahmed	Director Programme Management
	Mr. Raul Thomas	Director Administration and Finance
	Dr. Ambrogio Manenti	Coordinator, Programme Planning Monitoring and Evaluation
Regional Office for South-East Asia (SEARO)	Dr. Herbert Tennakoon	Assistant Regional Director
	Ms. Varpuri Berg	Budget and Finance Officer
	Dr. Stephan Jost	Technical Officer, Programme Planning Coordination & Governing Bodies
	Mr. Michael McCullough	Planning Officer
Regional Office for the Western Pacific (WPRO)	Dr. Tieru Han	Director Programme Management
	Mr. Jeffery Kobza	Director Administration and Finance
	Dr. Kidong Park	Team Leader, Country Support Unit
	Mr. Guogao Wu	Programme Development and Operations Officer

Country Offices

Office	Name	Title
WHO Country Office - Ethiopia	Dr. Pierre Mpele	WHO Representative
	Dr. Sofonias Getachew Asrat	Planning Officer
	Mr. Akpan Etukudo	Operations Officer
	Dr. Innocent Ntaganira	Technical Staff (Project Manager)
WHO Country Office - Guatemala	Dr. Guadalupe Verdejo	WHO Representative
	Dr. Hans Salas	Advisor/Health Surveillance, Disease Prevention and Control
	Dr. Sergio Penagos	Programme Officer
WHO Country Office - Indonesia	Dr. Khanchit Limpakarnjanarat	WHO Representative
	Mrs. Yingli Liu	Administrative Officer
	Dr. Graham Tallis	Program Manager
	Mr. Gyanendra Ghale	Planning Officer
WHO Country Office - Mozambique	Dr. Daniel Kertesz	WHO Representative
	Dr. Abdou Moha	HIV/AIDS Country Offices
	Dr. Eva Pascoal	Health Economist

Office	Name	Title
WHO Country Office - Pakistan	Dr. Nima Saeed Abid	WHO Representative (Acting)
	Dr. Zulfiqar Khan	Planning and Health System Strengthening
	Dr. Ghulam Nabi Kazi	Technical Staff
	Mr. Hatem Hosg Elkhodary	Budget and Finance
WHO Country Office - Vietnam	Dr. Takeshi Kasai	WHO Representative
	Dr. Socorro Escalante	Team Leader, Health Sector Development Team (Acting)
	Ms. Minh Ly Nguyen	Administrative Assistant
	Mr. Cris Tunon	Senior Programme Management Officer

Appendix VIII Key Documents Consulted for Development Results Component

Organisation-wide strategy

- Medium-term Strategic Plan 2008-2013 and Programme Budget 2009-2009
http://whqlibdoc.who.int/pb/2008-2009/MTSP_2008-2013_eng.pdf
- Proposed Programme Budget 2010-2011
http://apps.who.int/gb/ebwha/pdf_files/MTSP2009/PPB3-en.pdf
- Proposed Programme Budget 2012-2013
http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf

Organisation-wide reporting

Mid-term review

- Programme Budget 2010-2011: Mid-Term Review (2011)
http://www.who.int/about/resources_planning/MTR10-11_report_May2011.pdf
- Programme Budget 2012-2013: Mid-Term Review (2013)
http://www.who.int/about/resources_planning/MTR2012-2013_advanceddraft_web.pdf

Performance assessment report

- Programme Budget 2008-2009: Performance Assessment Report (2010)
http://www.who.int/about/resources_planning/PBPA-1.pdf
- Programme Budget 2010-2011: Performance Assessment Report (2012)
http://www.who.int/about/resources_planning/performance_assessment-report_2010_2011.pdf

Evaluation

- Independent Monitoring Board of the Global Polio Eradication Initiative
http://www.polioeradication.org/Portals/0/Document/Aboutus/Governance/IMB/7IMBMeeting/7IMB_Report_EN.pdf
- Polio Eradication Initiative: Value for Money (Internal document)

Country level strategies

Country cooperation strategy

- Country Cooperation Strategy – Ethiopia 2008-2011
http://www.who.int/countryfocus/cooperation_strategy/ccs_eth_en.pdf
- Country Cooperation Strategy – Guatemala 2006-2010
http://www.who.int/countryfocus/cooperation_strategy/ccs_gtm_es.pdf
- Country Cooperation Strategy – Indonesia 2007-2011
http://www.who.int/countryfocus/cooperation_strategy/ccs_idn_en.pdf
- Country Cooperation Strategy – Mozambique 2009-2013
http://www.who.int/countryfocus/cooperation_strategy/ccs_moz_en.pdf
- Country Cooperation Strategy – Pakistan 2005-2009
http://www.who.int/countryfocus/cooperation_strategy/ccs_pak_en.pdf
- Country Cooperation Strategy – Vietnam 2002-2006
http://www.who.int/countryfocus/cooperation_strategy/ccs_pak_en.pdf

Country level programming, reporting and evaluation

Ethiopia

- Ethiopia Health Sector Development Programme (HSDP-III) 2005-2010 (2005) (Internal document)
- Ethiopia Health Sector Strategic Plan 2005-2010 (2005) (Internal document)
- Ethiopia HSDP III Mid-Term Review 2005-2011 (2008) (Internal document)
- Ethiopia HSDP IV Final Draft 2010-2015 (2010) (Internal document)
- United Nations Development Assistance Framework 2012-2015 (2011) - Ethiopia (Internal document)
- Budget Centre Workplan Summary 2012-2013 (2011) – Ethiopia (Internal document)
- Mid-Term Review 2008-2009 (2009) – Ethiopia (Internal document)
- Mid-Term Review 2010-2011 (2011) – Ethiopia (Internal document)
- World Health Organization Country Office Ethiopia Annual Report (2011) – Ethiopia (Internal document)
- End of Biennium Performance Assessment Report (2012) – Ethiopia (Internal document)
- Quarterly Report - July to September 2011 – Ethiopia (Internal document)
- Quarterly Report - October to December 2011 – Ethiopia (Internal document)
- Quarterly Report - January to March 2012 – Ethiopia (Internal document)
- AFR/RC59/3 Towards Reaching the Health-related Millennium Development Goals: Progress Report and the Way Forward (2009) – Ethiopia (Internal document)
- AFR/RC61/9 Monitoring the Implementation of the Health Millennium Development Goals (2011) – Ethiopia (Internal document)
- Ethiopia Planning Cycle Profile (2013) (Internal document)
- Results of MTSP Mapping Exercise

Guatemala

- Agenda de Salud para las Américas 2008–2017 (2007) (Internal document)
- Plan Nacional para la Salud de Todas y Todos los Guatemaltecos (2008) (Internal document)
- Marco de Asistencia de las Naciones Unidas para el Desarrollo –UNDAF- 2010-2014 (2009) (Internal document)
- Plan de Salud de Centroamérica y República Dominicana 2010–2015 (2009) (Internal document)
- Biennial Workplan 2010-2011 (2009) – Guatemala (Internal document)
- Biennial Workplan 2012-2013 (2011) – Guatemala (Internal document)
- Budget Implementation Report 2010-2011 (2011) – Guatemala (Internal document)
- Budget Implementation Report 2nd Semester 2012-2013 (2012) – Guatemala (Internal document)
- Detailed OSER Indicators Report 2010-2011 (2013) – Guatemala (Internal document)
- Detailed OSER Indicators Report 2012-2013 (2013) – Guatemala (Internal document)
- Guatemala Planning Cycle Profile (2013) (Internal document)

- Results of MTSP Mapping Exercise

Indonesia

- United Nations Development Assistance Framework 2006-2010 (2005) - Indonesia (Internal document)
- Strategic Plan of the Ministry of Health- The Republic of Indonesia 2010-2014 (2009)
- Workplan 2010-11 (2009) – Indonesia (Internal document)
- Programme Budget 2010-11 OSER Reporting (2011) – Indonesia (Internal document)
- Programme Budget 2012-13 OSER Reporting (2013) – Indonesia (Internal document)
- WHO Indonesia Progress (2010) – Indonesia (Internal document)
- Programme Budget 2010-11 OSER End-Of-Biennium (2012) – Indonesia (Internal document)
- End of Biennium Performance Assessment Report (2012) – Indonesia (Internal document)
- Mid-Term Review: Summary of Findings and Recommendations (2011) – Indonesia (Internal document)
- End of Year 2010 Review: Summary of Findings And Recommendation for the Mid-Term Review of Indonesia (Internal document)
- Republic of Indonesia Report on the Achievement of the Millennium Development Goals (2010) – Indonesia (Internal document)
- Indonesia Planning Cycle Profile (2013) (Internal document)
- Results of MTSP Mapping Exercise

Mozambique

- United Nations Development Assistance Framework 2007-2009 (2006) - Mozambique (Internal document)
- United Nations Development Assistance Framework 2012-2015 (2011) - Mozambique (Internal document)
- Strategic Plan for the Reduction of Poverty – Mozambique (Internal document)
- Workplan 2010-2011 (2009) – Mozambique (Internal document)
- Workplan 2012-2013 (2011) – Mozambique (Internal document)
- Biannual Report 2008-2009 – Mozambique (Internal document)
- Results Summary: Technical Progress and Budget Implementation 2010-2011 – Mozambique (Internal document)
- Results Summary: Technical Progress and Budget Implementation 2012-2013 – Mozambique (Internal document)
- Matrix of Health Sector Performance - Mozambique (Internal document)
- Mozambique National Health Accounts - Mozambique (Internal document)
- Report on the Review of the Health Sector - Mozambique (Internal document)
- Proposal of Economic and Social Budget for 2013 - Mozambique (Internal document)
- Ministry of Health MDG 5 and 6 (Internal document)
- Results of MTSP Mapping Exercise

Pakistan

- Delivering as One in Pakistan - Strengthening UN Country Team's Coherent Support to Public Health (2009) – Pakistan (Internal document)
- Pakistan National Health Policy 2010-2015 (2009) – Pakistan (Internal document)
- One UN Programme 2013-2017 (2012) - Pakistan (Internal document)
- Workplans (2012) – Pakistan (Internal document)
- OSER Progress Status and Financial Implementation by Budget Center 2012-2013 (2012) – Pakistan (Internal document)
- Budget Center Contribution to Regional Expected Outcomes (2012) – Pakistan (Internal document)
- Mid-Term Review OSER Reporting 2012-13 (2013) – Pakistan (Internal document)
- End of Year Review - Top Task Progress Status and Financial 2012-2013 (2013) – Pakistan (Internal document)
- Punjab MDG Report (2011) – Pakistan (Internal document)
- Balochistan MDG Report (2011) – Pakistan (Internal document)

Vietnam

- One Plan 2006-2010 (2005) – Vietnam (Internal document)
- One Plan 2012-2016 (2012) – Vietnam (Internal document)
- Composite Plan of Vietnam Programme Budget 2010-11 (2009) – Vietnam (Internal document)
- Composite Plan of Vietnam Programme Budget 2012-13 (2011) – Vietnam (Internal document)
- Health Cooperation Project with WHO 2010-2011 (2010) – Vietnam (Internal document)
- End of Biennium Performance Assessment Report - OSER Progress (2012) – Vietnam (Internal document)
- WHO Country Office Annual Report – Vietnam (Internal document)
- Health Financing Review of Vietnam (2011) - Vietnam (Internal document)
- United Nations Vietnam Annual Report (2011) – Vietnam (Internal document)

Appendix IX Evidence of extent of progress towards organisation-wide expected results (OWERs)

WHO ratings of progress towards OWERs for strategic objective 1 (2008-2012)

	Organisation-wide Expected Results: Communicable Diseases	Rating for Programme Budget 2008-2009	Rating for Programme Budget 2010-2011
1.1	Equitable access of all people to vaccines	Partly achieved	Partly achieved
1.2	Poliomyelitis eradication	Partly achieved	Partly achieved
1.3	Prevention, control, elimination and eradication of neglected tropical diseases	Fully achieved	Partly achieved
1.4	Surveillance and monitoring of communicable diseases	Fully achieved	Fully achieved
1.5	Prevention and control of communicable diseases	Fully achieved	Fully achieved
1.6	Alert and response systems for use in epidemics and other public health emergencies of international concern	Fully achieved	Partly achieved
1.7	Detection , assessment, response to and cope with major epidemic and pandemic-prone diseases	Fully achieved	Partly achieved
1.8	Detection, verification, risk assessment and response to epidemics	Fully achieved	Fully achieved
1.9	Declaration emergency situations due to epidemic and pandemic-prone diseases	N/A	Fully achieved
Number of expected results fully achieved (Total)		6 (8)	4 (9)

WHO ratings of progress towards OWERs for strategic objective 2 (2008-2012)

	Organisation-wide Expected Results: HIV/AIDS, Tuberculosis and Malaria	Rating for Programme Budget 2008-2009	Rating for Programme Budget 2010-2011
2.1	Prevention, treatment and care for HIV/AIDS, tuberculosis and malaria	Partly achieved	Partly achieved
2.2	Expanded gender-sensitive delivery of prevention, treatment and care interventions	Partly achieved	Partly achieved
2.3	Equitable access to essential medicines diagnostic tools and health technologies of assured quality	Fully achieved	Partly achieved
2.4	Strengthening and expanding systems for surveillance, evaluation and monitoring	Fully achieved	Partly achieved
2.5	Advocacy and nurturing of partnerships, mechanisms for resource mobilisation, absorption capacity of available resource and engagement of communities	Partly achieved	Fully achieved
2.6	New knowledge, intervention tools and strategies to meet priority needs	Fully achieved	Partly achieved
Number of expected results fully achieved (Total)		3 (6)	1 (6)

WHO ratings of progress towards OWEs for strategic objective 3 (2008-2012)

	Organisation-wide Expected Results: Chronic Non-communicable Conditions	Rating for Programme Budget 2008-2009	Rating for Programme Budget 2010-2011
3.1	Advocacy and support to increase political, financial and technical commitment in Member States	Partly achieved	Fully achieved
3.2	Guidance and support to Member States for the development and implementation of policies, strategies and regulations	Fully achieved	Partly achieved
3.3	Capacity strengthening to collect, analyse, disseminate and use data on the magnitude, causes and consequences	Partly achieved	Partly achieved
3.4	Improve evidence on the cost-effectiveness of interventions	Fully achieved	Fully achieved
3.5	Guidance and support provided to Member States for the preparation and implementation of multisectoral, population-wide programmes	Fully achieved	Partly achieved
3.6	Guidance and support to Member States to improve the ability of their health and social systems to prevent and manage	Fully achieved	Fully achieved
	Number of expected results fully achieved (Total)	4 (6)	3 (6)

WHO ratings of progress towards OWEs for strategic objective 4 (2008-2012)

	Organisation-wide Expected Results: Child, Adolescent, Maternal, Sexual and Reproductive Health, and Ageing	Rating for Programme Budget 2008-2009	Rating for Programme Budget 2010-2011
4.1	Comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions	Partly achieved	Fully achieved
4.2	National research capacity	Fully achieved	Fully achieved
4.3	Maternal care (skilled care)	Partly achieved	Fully achieved
4.4	Neonatal survival and health	Fully achieved	Fully achieved
4.5	Child health and development	Partly achieved	Fully achieved
4.6	Adolescent health	Partly achieved	Partly achieved
4.7	Reproductive health	Fully achieved	Fully achieved
4.8	Ageing	Partly achieved	Partly achieved
	Number of Expected Results Fully Achieved (Total)	3 (8)	6 (8)

WHO ratings of progress towards OWEs for strategic objective 5 (2008-2012)

	Organisation-wide Expected Results: Emergencies and Disasters	Rating for Programme Budget 2008-2009	Rating for Programme Budget 2010-2011
5.1	Strengthening national emergency preparedness plans	Partly achieved	Partly achieved
5.2	Response to disasters associated with natural hazards and conflict-related crises	Partly achieved	Fully achieved
5.3	Needs assessment and interventions planning during the transition and recovery phases of conflicts and disasters	Partly achieved	Partly achieved
5.4	Communicable disease control in natural disaster and conflict situations	Fully achieved	Fully achieved

Organisation-wide Expected Results: Emergencies and Disasters		Rating for Programme Budget 2008-2009	Rating for Programme Budget 2010-2011
5.5	Strengthening national preparedness and for establishing alert and response mechanisms for food-safety and environmental health emergencies.	Fully achieved	Partly achieved
5.6	Effective communications issued, partnerships formed and coordination developed	Fully achieved	Partly achieved
5.7	Operations and response to emergencies and disasters	N/A	Fully achieved
Number of Expected Results Fully Achieved (Total)		3 (6)	3 (7)

WHO ratings of progress towards OWEs for strategic objective 6 (2008-2012)

Organisation-wide Expected Results: Risk Factors for Health		Rating for Programme Budget 2008-2009	Rating for Programme Budget 2010-2011
6.1	Health promotion	Fully achieved	Fully achieved
6.2	Guidance and support provided for national systems for surveillance of major risk factors	Partly achieved	Fully achieved
6.3	Tobacco	Fully achieved	Fully achieved
6.4	Alcohol, drugs and other psychoactive substance	Fully achieved	Fully achieved
6.5	Unhealthy diet and physical inactivity	Fully achieved	Fully achieved
6.6	Unsafe sex	Partly achieved	Partly achieved
Number of Expected Results Fully Achieved (Total)		4 (6)	5 (6)

WHO ratings of progress towards OWEs for strategic objective 7 (2008-2012)

Organisation-wide Expected Results: Social and Economic Determinants of Health		Rating for Programme Budget 2008-2009	Rating for Programme Budget 2010-2011
7.1	Social and economic determinants of health	Partly achieved	Fully achieved
7.2	Provide opportunities and means for intersectoral collaboration at national and international levels to address social and economic determinants of health	Fully achieved	Fully achieved
7.3	Social and economic data relevant to health	Fully achieved	Partly achieved
7.4	Ethics- and rights-based approaches to health	Fully achieved	Partly achieved
7.5	Gender analysis and responsive actions	Fully achieved	Partly achieved
Number of Expected Results Fully Achieved (Total)		4 (5)	2 (5)

WHO ratings of progress towards OWEs for strategic objective 8 (2008-2012)

Organisation-wide Expected Results: Healthier Environment		Rating for Programme Budget 2008-2009	Rating for Programme Budget 2010-2011
8.1	Norms and standards on major environmental hazards to health	Partly achieved	Fully achieved
8.2	Reduce environmental hazards to health, enhance safety and promote public health	Partly achieved	Partly achieved
8.3	National occupational and environmental health risk management systems, functions and services	Partly achieved	Fully achieved

Organisation-wide Expected Results: Healthier Environment		Rating for Programme Budget 2008-2009	Rating for Programme Budget 2010-2011
8.4	Support the health sector in influencing policies	Partly achieved	Partly achieved
8.5	Health-sector leadership	Partly achieved	Fully achieved
8.6	Public health problems resulting from climate change	N/A	Fully achieved
Number of Expected Results Fully Achieved (Total)		0 (5)	4 (6)

WHO ratings of progress towards OWEs for strategic objective 9 (2008-2012)

Organisation-wide Expected Results: Nutrition and Food Safety		Rating for Programme Budget 2008-2009	Rating for Programme Budget 2010-2011
9.1	Partnerships and alliances formed, leadership built and coordination and networking developed	Partly achieved	Partly achieved
9.2	Norms, including references, requirements, research priorities, guidelines, training manuals and standards	Fully achieved	Fully achieved
9.3	Monitoring and surveillance of needs and assessment and evaluation of responses in the area of nutrition and diet-related chronic diseases	Fully achieved	Fully achieved
9.4	Development, strengthening and implementation of nutrition plans, policies and programmes	Partly achieved	Partly achieved
9.5	Systems for surveillance, prevention and control of zoonotic and non-zoonotic foodborne diseases	Partly achieved	Partly achieved
9.6	Risk assessment in the areas of zoonotic and non-zoonotic foodborne diseases and food safety	Fully achieved	Fully achieved
Number of Expected Results Fully Achieved (Total)		3 (6)	3 (6)

WHO ratings of progress towards OWEs for strategic objective 10 (2008-2012)

Organisation-wide Expected Results: Health Systems and Services		Rating for Programme Budget 2008-2009	Rating for Programme Budget 2010-2011
10.1	Management and organisation of integrated, population-based health-service delivery	Fully achieved	Fully achieved
10.2	National capacities for governance and leadership	Fully achieved	Fully achieved
10.3	Coordination of the various mechanisms (including donor assistance) improved	Fully achieved	Partly achieved
10.4	Country health-information systems	Partly achieved	Fully achieved
10.5	Knowledge and evidence for health decision-making	Partly achieved	Partly achieved
10.6	National health research for development of health systems strengthened	Partly achieved	Partly achieved
10.7	Knowledge management and eHealth policies	Fully achieved	Partly achieved
10.8	Health-workforce information and knowledge base	Fully achieved	Fully achieved
10.9	Technical support provided – health workforce	Fully achieved	Fully achieved
10.10	Evidence-based policy and technical support provided – health system financing	Partly achieved	Fully achieved
10.11	Norms, standards and measurement tools developed	Partly achieved	Fully achieved

Organisation-wide Expected Results: Health Systems and Services		Rating for Programme Budget 2008-2009	Rating for Programme Budget 2010-2011
	for tracking resources, estimating the economic consequences of illness, and the costs and effects of interventions		
10.12	Capacity building – health financing	Partly achieved	Partly achieved
10.13	Evidence based norms, standards and measurement tools developed – unsafe health care	N/A	Partly achieved
Number of Expected Results Fully Achieved (Total)		6 (12)	7 (13)

WHO ratings of progress towards OWEs for strategic objective 11 (2008-2012)

Organisation-wide Expected Results: Medical Products and Technologies		Rating for Programme Budget 2008-2009	Rating for Programme Budget 2010-2011
11.1	Formulation and monitoring of comprehensive national policies on access, quality and use	Partly achieved	Fully achieved
11.2	International norms, standards and guidelines for the quality, safety, efficacy and cost-effective use	Fully achieved	Fully achieved
11.3	Evidence-based policy guidance on promoting scientifically sound and cost-effective use	Partly achieved	Partly achieved
Number of Expected Results Fully Achieved (Total)		1 (3)	2 (3)

Appendix X Contribution to country-level goals and priorities, including relevant MDGs

Extent of progress towards WHO's country-level goals and priorities in Ethiopia (MTSP 2008-2013)



WHO Strategic Objective	Percentage of Total WHO Expenditures in Ethiopia		OWERs Fully Achieved (total number of OWERs) ²⁹	Survey Scores
	PB 2008/09	PB 2010/11	PB 2010-2011 ³⁰	
SO1 Communicable diseases	45%	60%	9 (16)	4.46
SO2 HIV/AIDS, tuberculosis and malaria	20%	18%	21 (27)	4.61
SO3 Chronic non-communicable conditions	1%	1%	9 (19)	3.83
SO4 Child, adolescent, maternal, sexual and reproductive health, and ageing	4%	2%	8 (11)	4.19
SO5 Emergencies and disasters	25%	12%	10 (11)	4.21
SO6 Risk factors for health	1%	1%	1 (11)	3.90
SO7 Social and economic determinants of health	0%	0%	1 (3)	3.94
SO8 Healthier environment	0%	1%	4 (5)	3.70
SO9 Nutrition and food safety	0%	1%	10 (13)	3.97
SO10 Health systems and services	0%	1%	10 (20)	3.87
SO11 Medical products and technologies	1%	2%	11 (14)	4.01
TOTAL			94 (150)	

WHO data on Ethiopia's progress towards the MDGs³¹

Millennium Development Goals, Targets and Indicators	Value Reported on MDG Targets	Country Progress as Reported by WHO Regional Office
MDG 1 (Malnourished children) - Indicator 1.8		
Percentage of underweight children under five years of age 2000-2009	36.4	Insufficient progress
MDG target	No data available	

²⁹ The data presented in these columns were extracted from the Ethiopia Country Office OWER Indicators Collection Form End of Biennium.

³⁰ WHO's Planning, Resource Coordination and Performance Monitoring Department could not provide 2008-2009 OWER reports for the six countries sampled. For that reason, it was impossible to assess the organisation's progress towards WHO's goals and priorities in Ethiopia for the 2008-2009 period.

³¹ WHO. (2011). *Monitoring the Implementation of the Health Millennium Development Goals. Report by the Secretariat.*

Millennium Development Goals, Targets and Indicators	Value Reported on MDG Targets	Country Progress as Reported by WHO Regional Office
MDG 4 (Child health) - Indicator 4.1		
Under-five mortality rate (per 1000 live births) in 2009	104	Insufficient progress
MDG target	70	
MDG 5 (Maternal health) - Indicator 5.1		
Maternal mortality ratio (per 100 000 live births) in 2008	417	Medium progress
MDG target	248	
MDG 6 (AIDS, malaria and TB) - Indicator 6.1 / Indicator 6.5 / Indicator 6.10		
Prevalence of HIV among people aged 15–49 years expressed as percentage in 2009	No data available	No data available
Prevalence of HIV among people aged 15–49 years expressed as percentage in 2001	No data available	
Percentage of population in need of treatment with access to antiretroviral drugs in 2009	No data available	No data available
Percentage of population in need of treatment with access to antiretroviral drugs in 2007	No data available	
Prevalence of tuberculosis (per 100 000 pop) in 2009	572	No progress
MDG target	88	
MDG 7 (Water and sanitation) - Indicator 7.8 / Indicator 7.9		
Percentage of the population using improved drinking water sources in 2008	38	No progress
MDG target	58.5	
Percentage of the population using improved sanitation facilities in 2008	12	No progress
MDG target	52	

Extent of progress towards WHO's country-level goals and priorities in Guatemala (MTSP 2008-2013)



WHO Strategic Objective	Percentage of Total WHO Expenditures in Guatemala	OWERs Fully Achieved (total number of OWERs) ³³	Survey Scores
	PB 2008/09 ³²	PB 2010/11 ³⁴	
SO1 Communicable diseases	2%	10 (15)	4.37
SO2 HIV/AIDS, tuberculosis and malaria	4%	18 (27)	4.51
SO3 Chronic non-communicable conditions	1%	4 (19)	4.06
SO4 Child, adolescent, maternal, sexual and reproductive health, and ageing	3%	6(11)	4.18
SO5 Emergencies and disasters	17%	6 (11)	◇ ³⁵
SO6 Risk factors for health	1%	4 (11)	◇
SO7 Social and economic determinants of health	1%	1 (3)	4.10
SO8 Healthier environment	5%	0 (5)	3.66
SO9 Nutrition and food safety	0%	10 (13)	3.51
SO10 Health systems and services	58%	20 (20)	3.12
SO11 Medical products and technologies	7%	1 (5)	◇
TOTAL		66 (140)	

Country-reported data on Guatemala's progress towards the MDGs³⁶

Millennium Development Goals, Targets and Indicators	Value Reported on MDG Targets	Country Progress as Reported by Government
MDG 1 (Malnourished children) - Indicator 1.8		
Percentage of underweight children under five years of age 2008-2009	19.3	On track to meet the target
MDG target	16.8	
MDG 4 (Child health) - Indicator 4.1		
Under-five mortality rate (per 1000 live births) in 2008-2009	42	On track to meet the target
MDG target	37	

³² Data from the Programme Budget 2010-2011 were not provided.

³³ The data presented in these columns were extracted from the country office OWER Indicators Collection Form End of Biennium.

³⁴ WHO's Planning, Resource coordination and Performance Monitoring Department³³ could not provide 2008-2009 OWER reports for the six focus countries. For that reason, it was impossible to assess the organisation's progress towards WHO's goals and priorities in Guatemala for the 2008-2009 period.

³⁵ Survey respondents were not asked questions about this strategic objective, since the CCS and the mapping exercise with the MTSP OWERs did not refer to them.

³⁶ Secretaría de Planificación y Programación de la Presidencia República de Guatemala. (2010). *Tercer informe de avances en el cumplimiento de los objetivos de desarrollo del milenio*.

Millennium Development Goals, Targets and Indicators	Value Reported on MDG Targets	Country Progress as Reported by Government
MDG 5 (Maternal health) - Indicator 5.1		
Maternal mortality ratio (per 100 000 live births) in 2007	136	Risk of not meeting the target
MDG target	55	
MDG 6 (AIDS, malaria and TB) - Indicator 6.1 / Indicator 6.5 / Indicator 6.10		
Prevalence of HIV among people aged 15–49 years in the expressed as percentage	No data available	
Prevalence of HIV among people aged 15–49 years in the expressed as percentage	No data available	
Percentage of population in need of treatment with access to antiretroviral drugs in 2009	69.24	On track to meet the target
MDG target	95	
Prevalence of tuberculosis (per 100 000 pop) in 2009	23.3	Negative performance
MDG target	28	
MDG 7 (Water and sanitation) - Indicator 7.8 / Indicator 7.9		
Percentage of the population using improved drinking water sources in 2006	78.70	On track to meet the target
MDG target	81.5	
Percentage of the population using improved sanitation facilities in 2006	54.5	On track to meet the target
MDG target	66	

Extent of progress towards WHO's country-level goals and priorities in Indonesia (MTSP 2008-2013)



WHO Strategic Objective	Percentage of Total WHO Expenditures in Indonesia		OWERs Fully Achieved (total number of OWERs) ³⁷		Survey Scores
	PB 2008/09	PB 2010/11	PB 2008-2009	PB 2010-2011	
SO1 Communicable diseases	64%	54%	1 (7)	9 (15)	4.13
SO2 HIV/AIDS, tuberculosis and malaria	13%	16 %	1 (4)	21 (27)	4.25
SO3 Chronic non-communicable conditions	1%	2%	2 (4)	14 (19)	3.74
SO4 Child, adolescent, maternal, sexual and reproductive health, and ageing	6%	6%	1 (7)	5 (11)	4.09
SO5 Emergencies and disasters	2%	5%	3 (3)	11 (11)	4.26
SO6 Risk factors for health	2%	2%	2 (4)	6 (11)	3.97
SO7 Social and economic determinants of health	0%	0%	1 (3)	2 (3)	4.11
SO8 Healthier environment	5%	6%	2 (2)	3 (5)	4.07
SO9 Nutrition and food safety	1%	3%	0 (3)	10 (13)	3.77
SO10 Health systems and services	6%	6%	4 (10)	12 (20)	3.79
SO11 Medical products and technologies	1%	1%	1 (3)	3 (5)	3.76
TOTAL			17 (50)	96 (140)	

Country-reported data on Indonesia's progress towards the MDGs³⁸

Millennium Development Goals, Targets and Indicators	Value Reported on MDG Targets ³⁹	Country Progress as Reported by Government
MDG 1 (Malnourished children) - Indicator 1.8		
Percentage of underweight children under five years of age in 2007 & 2010	18.4 (2007) 17.9 (2010)	Already achieved
MDG target	15.5	
MDG 4 (Child health) - Indicator 4.1		
Under-five mortality rate (per 1000 live births) in 2007	44	On track

³⁷ The data presented in these columns were extracted from the country office OWER Indicators Collection Form End of Biennium.

³⁸ Republic of Indonesia. (2010). *Report on the Achievement of the Millennium Development Goals Indonesia*.

³⁹ Updated numbers were provided by the Indonesia WHO Country Office.

Millennium Development Goals, Targets and Indicators	Value Reported on MDG Targets³⁹	Country Progress as Reported by Government
MDG target	32	
MDG 5 (Maternal health) - Indicator 5.1		
Maternal mortality ratio (per 100 000 live births) in 2007	228	Need special attention
MDG target	102	
MDG 6 (AIDS, malaria and TB) - Indicator 6.1 / Indicator 6.5 / Indicator 6.10		
HIV/AIDS Prevalence among total population (percent) in 2009	0.2	Need special attention
MDG target	Decrease (0.5%)	
Percentage of population in need of treatment with access to antiretroviral drugs in 2009	38.4	Need special attention
MDG target	Increase (90%)	
Prevalence of tuberculosis (per 100 000 pop) in 2011	281	Already achieved
MDG target	Halted, begun to reverse	
MDG 7 (Water and sanitation) - Indicator 7.8 / Indicator 7.9		
Percentage of the population using improved drinking water sources in 2009	47.71	Need special attention
MDG target	68.87	
Percentage of the population using improved sanitation facilities in 2009	51.19	Need special attention
MDG target	62.41	

Extent of progress towards WHO's country-level goals and priorities in Mozambique (MTSP 2008-2013)



WHO Strategic Objective	Percentage of Total WHO Expenditures in Mozambique ⁴⁰		OWERs Fully Achieved (total number of OWERs) ⁴¹		Survey Scores
	PB 2008/09	PB 2010/11	PB 2008/09 ⁴²	PB 2010/11 ⁴³	
SO1 Communicable diseases	30%	50%	0 (6)	12 (15)	4.49
SO2 HIV/AIDS, tuberculosis and malaria	23%	12%	3 (6)	20 (27)	4.45
SO3 Chronic non-communicable conditions	3%	4%	1 (2)	12 (19)	3.92
SO4 Child, adolescent, maternal, sexual and reproductive health, and ageing	12%	11%	1 (7)	8 (11)	4.38
SO5 Emergencies and disasters	16%	2%	0 (4)	6 (11)	4.25
SO6 Risk factors for health	2%	1%	1 (3)	6 (11)	4.14
SO7 Social and economic determinants of health	2%	2%	1 (4)	3 (3)	4.00
SO8 Healthier environment	2%	1%	0 (3)	2 (5)	4.01
SO9 Nutrition and food safety	2%	3%	0 (5)	8 (13)	4.09
SO10 Health systems and services	5%	12%	3 (11)	17 (20)	4.08
SO11 Medical products and technologies	3%	0%	1 (1)	4 (5)	3.98
TOTAL			11 (52)	98 (140)	

WHO data on Mozambique's progress towards the MDGs ⁴⁴

Millennium Development Goals, Targets and Indicators	Value Reported on MDG Targets ⁴⁵	Country Progress as Reported by WHO Regional Office
MDG 1 (Malnourished children) - Indicator 1.8		
Percentage of underweight children under five years of age 2011	14.9	On track

⁴⁰ These figures represent expenditures by SO based on the total expenditure for Programme Budget 2008-2009 and Programme Budget 2010-2011 in Mozambique (in percentage).

⁴¹ The data presented in these columns were extracted from the country office OWER Indicators Collection Form End of Biennium.

⁴² The data presented in these columns were extracted from the End of Biennium Performance Assessment 2008-2009.

⁴³ The data presented in these columns were extracted from the country office OWER Indicators Collection Form End of Biennium.

⁴⁴ WHO. (2011). *Monitoring the Implementation of the Health Millennium Development Goals. Report by the Secretariat.*

⁴⁵ Data for 2011 values were extracted from the DHS 2011.

Millennium Development Goals, Targets and Indicators	Value Reported on MDG Targets⁴⁵	Country Progress as Reported by WHO Regional Office
MDG target	14.2	
MDG 4 (Child health) - Indicator 4.1		
Under-five mortality rate (per 1000 live births) from 2006-2011	97	Insufficient progress
MDG target	77	
MDG 5 (Maternal health) - Indicator 5.1		
Maternal mortality ratio (per 100 000 live births) in 2011	408	Medium progress
MDG target	250	
MDG 6 (AIDS, malaria and TB) - Indicator 6.1 / Indicator 6.5 / Indicator 6.10		
Prevalence of HIV among people aged 15–49 years in the African Region expressed as percentage in 2009	11.5	No data available
Prevalence of HIV among people aged 15–49 years in the African Region expressed as percentage in 2001	9.4	
Percentage of population in need of treatment with access to antiretroviral drugs in 2009	30	Coverage rate of 21-30%
Percentage of population in need of treatment with access to antiretroviral drugs in 2007	24	
Prevalence of tuberculosis (per 100 000 pop) in 2009	323	No progress
MDG target	128	
MDG 7 (Water and sanitation) - Indicator 7.8 / Indicator 7.9		
Percentage of the population using improved drinking water sources in 2011	52	No progress
MDG target	68	
Percentage of the population using improved sanitation facilities in 2011	27.8	No progress
MDG target	55	

Extent of progress towards WHO's country-level goals and priorities in Pakistan (MTSP 2008-2013)



WHO Strategic Objective	Percentage of Total WHO Expenditures in Pakistan		OWERs Fully Achieved (total number of OWERs) ⁴⁶	Survey Scores
	PB 2008/09	PB 2010/11	PB 2010/11 ⁴⁷	
SO1 Communicable diseases	70%	51%	4 (15)	4.33
SO2 HIV/AIDS, tuberculosis and malaria	4%	1%	15 (27)	4.26
SO3 Chronic non-communicable conditions	0%	0%	14 (19)	3.76
SO4 Child, adolescent, maternal, sexual and reproductive health, and ageing	1%	3%	9 (11)	4.00
SO5 Emergencies and disasters	15%	41%	4 (11)	4.66
SO6 Risk factors for health	5%	1%	9 (11)	4.10
SO7 Social and economic determinants of health	1%	1%	1 (3)	3.84
SO8 Healthier environment	0%	0%	2 (5)	3.94
SO9 Nutrition and food safety	0%	0%	8 (13)	3.96
SO10 Health systems and services	5%	2%	11 (20)	4.00
SO11 Medical products and technologies	0%	0%	1 (5)	3.86
TOTAL			78 (140)	

Country-reported data on Pakistan's progress towards the MDGs⁴⁸

Millennium Development Goals, Targets and Indicators	Value Reported on MDG Targets	Country Progress as Reported by Government
MDG 1 (Malnourished children) - Indicator 1.8		
Percentage of underweight children under five years of age 2000-2009	38	Lag (worsened since 2006)
MDG target	< 20	
MDG 4 (Child health) - Indicator 4.1		
Under-five mortality rate (per 1000 live births) in 2006-2007	94	Lag
MDG target	52	
MDG 5 (Maternal health) - Indicator 5.1		

⁴⁶ The data presented in these columns were extracted from the country office OWER Indicators Collection Form End of Biennium.

⁴⁷ WHO's Planning, Resource Coordination and Performance Monitoring Department could not provide 2008-2009 OWER reports for the six focus countries. For that reason, it was impossible to assess the organisation's progress towards WHO's goals and priorities in Pakistan for that period.

⁴⁸ Government of Pakistan. (2010). *Pakistan Millennium Development Goals Report 2010*.

Millennium Development Goals, Targets and Indicators	Value Reported on MDG Targets	Country Progress as Reported by Government
Maternal mortality ratio (per 100 000 live births) in 2006-2007	276	Lag
MDG target	140	
MDG 6 (AIDS, malaria and TB) - Indicator 6.1 / Indicator 6.5 / Indicator 6.10		
Prevalence of HIV among people aged 15–49 years expressed as percentage		No data available
Prevalence of HIV among people aged 15–49 years expressed as percentage		
Percentage of population in need of treatment with access to antiretroviral drugs		No data available
Percentage of population in need of treatment with access to antiretroviral drugs		
Prevalence of tuberculosis (per 100 000 pop) in 2008-2009	181	Lag
MDG target	45	
MDG 7 (Water and sanitation) - Indicator 7.8 / Indicator 7.9		
Percentage of the population using improved drinking water sources in 2008-2009	65	Lag
MDG target	93	
Percentage of the population using improved sanitation facilities in 2008-2009	63	Lag
MDG target	90	

Extent of progress towards WHO's country-level goals and priorities in Vietnam (MTSP 2008-2013)



WHO Strategic Objective	Percentage of Total WHO Expenditures in Viet Nam ⁴⁹		OWERs Fully Achieved (total number of OWERs) ⁵⁰	Survey Scores
	PB 2008/09	PB 2010/11	PB 2010/11 ⁵¹	
SO1 Communicable diseases	32%	26%	12 (15)	4.58
SO2 HIV/AIDS, tuberculosis and malaria	23%	15%	20 (27)	4.72
SO3 Chronic non-communicable conditions	11%	15%	6 (19)	4.38
SO4 Child, adolescent, maternal, sexual and reproductive health, and ageing	4%	6%	9 (11)	4.59
SO5 Emergencies and disasters	1%	1%	2 (11)	4.40
SO6 Risk factors for health	3%	3%	3 (11)	4.62
SO7 Social and economic determinants of health	1%	1%	1 (3)	4.13
SO8 Healthier environment	3%	7%	0 (5)	4.36
SO9 Nutrition and food safety	1%	6%	13 (13)	4.33
SO10 Health systems and services	13%	12%	7 (20)	4.25
SO11 Medical products and technologies	8%	7%	5 (5)	4.48
TOTAL			78 (140)	

⁴⁹ These figures represent expenditures by SO based on the total expenditure for Programme Budget 2008-2009 and Programme Budget 2010-2011 in Vietnam (in percentage).

⁵⁰ The data presented in these columns were extracted from the country office OWER Indicators Collection Form End of Biennium.

⁵¹ WHO's Planning, Resource coordination and Performance Monitoring Department could not provide 2008-2009 OWER reports for the six focus countries. For that reason, it was impossible to assess the organisation's progress towards WHO's goals and priorities in Vietnam for the 2008-2009 period.

Selected examples of how WHO's normative work contributes to improving health in Viet Nam (Self-Reported)

WHO Input		Output	Outcome/indicators	Impact
Guideline/norms	Process at country level and partners	National level products	Evidence of national implementation	Measurable changes in health behaviour or outcomes
Implementation of norms for Tobacco Control	<p>Supported the preparation and dissemination of documents and policy briefs on evidence and arguments for tobacco control</p> <p>Organised capacity building workshops with stakeholders to disseminate best practices and international experience</p> <p>Identified Champions of Change and enabled them to advocate and promote action for a tobacco control law. (e.g. organised training activities for journalists to facilitate informative articles in favour of tobacco control legislation.</p> <p>Built a coordinated network of partners working on tobacco control.</p> <p>Mobilised funding support from donors for the development of the tobacco control law</p>	Tobacco Control law approved by the National Assembly in June 2012	<p>Tobacco Control Law aligned to the WHO Framework Convention on Tobacco Control has been approved with the following provisions:</p> <p>Pictorial health warnings, occupy 50% of the front and back of the cigarette packages.</p> <p>Comprehensive indoor smoke-free environment in public and workplaces, and selected outdoor areas.</p> <p>Ban of sales within 100 meters of kindergarten, schools and hospitals.</p> <p>Comprehensive ban on advertising promotion.</p> <p>A Fund for Tobacco Control to be established with financial source from a surcharge of 1- 2% of factory price (or import price) of all cigarettes produced or imported for consumption in Viet Nam.</p>	Implementation from 1 May 2013
HIV treatment	<p>WHO technical assistance was instrumental in the following process with national authorities, PEPFAR and GF and other development partners.</p> <p>Standardisation and simplification of HIV treatment through supporting national technical working group to develop national guidelines and standards, based on evidence and public health approach.</p>	<p>National guidelines and standards on HIV treatment and care</p> <p>National policies, informed by provincial pilot and operational and modelling studies.</p> <p>Evidence-based innovation (e.g. strategic use of antiretroviral) timely incorporated into national response.</p>	<p>72,711 adults and children receiving antiretroviral therapy at the end of 2012</p> <p>82.6% retention rate at 12 months after initiation of antiretroviral therapy</p> <p>Earlier initiation of antiretroviral therapy</p>	Estimated 18,110 deaths averted due to antiretroviral therapy between 2000 and 2009

WHO Input		Output	Outcome/indicators	Impact
Guideline/ norms	Process at country level and partners	National level products	Evidence of national implementation	Measurable changes in health behaviour or outcomes
	<p>Provincial pilot to demonstrate simplified and sustainable HIV treatment service delivery, integrated into primary health care systems, with greater collaboration with communities.</p> <p>Planning and implementing operational studies to assess effectiveness and feasibility of innovative interventions;</p> <p>Design modelling and costing studies to inform strategies to maximise therapeutic and preventive benefits of antiretrovirals.</p> <p>Surveillance system to monitor HIV treatment outcomes, service performance, HIV drug resistance and adverse events.</p> <p>Resource mobilisation, including grant application to Global Fund</p>	<p>National data sets on key HIV treatment indicators, informing the progress and weaknesses.</p>	<p>Serodiscordant couples receiving antiretroviral to prevent HIV transmission among the couples</p>	

WHO data on Viet Nam's progress towards the MDGs⁵²

Millennium Development Goals, Targets and Indicators	Value Reported on MDG Targets	Country Progress as Reported by WHO Regional Office
MDG 1 (Malnourished children) - Indicator 1.8		
Percentage of underweight children under five years of age 2005-2011	20	No data available
MDG target	18	
MDG 4 (Child health) - Indicator 4.1		
Under-five mortality rate (per 1000 live births) in 2010	23	On track
MDG target	17	
Infant mortality rate per 1000 live births	19	No data available
MDG target	12	
Measles immunisation % coverage in 1990	88	On track
Measles immunisation % coverage in 2011	96	
MDG 5 (Maternal health) - Indicator 5.1		
Maternal mortality ratio (per 100 000 live births) in 2010	59	On track
MDG target	60	
Proportion of births attended by skilled health personnel (%) 1990-1999	77	Insufficient Progress
Proportion of births attended by skilled health personnel (%) 2005-2011	84	
Contraceptive prevalence rate (%) 1990-1999	72	On track
Contraceptive prevalence rate (%) 2005-2010	80	
MDG 6 (AIDS, malaria and TB) - Indicator 6.1 / Indicator 6.5 / Indicator 6.10		
Prevalence of HIV among people aged 15–49 years in 2000	0.4	Insufficient progress
Prevalence of HIV among people aged 15–49 years in 2010	0.2	
Malaria mortality rate per 100 000 population in 2006	< 0.1	On track
Malaria mortality rate per 100 000 population in 2008	< 0.1	
Tuberculosis treatment success rate (%) in 2000	89	On track
Tuberculosis treatment success rate (%) in 2009	92	
MDG 7 (Water and sanitation) - Indicator 7.8 / Indicator 7.9		
Percentage of the population using improved drinking water sources in 2010	95	On track
MDG target	79	
Percentage of the population using improved sanitation facilities in 2010	76	On track
MDG target	69	

⁵² WHO. (2012). *Achieving the Health-related Millennium Development Goals in the Western Pacific Region*.