

**United Nations Population Fund**

**The UNFPA strategic plan, 2014-2017**

**Annex 1**

**Integrated results framework**

*Summary*

This document presents annex 1 (the integrated results framework) to the UNFPA strategic plan for 2014-2017. This annex contains the indicators, baselines, and targets that set out the results that UNFPA aims to achieve for 2014-2017.

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# Introduction

1. This annex to the strategic plan, 2014-2017, presents the integrated results framework (IRF). The IRF is an essential component of the strategic plan, as it contains the indicators, baselines, and targets that set out the results that UNFPA aims to achieve for 2014-2017, and through which accountability will be assessed.
2. The structure of the IRF is shown in figure 1:

**Figure 1: Structure of the integrated results framework**



1. There are a number of important features of this structure that are important to note. First, there is a single integrated framework that shows the connection between development and management results, which is a departure from previous strategic plans, in which separate frameworks were used.
2. Second, development results are captured at the levels of impact, outcome, and output. This is in line with the guidance from the Quadrennial Comprehensive Policy Review (QCPR) and is harmonized with other United Nations organizations (see below).
3. Third, there is a clear results chain for each area in which UNFPA works: organizational effectiveness and efficiency enable the achievement of outputs, which in turn contribute directly to outcomes, which collectively lead to impact. Thus there is a “many-to-one” relationship between the levels of development results, with several lower level results leading to one higher level result. The fact that each output is tied directly to a specific outcome enables a clear theory of change for UNFPA’s work and so is an important element of the structure. (The theories of change are presented in annex 2 to the Strategic Plan.) This does, however, pose a challenge related to the fact that any results framework is by definition a simplification of reality: in implementation, some outputs will contribute to multiple outcomes, which cannot be shown easily in a simple structure such as this. This will be handled by highlighting these linkages in the narrative that describes the theories of change.
4. Finally, this structure is being shared with other United Nations funds and programmes. As described in more detail in the main Strategic Plan document (DP/FPA/2013/12), a consultative process – involving UNDP, UNICEF, UN-Women, and WFP in particular – has facilitated the adoption of common approaches in a number of areas. One of these is the adoption of shared indicators for tracking the implementation of the QCPR. In the IRF a number of indicators are labelled “shared QCPR”, which reflects the fact that each of the organizations has included in their respective results frameworks a common set of indicators that was developed as part of the United Nations Development Group action plan on the QCPR. On account of differing business models, each organization will also assess some particularly relevant elements of QCPR implementation using indicators tailored to the specific issues that are most pertinent to the organization; these are labelled “QCPR”.
5. Another element of this harmonization is definitional: the terms in the results framework are being used in accordance with the United Nations Development Group Results-Based Management Handbook. Thus “impact” refers to changes in people’s lives, which are typically the result of the actions of multiple actors. These are clearly beyond the control of UNFPA, so changes at this level cannot be attributed solely to the work of the organization. “Outcomes” represent changes in institutional and behavioural capacities, which are also beyond the sole control of UNFPA. By contrast, the term “outputs” essentially refers to the products and services delivered by UNFPA, for which the organization has control and can be held accountable. The indicators that will be used to track progress at this level will enable clear accountability for results.
6. However, there is a challenge in this structure: the gap between outcomes and outputs is often significant, making it hard to see the causal connections between the products and services UNFPA delivers (e.g., technical assistance to ministry of health staff on logistics management for reproductive health commodities) and the outcomes (e.g., the percentage of service delivery points that have no stock-outs in contraceptives within the last six months). The missing level is typically around changes in national capacity (e.g., not just that the staff were trained, but that they have internalized the information and are able to put it into practice because they are paid regularly, have vehicles to transport contraceptives to service delivery points, are not forced to abandon their facilities because of civil unrest, and so on). These changes in national capacity are also beyond the direct control of UNFPA, although the organization makes a strong contribution to them. These changes are reflected in the output statements, which describe the improvements that intended to occur as a result of the products and services that UNFPA delivers.
7. To ensure that the measurement of these changes enables the contribution of UNFPA to be clearly captured, the following approach has been used to establish annual targets for output indicators for which UNFPA can be held accountable:
* A baseline was established that reflects the current situation in the countries in which UNFPA works, by means of a survey of every UNFPA country office. For example, for the indicator “number of countries using a functional logistics management information systems for forecasting and monitoring reproductive health commodities”, every UNFPA country office was asked questions about the current state of logistics management information systems in that country. A total of 75 countries were determined to have functional logistics management information systems for forecasting and monitoring reproductive health commodities.
* The country offices were then asked if they planned to work on the output over the period 2014-2017 and, if so, in which year. For the indicator on logistics management information systems 36 additional country offices indicated that they planned to work on the issue by 2017, and so by that year, a total of 111 countries should have functional systems. This figure of 111 countries is the 2017 target reflected in the IRF.
1. The indicators at the impact and outcome level are handled differently, both because they typically do not change significantly on an annual basis and because many of the indicators cannot be measured annually, as they come from household surveys or other data-gathering that occurs less frequently than annually. As a result, targets for these indicators are set only for 2015 and 2017. Insofar as it is possible to collect data on these indicators in the intermediate years (i.e., 2014 and 2016), it will be included in reporting on the IRF.
2. For indicators at the impact and outcome levels – and for a smaller set of indicators at the output level – data will be presented in disaggregated form broken down by the relevant demographic characteristics for a given indicator. In particular, whenever possible data for these indicators will be broken down by sex, age, wealth quintile, location (urban/rural), ethnicity, and disability status.
3. The means by which UNFPA will achieve the results set out in the IRF will vary by country context. The four major programme strategies that UNFPA uses are advocacy and policy dialogue/advice, knowledge management, capacity development, and service delivery. These are described in more detail in annex 2 to the Strategic Plan, which presents theories of change for each outcome. Annex 3 on the business model also provides additional information about how UNFPA engages in different settings.
4. As the organization is shifting its work upstream (i.e., to increased advocacy and policy dialogue/advice and away from service delivery), the IRF includes a number of new indicators that reflect the organization’s engagement in these areas. Although the bulk of the IRF focuses on changes at the country level, it also includes a number of new indicators that capture the work of the organization at the regional and global levels.
5. However, it is important to note that the IRF cannot possibly capture every single activity that the organization carries out. This reflects both prioritization – the IRF is intended to focus on the most important areas for the organization rather than being exhaustive – and the fact that some areas of work are intrinsically more challenging to measure. This is particularly the case for upstream work, and so while the IRF is a significant step forward in terms of measuring the extent of advocacy and policy dialogue/advice and knowledge management work that the organization does, it is still only a partial reflection of this work.
6. Finally, to complement the IRF “metadata sheets” are being prepared for the indicators. These provide full definitions for each indicator, which helps ensure that the indicators themselves are not excessively complicated, and also ensures that any ambiguity in the wording of an indicator will not cause measurement challenges subsequently. The metadata sheets also detail the method of calculation, the data source, and how the targets were set. Additionally, for indicators that focus on a particular geographic area, that is described in the metadata. The metadata sheets will be finalized by September 2013 and made available publically.

# Integrated results framework

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Goal** | **Outcome** | **Output** | **Indicator** | **2012 actual** | **2014 target** | **2015 target** | **2016 target** | **2017 target** | **Data source for reporting** |
| **Goal:** Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality | Impact indicator 1: Maternal mortality ratio | 210 |   | 173 |   | 160 | Maternal Mortality Estimation Inter-agency Group (MMEIG) |
| Impact indicator 2: Adolescent birth rate | 53.9 |   | 45 |   | 42 | UNFPA’s MDG5b+Info database |
| Impact indicator 3: HIV prevalence among population aged 15-24 years (total/female/male) | 0.4/0.5/0.3 |   | 0.33/0.45/0.22 |   | 0.3/0.4/0.2 | UNFPA’s MDG5b+Info database |
| Impact indicator 4: Percentage of women 20-24 married/in-union before age 18 | 33.5 |   | 29 |   | 27 | UNFPA’s MDG5b+Info database |
| Impact indicator 5: Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months | 28.5 |   | 24 |   | 22.5 | UNFPA’s MDG5b+Info database |
| Impact indicator 6: Number of countries that have ratified the Covenant on Economic, Social, and Cultural Rights, the Convention to Eliminate All Forms of Discrimination Against Women, the Convention on the Rights of Disabled People, and their corresponding optional protocols | 10 |  | 20 |  | 30 | UNFPA database compiled from treaty bodies |
|  | **Outcome 1:** Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access | Outcome 1 indicator 1: Percentage of countries in which at least 95% of service delivery points have seven life-saving maternal/reproductive health medicines from the WHO priority list | 32% |   | 40% |   | 50% | Country Office Annual Reports (COAR) |
| Outcome 1 indicator 2: Contraceptive prevalence rate (total) | 63 |   | 68 |   | 70 | UNFPA’s MDG5b+Info database |
| Outcome 1 indicator 3: Proportion of demand for contraception satisfied (total) | 84 |   | 88 |   | 90 | UNFPA’s MDG5b+Info database |
| Outcome 1 indicator 4: Percentage of countries in which at least 60% of service delivery points have no stock-out of contraceptives in the last six months | 73% |  | 75% |  | 80% | Country Office Annual Reports |
| Outcome 1 indicator 5: Percentage of countries in which at least 80% of live births are attended by skilled health personnel | 53 |   | 61 |   | 65 | UNFPA’s MDG5b+Info database |
| Outcome 1 indicator 6: Number of countries that have adapted and implemented protocols for family planning services that meet human rights standards including freedom from discrimination, coercion and violence | 0 |   | 6 |   | 23 | Country Office Annual Reports |
| Outcome 1 indicator 7: Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male) | 19%/24% |   | 22%/28% |   | 24%/30% | UNFPA’s MDG5b+Info database |
| Outcome 1 indicator 8: Number of countries that have increased the national budget for sexual and reproductive health by at least 5 per cent | 0 |   | 21 |   | 42 | Country Office Annual Reports |
| Outcome 1 indicator 9: Number of resolutions adopted by regional bodies that include specific commitments on sexual and reproductive health | Not applicable |  | 24 |  | 48 | Regional Office Annual Reports |
| Outcome 1 indicator 10: Percentage of official development assistance that is dedicated to maternal health and family planning | 7.77% (2011) |   | 8.00% |   | 8.50% | Secretary-General report on the flow of financial resources for the ICPD Programme of Action |
|  | **Output 1:** Increased national capacity to deliver integrated sexual and reproductive health services | 1.1: Number of countries that have guidelines, protocols and standards for health care workers for the delivery of quality sexual and reproductive health services for adolescents and youth  | 73 | 89 | 105 | 118 | 123 | Country Office Annual Reports |
| 1.2: Number of countries that have a costed integrated national sexual and reproductive health action plan | 59 | 80 | 95 | 101 | 110 | Country Office Annual Reports |
| **Output 2:** Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence | 2.1: Number of countries using a functional logistics management information systems for forecasting and monitoring reproductive health commodities | 75 | 90 | 98 | 105 | 111 | Country Office Annual Reports |
| 2.2: Number of countries that have trained all levels of personnel to implement the new family planning human rights protocol  | 0 | 0 | 0 | 6 | 13 | Country Office Annual Reports |
| 2.3: Number of countries in which UNFPA supports at least four elements of demand generation for family planning | 18 | 25 | 32 | 36 | 41 | Country Office Annual Reports |
| **Output 3:** Increased national capacity to deliver comprehensive maternal health services | 3.1: Number of countries in which the development of midwifery workforce policies was based on the ICM-WHO standards  | 52 | 63 | 70 | 77 | 84 | Country Office Annual Reports |
|  | 3.2: Number of countries that have used the results of an emergency obstetric and newborn care (EmONC) needs assessment to develop a costed national action plan to scale-up maternal and newborn health services | 47 | 77 | 90 | 98 | 105 | Country Office Annual Reports |
| 3.3: Number of fistula repair surgeries | 8,400 | 11,200 | 12,400 | 13,600 | 14,800 | Country Office Annual Reports |
| 3.4: Number of countries that have established national systems for maternal death surveillance and response | 5 | 15 | 25 | 35 | 45 | World Health Organization programme database |
| **Output 4:** Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF) commitments | 4.1: Number of countries that have social behaviour change communication (SBCC) strategies for adolescent and youth including those from key populations | 59 | 81 | 92 | 103 | 113 | Country Office Annual Reports |
| 4.2: Number of countries that have reached the implementation stage of the UNFPA 10-step strategic approach to comprehensive condom programming | 31 | 55 | 69 | 86 | 93 | Country Office Annual Reports |
| 4.3: Number of countries that have at least one community based sex worker-led organization engaged in the design, implementation, and monitoring of programmes that address HIV and sexual and reproductive health needs of sex workers | 32 | 37 | 44 | 51 | 56 | Country Office Annual Reports |
| **Output 5:** Increased national capacity to provide sexual and reproductive health services in humanitarian settings | 5.1: Number of countries that have capacity to implement MISP at the onset of a crisis | 30 | 34 | 41 | 48 | 51 | Country Office Annual Reports |
| 5.2: Number of countries that have humanitarian contingency plans that include elements for addressing sexual and reproductive health needs of women, adolescents and youth including services for survivors of sexual violence in crises | 32 | 37 | 44 | 51 | 54 | Country Office Annual Reports |
| **Outcome 2:** Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health | Outcome 2 indicator 1: Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male) | 22%/32% |   | 26%/ 36% |   | 28%/ 38% | UNFPA’s MDG5b+Info database |
| Outcome 2 indicator 2: Number of countries that have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services | 74 |   | 78 |   | 88 | Country Office Annual Reports |
|  | **Output 6:** Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings | 6.1: Number of countries with participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programmes | 53 | 74 | 93 | 105 | 110 | Country Office Annual Reports |
| 6.2: Number of countries where UNFPA advocates for allowing adolescents and youth to have legal access to quality sexual and reproductive health counselling and HIV services | 42 | 36 | 23 | 23 | 19 | Country Office Annual Reports (not cumulative) |
| **Output 7:** Increased national capacity to design and implement community and school based comprehensive sexuality education (CSE) programmes that promote human rights and gender equality | 7.1: Number of countries in which all national comprehensive sexuality education curricula are aligned with international standards | 39 | 59 | 73 | 85 | 102 | Country Office Annual Reports |
| **Output 8:** Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls including those at risk of child marriage | 8.1: Number of countries that have health, social and economic asset-building programmes that reach out adolescent girls at risk of child marriage | 29 | 38 | 52 | 60 | 71 | Country Office Annual Reports |
|  | **Outcome 3:** Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth | Outcome 3 indicator 1: Number of countries with gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations | 46 |   | 62 |   | 82 | Country Office Annual Reports |
| Outcome 3 indicator 2: Proportion of countries that have taken action on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle | 37% |   | 43% |   | 49% | Human Rights Council Database |
| Outcome 3 indicator 3: Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances | 47% |   | 42% |   | 40% | UNFPA’s MDG5b+Info database |
|  | **Output 9:** Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence | 9.1: Number of countries in which a National Human Rights Institution has conducted a national inquiry concerning the exercise of reproductive rights and right to sexual and reproductive health | 1 | 4 | 9 | 14 | 19 | Country Office Annual Reports |
| 9.2: Number of countries with a functioning tracking and reporting system to follow up on the implementation of reproductive rights recommendations and obligations | 49 | 53 | 66 | 75 | 88 | Country Office Annual Reports |
| **Output 10:** Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multisectoral services, including in humanitarian settings | 10.1: Number of countries with gender-based violence prevention, protection and response integrated into national SRH programmes | 45 | 52 | 64 | 69 | 92 | Country Office Annual Reports |
| 10.2: Percentage of countries affected by a humanitarian crisis that have a functioning inter-agency gender-based violence coordination body as a result of UNFPA guidance and leadership | 38% | 42% | 45% | 47% | 50% | Country Office Annual Reports |
| 10.3: Number of communities supported by UNFPA that declare the abandonment of female genital mutilation/cutting (FGM/C) | 1,367 | 1,800 | 2,000 | 2,200 | 2,500 | Country Office Annual Reports |
| **Output 11:** Strengthened engagement of civil society organizations to promote reproductive rights and women's empowerment, and address discrimination, including of marginalized and vulnerable groups, people living with HIV and key populations | 11.1: Number of countries in which civil society organizations have implemented accountability mechanisms for addressing the reproductive rights of women and girls and marginalized and key populations | 12 | 15 | 17 | 19 | 20 | Country Office Annual Reports |
| 11.2: Number of countries in which civil society organizations have supported the institutionalization of programmes to engage men and boys on gender equality (including gender-based violence), sexual and reproductive health and reproductive rights | 17 | 27 | 38 | 43 | 54 | Country Office Annual Reports |
| **Outcome 4:** Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality | Outcome 4 indicator 1: Number of countries that had at least one census of good quality that was processed, analysed and disseminated following internationally agreed recommendations (during the last 10 years) | 66 |  | 112 |  | 117 | Country Office Annual Reports |
| Outcome 4 indicator 2: Number of countries that have collected, analysed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years) | 69 |  | 95 |  | 110 | Country Office Annual Reports |
| Outcome 4 indicator 3: Number of countries that have completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth | 26 |  | 68 |  | 108 | Country Office Annual Reports |
| Outcome 4 indicator 4: Proportion of outcome documents of high-level global and regional intergovernmental meetings that address sexual and reproductive health, reproductive rights, gender equality, the needs of adolescents and youth, and population dynamics | Not available |  | 90% |  | 90% | Regional Office and HQ Annual Reports |
| Outcome 4 indicator 5: Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets | Not applicable |  | 70% |  | 70% | Country Office Annual Reports |
|  | **Output 12:** Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities, and for programming in humanitarian settings | 12.1: Proportion of countries experiencing a humanitarian crisis situation in which UNFPA provided technical assistance on the use of population-related data and support for assessments | 65% | 67% | 70% | 75% | 80% | Country Office Annual Reports |
| 12.2: Number of databases with population-based data accessible by users through web-based platforms that facilitate mapping of socio-economic and demographic inequalities | 173 | 299 | 362 | 419 | 474 | Country Office Annual Reports |
| **Output 13:** Increased availability of evidence through cutting-edge in-depth analysis on population dynamics, sexual and reproductive health, HIV and their linkages to poverty eradication and sustainable development | 13.1: Proportion of reports of global and regional intergovernmental and inter-agency processes that are supported by UNFPA and address population dynamics by accounting for population trends and projections in setting development targets | Not available | 80% | 80% | 80% | 80% | Regional Office and HQ Annual Reports |
| 13.2: Number of tools developed at the global and regional level to make possible the incorporation of key findings in the implementation of the post-2015 development agenda | 0 | 2 | 2 | 4 | 4 | Regional Office and HQ Annual Reports |
| 13.3: Number of countries in which the national statistical authorities have institutional capacity to analyse and use disaggregated data on a) adolescents and youth and b) gender-based violence  | a) 69b) 0  | a) 86b) 5 | a) 101b) 10 | a) 110b) 15 | a) 117b) 20 | Country Office Annual Reports |
|  | **Output 14:** Strengthened capacity for the formulation and implementation of rights-based policies (global, regional and country) that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development | 14.1: Number of countries that have implemented the population situation analysis (PSA) to identify priorities and formulate policies and programmes | 15 | 48 | 66 | 78 | 80 | Country Office Annual Reports |
|  |  | **Output 15:** Strengthened national capacity for using data and evidence to monitor and evaluate national policies and programmes in the areas of population dynamics, sexual and reproductive health and reproductive rights, HIV, adolescents and youth and gender equality, including in humanitarian settings | 15.1: Number of countries that have developed and applied scientifically sound monitoring and evaluation procedures when introducing new sexual and reproductive health, and adolescents and youth programmatic interventions | 41 | 59 | 78 | 93 | 110 | Country Office Annual Reports |
| **Organizational effectiveness and efficiency** |
|  | **Output 1:** Enhanced programme effectiveness by improving quality assurance, monitoring, and evaluation | 1.1: Percentage of country programmes that meet quality criteria *(QCPR)* | a) After PRC review: 92%b) Prior to PRC review: 45% | a) After PRC review: 92%b) Prior to PRC review: 60% | a) After PRC review: 92%b) Prior to PRC review: 75% | a) After PRC review: 92%b) Prior to PRC review: 85% | a) After PRC review: 92%b) Prior to PRC review: 90% | Programme Review Committee data |
| 1.2: Percentage of country programmes rated as “good” performers | Not applicable | To be set once performance rating system established | To be determined |
| 1.3: Percentage of country offices using common results-based management tools and principles *(shared QCPR)* | Not applicable | To be set once common definition is agreed across relevant funds and programmes | Country Office Annual Reports |
| 1.4: Percentage of country offices using the common UNDG capacity measurement approach (when fully developed) *(shared QCPR)* | Not applicable | To be set once common approach is agreed across funds and programmes | Country Office Annual Reports |
| 1.5: Percentage of country programmes that duly monitor at least 90% of country programme indicators | 40% | 45% | 50% | 55% | 65% | Country Office Annual Reports |
| 1.6: Percentage of accepted programme evaluation recommendations for which the actions due in the year have been completed *(QCPR)* | 90% | 93% | 93% | 97% | 97% | Management response database |
| 1.7: Percentage of corporate and programme-level evaluations completed as planned *(QCPR)* | Not applicable | 100% | 100% | 100% | 100% | Evaluation Office |
| 1.8: Percentage of Country Offices in high risk countries that have up-to-date humanitarian preparedness plans | 20% | 28% | 40% | 56% | 64% | Country Office Annual Reports |
| 1.9: Percentage of Country Offices that receive effective support from Regional Offices | 68% | 77% | 81% | 86% | 90% | Country Office Annual Reports |
| 1.10: Percentage of UNFPA field units that use south-south or triangular cooperation to achieve results *(QCPR)* | 42% | 52% | 57% | 62% | 62% | Country and Regional Office Annual Reports |
| 1.11: Number of UNSWAP performance indicators on which UNFPA meets and exceeds requirements *(QCPR)* | Meets: 9Exceeds: 2 | Meets: 10Exceeds: 3 | Meets: 8Exceeds: 5 | Meets: 8Exceeds: 6 | Meets: 8Exceeds: 7 | UNSWAP reporting |
| 1.12: Rating in the Aid Transparency Tracker *(QCPR)* | Unambitious | Moderately ambitious | Ambitious  | Ambitious | Ambitious | Publish What You Fund |
| **Output 2**: Improved mobilization, management and alignment of resources through an increased focus on value for money and systematic risk management | 2.1: Size and trend in funding from OECD-DAC countries, non-OECD-DAC countries, and non-government partners (including international financial institutions, regional development banks, civil society, private sector) *(shared QCPR)* | Total: $963 million, including $437 million for core and $526 million for non-core | Total: $1,018 million, including $476 million for core and $542 million for non-core | Total: $1,051 million, including $478 million for core and $573 million for non-core | Total: $1,093 million, including $482 million for core and $611 million for non-core | Total: $1,142 million, including $486 million for core and $656 million for non-core | DARTS and Atlas |
| 2.2: Dollar amount contributed by donors other than the top 15 | $149 million | $164 million | $172 million | $181 million | $190 million | DARTS and Atlas |
| 2.3: Percentage of total income used for recurring management costs | 13.1% (budget); 10.8% (actual) | 11.2% | 11.2% | 11.2% | 11.2% | Annual Report of the Executive Director and Financial and Statistical Review |
| 2.4: Implementation rate for regular resources | 91.6% | 97% | 97% | 97% | 97% | Annual Report of the Executive Director and Financial and Statistical Review |
| 2.5: Percentage of non-core donor agreements expiring in a given year that have spent 95% of original agreement amount by the end of the original agreement period | 51% | 55% | 57% | 60% | 63% | DARTS and COGNOS |
| 2.6: Percentage of total operating fund account advances that are overdue | 3.0% | 6.0% | 6.0% | 5.0% | 5.0% | Atlas |
| 2.7: Number of country offices that track and report on expenditure using gender markers validated by a quality assurance process *(shared QCPR)* | 0 | 127 | 127 | 127 | 127 | Global Programming System |
| 2.8: Number of country offices implementing common services, common long-term agreements; harmonized approach to procurement, common human resources management, information and communication technology services or financial management services *(shared QCPR)* | Not applicable | To be set once common approach is agreed across funds and programmes | To be determined |
| 2.9: Vacancy rate | 15% | 14% | 14% | 13% | 13% | Atlas |
| 2.10: Percentage of staff who perceive that UNFPA deals effectively with underperformance | 33% | 36% | Not applicable | 38% | Not applicable | UNFPA Global Staff Surveys |
| 2.11: Percentage of units that have achieved at least 90% of their alignment plans | Not applicable | 100% | 100% | 100% | 100% | Country Office, Regional Office, and HQ Annual Reports |
| 2.12: Percentage of total programme resources expended on Outcome 1 | 59% | 63% | 65% | 68% | 70% | Atlas |
| 2.13: Percentage increase in the share of total resources expended on advocacy/policy | Not applicable | Not applicable | 4% | 4% | 4% | Atlas |
| **Output 3:** Increased adaptability through innovation, partnership and communications | 3.1: Percentage of Country and Regional Offices that report on the implementation of comprehensive partnership plans | Not applicable | 15% | 50% | 75% | 95% | Country and Regional Office Annual Reports |
| 3.2: Number of country offices that are applying the SOPs, or components of it *(shared QCPR)* | Not applicable | To be set once common approach is agreed across funds and programmes | Country Office Annual Reports |
| 3.3: Contribution in cash provided to the resident coordinator system *(shared QCPR)* | Not available | US$2.1 million | US$2.1 million | US$2.2 million | US$2.2 million | Atlas |
| 3.4: Contribution in kind provided to the resident coordinator system *(shared QCPR)* | Not applicable | To be set once common approach is agreed across funds and programmes | To be determined |
| 3.5: Number of mentions of UNFPA in the media | 3,000  | 3,200  | 3,300 | 3,400 | 3,500 | Lexis-Nexis |
| 3.6: Number of visitors to UNFPA website and number of followers on social media | Website: 1 million unique visitors; Twitter 17,000 followers; Facebook 18,500 followers | Website: 1.4 million unique visitors; Twitter 50,000 followers; Facebook 180,000 followers | Website: 1.6 million unique visitors; Twitter 80,000 followers; Facebook 360,000 followers | Website: 1.8 million unique visitors; Twitter 140,000 followers; Facebook 720,000 followers | Website: 2 million unique visitors; Twitter 260,000 followers; Facebook 1,420,000 followers | Google Analytics, Twitter and Facebook |