



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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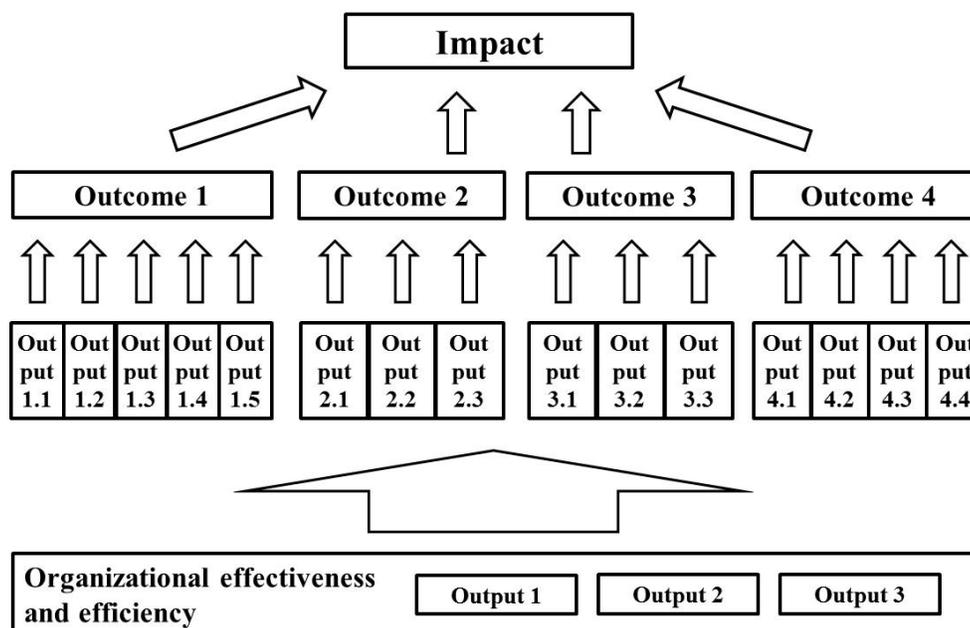
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I. Introduction

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



3. 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.

4. 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).

5. 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.

6. 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”.

7. 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.

8. 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.

9. 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.

10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.