



Programme Manager's Planning Monitoring & Evaluation Toolkit

Division for Oversight Services

August 2004¹

Tool Number 6: Programme Indicators

Part I: Identifying Output Indicators - The Basic Concepts

I. Introduction

The toolkit is a supplement to the UNFPA programming guidelines. It provides guidance and options for UNFPA Country Office staff to improve monitoring and evaluation activities in the context of results-based management. It is also useful for other programme managers at headquarters and for national programme managers and counterparts.

Tool number 6 was produced in collaboration with the UNFPA Technical Support Division. It provides guidance to UNFPA and other programme managers on the basic principles in identifying sound output indicators and Means of Verification (MOVs)².

With UNFPA's adoption of results-based management as a guiding principle for programming, indicators have become important instruments for UNFPA to measure the results of its development assistance at the output, outcomes and goal levels. Indicators, particularly those at the output level of results, for which UNFPA's programmes are responsible, provide essential information for successful programme management. In-house reviews of country programme logframes have found that the Logical Framework/ Results and Resources Framework indicators at the output level and their associated MOVs are often not well identified³.

II. The Process

In order to ensure that important programme stakeholders use UNFPA funded programme output indicators to track programme results, it is essential that they participate in the indicator selection process. The process should be initiated as part of the definition of programme results carried out together with main programme stakeholders. It is important to note that the establishment of an adequate set of indicators to track programme results is an iterative process whereby the set of indicators and

¹ This tool was first published in August 2002.

² For a discussion and listing of purpose and goal level indicators, please consult the UNFPA publication, *Indicators for Population and Reproductive Health (outcome) Programmes*, (1998).

³ Box 3, page 5, provides a review of commonly encountered problems.

performance targets is improved and adjusted, particularly in the early years of programme implementation, as the availability of baseline data improves. It should be emphasized that indicators have to be practical and related to this, that steps are taken to ensure that systems for collecting the necessary data (means of verification) are in place and are funded.

Step 1: Define the planned outputs

Output indicators should tell us how the programme is performing. They are the detailed expressions of the programme results for which UNFPA is responsible. Thus, before programme stakeholders identify output indicators, they must reach a consensus on the content of the output statements. **Box 1** shows how to.

Box 1. How to clarify the outputs?

- Review the wording and intention of the output. What exactly does it say?
- Avoid broad output statements. They make indicator identification difficult.
- Be clear about what type of change is implied in the output. What is expected to change – a condition, level of knowledge, attitude?
- Be clear about where change should appear. Among individuals, counterpart organizations, communities, regions?
- Specify in more detail the targets for change. Who or what are the specific targets for change? What kind of individuals, organizations etc.?

Source: Adapted from USAID TIPS 1996, number 6.

The following examples taken from UNFPA logframe matrices/results and resources framework illustrate typical output statements:

“improved access to/availability of quality RH services”

“strengthened capacity of MOH to plan and manage RH services”

“improved awareness and knowledge on reproductive rights and reproductive health of women, men and adolescents”

These statements lack clarity and specificity; they leave considerable room for interpretation by programme implementers and managers:

What is meant by “access”? “quality” RH services? What elements of RH services are being targeted? What is “strengthened planning and management capacity”? What is the difference between “awareness” and “knowledge”? What is “reproductive rights? Are these outputs to be achieved for the whole country or special target areas? The public or the private sector? Any target population?

To identify appropriate indicators to track these outputs we need to know:

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- The target area
 - The target population⁴
 - The specific RH services⁵
 - The kind of access⁶
 - The quality standards for each specific RH service component⁷
 - The specific planning and management aspects which need to be strengthened⁸
 - The specific awareness or knowledge to be developed.

Some output elements, such as target groups or geographical location, can be specified very briefly in a footnote to the logframe/results and resources framework or in the indicators. Other output elements, such as quality of care or specific knowledge and attitudes expected from the target groups, are more complex and may require more work after elaboration of the logframe/results and resources framework for example to identify specific standards and to incorporate them in checklists that can be used for monitoring indicator progress in the course of programme implementation.

Step 2: Identify the best indicator or cluster of indicators and the performance targets to track each output

How to identify good indicators?

In general good indicators need to be

- relevant to the programme
- relevant to national standards
- feasible to collect
- easy to interpret
- should enable tracking of change over time.

Various organizations use different criteria to select relevant indicators⁹. **DOPA** criteria (explained in **Box 2**) encapsulate the most important requirements of useful indicators. They are a simple tool to guide us in the indicator selection process.

⁴ Women, men and adolescents and sub-groups of these sharing common characteristics, socio-economic groups.

⁵ Essential obstetric care; family planning; prevention and management of RTI/STD and prevention of HIV infection; management of the consequences and complication of unsafe abortion; information, education and counselling.

⁶ Geographic/physical distance; economic; administrative; cognitive; psychosocial and cultural.

⁷ Provider performance/service delivery according to protocols; performance of systems such as training, supervision, management, health information system, logistics; client satisfaction.

⁸ Such as the presence of a strategic plan; of a system for preparing yearly operational plans for the organization; of a regular system to assess the needs and preferences of clients and to adjust services in response to identified changes; of a manager whose job description includes assessing clients' needs, developing the strategic and operational plan, revising and assessing the operationalisation of the plan. For more details see USAID: Health and Family Planning Indicators: Measuring Sustainability, Volume II, available at http://sara.aed.org/publications/cross_cutting/indicators/html/indicators.htm

Box 2. What are DOPA Criteria?

They are standards used to assess that the indicators are:

Direct

- closely measure the intended change.

Objective

- unambiguous about what is being measured and which data to be collected.
- clear operational definition that is independent of the person conducting the measurement.

Practical

- reasonable in terms of data collection cost, frequency, and timeliness for decision-making purposes.

Adequate

- the **minimum** number of indicators necessary to ensure that progress towards the output is sufficiently captured.

Source: USAID TIPS Number 12, 1998.

Box 3 illustrates common problems with respect to UNFPA funded country programme logframe/results and resources framework output indicators. Problems 1 and 6 highlight that output indicators do not correspond to the output level: they are not *direct*.

If it is not possible to use a direct measure, one or more proxy indicators might be appropriate. A proxy indicator is an indirect measure that is linked to the result by one or more assumptions. For example, the contraceptive prevalence rate can be considered a proxy indicator for access to and utilization of RH services.

Problem 2 highlights that output indicators are often ambiguous or lacking detail: they are not *objective*. Therefore there may not be consensus among programme and project implementers and managers about what is being measured and what are the results of an intervention.

Problems 4 and 5 highlight that UNFPA logframe matrices/results and resources framework often include too many and/or unrealistic output indicators, which it would be impossible to adequately manage and which are not all necessary to capture progress in achieving the output: they are neither *practical* nor

⁹ Many organizations use SMART which stands for: Specific (measures exactly the result); Measurable (so that the result can be tracked); Attainable (realistic); Relevant (to the intended result) and Timebound (indicates a specific time period).

adequate. Instead, programme stakeholders should select one or a cluster of two or three indicators which are *practical* because they allow managers to track the output in the most direct and timely fashion and require the least effort in terms of time, human and financial resources, and *adequate* because together they represent the most important dimensions of the planned output.

Box 3. Common Problems in Specifying Output Indicators

A desk review of UNFPA Country Programme documents highlighted some weaknesses in specifying output indicators:

1. Indicators ***do not correspond to the output level***. For example, for an output of “improved availability of RH services” use of an ***activity indicator***, such as quantity of equipment procured, or of an ***outcome indicator***, such as the contraceptive prevalence rate. Quantity of equipment procured does not alone ensure that RH services are available. Additionally, availability of RH services does not necessarily lead to increased use of such services and therefore increased CPR.
2. Indicators ***do not include an objective standard*** against which achievement can be assessed. For example, an indicator of “system developed” is used for an output such as “system for coordination, monitoring and evaluation of population programmes”. The standard needs to be defined explicitly.
3. Indicator targets ***without reference to a baseline***.
4. ***Too many indicators*** with little consideration of the time, human resources and cost required to collect the indicator data.
5. Indicators that seem ***unrealistic*** due to lack of data to construct the specified indicator and/or because the indicator is very difficult to measure.
6. ***Inconsistency between the universe of the output and the indicators***. For example, the ***output*** relating to a few sample areas but the specified ***indicators*** relating to the entire country.
7. ***Copying of indicators contained in UNFPA guidelines*** without consideration of their relevance to the specific programme context.
8. ***Infrequent*** use of ***gender sensitive indicators***.

Box 4 shows how to narrow down the selection of indicators for specific programme outputs.

Box 4. Identifying an adequate and practical cluster of indicators

1. Identify a limited number of indicators which adequately measure the outputs.
2. Identify the data sources available and the type of data collection needed for each indicator.
3. Construct a matrix listing the indicators, identifying their importance for programme monitoring (high/low), the ease of obtaining data on the indicator (easy/feasible but requires effort/difficult), and the cost of data collection.
4. Prioritize indicators by importance, ease of obtaining data and cost and select a set of indicators.
5. Group selected indicators by source of data to determine the set of sources which can provide data on clusters of indicators.
6. Make a final selection of a cluster of indicators and decide on a data collection plan in light of available logistical, human and financial resources and time.

Source: Adapted from Bertrand and Tsui, 1995.

What is the difference between an indicator with and without a target?

Indicators tell us what we are measuring; targets are the results expected in the context of the specific programme and within a certain time frame (see example in **Box 5**). While UNFPA's guidelines require that the programme logframe/results and resources framework output indicators include targets, this has often not been possible for lack of sufficient knowledge on the baseline situation at the time of preparing the programme logframe matrix/results and resources framework. Thus, the output indicators currently stated in most of UNFPA's logframe matrices/results and resources framework do not include targets. It is expected that it will be easier to identify targets in the course of programme implementation and in the development of future country programmes as the required surveys and/or research will then have been completed.

Box 5. Examples of an Indicator with and without a Target

Indicator without a Target

Number of service delivery points (SDPs) per population of reproductive age in each priority district where a package of minimum three types of clinical services and related IEC and counselling activities are offered.

Indicator incorporating a Target

500 SDPs/1.5 million population of reproductive age in the three district of (names) offer FP, Maternal Health and STI preventive and curative services as well as related interpersonal counselling, group communication activities and information materials by 2006.

What are different types of indicators and targets?

Indicators and targets may express quantity (how much), quality (how good), or efficiency (best output at lowest cost). **Box 6** illustrates common ways of expressing these different types of indicators and targets. Each type of indicator and target conveys a different dimension of the planned output. For example, quantitative indicators and targets provide “hard data” to demonstrate results achieved. They also facilitate comparisons and analysis of trends over time. Qualitative indicators and targets provide insights into changes in organizational processes, attitudes, beliefs, motives and behaviours of individuals¹⁰. Qualitative indicators and targets must be expressed quantitatively in order to illustrate change. This can for instance be

done by using a scoring system. A scoring system to track improvement in the quality of RH services over time could include an indicator such as “the percent of existing SDPs with a score of four out of a total of five points on a quality of care checklist increased from X to Y”.

Efficiency indicators should tell us if we are getting the best value for our investment. In order to establish such an indicator, we need to know the “market”, i.e. the current price of desired outputs considering both quantity and quality aspects.

How can we identify targets?

In setting targets it is important to be realistic about the outputs that are feasible to achieve given contextual constraints and past experiences in a particular sector. **Box 7** provides a few suggestions of useful information for target setting.

Box 6. Common ways of expressing Quantitative, Qualitative and Efficiency Indicators/Targets

Quantitative indicators/targets are statistical measures

- Number
- Percent
- Rate (ex. birth rate - Births per 1,000 population)
- Ratio (ex. sex ratio – Number of males per number of females).

Qualitative indicators/targets imply qualitative assessments

- Compliance with
- Quality of
- Extent of
- Level of.

Efficiency indicators/targets are unit cost measures

- Cost per unit of (clients treated, student, school etc.).

¹⁰ For a related review of qualitative and quantitative data collection methods, see the Programme Manager’s Planning, Monitoring and Evaluation Toolkit Number 5, Part III: Planning and Managing and Evaluation – The Data Collection Process at the UNFPA’s website www.unfpa.org

Box 7. Useful information for establishing targets

- **Baseline data** indicating the situation at the beginning of programme implementation. When such data is not available, the programme should include an activity to collect it from the start.
- **Historical trends** in the indicator value over time. What pattern of change has been evident in the past? Is this pattern likely to continue?
- **Stakeholders' expectations** of progress. Exploring the achievement expectations of national counterparts such as programme implementers and managers may be useful to provide a realistic idea of what can be achieved.
- **Expert judgements and research findings.** Experts knowledgeable about the programme sector and local conditions as well as research findings are other useful sources of information for target setting.
- **Accomplishments of similar programmes.** Information on what is being done in the programme sector under similar conditions by other agencies and organizations who have a reputation for high performance is an excellent input to the target setting process.

Source: USAID TIPS Number 8, 1996.

Step 3: Identify the Means of Verification (MOVs), timing and reporting responsibility

The indicator MOV is the data that is needed to determine the value of the indicator. MOV data can be collected through review of documentation, facility observation, in-depth interviews, focus group discussions, small surveys such as facility based quality of care surveys. In order to save time and effort, the feasibility of using existing data systems and sources, such as Demographic and Health Surveys, Health Information Systems, government or NGO administrative records, to provide some of the output indicator data should be explored. Essential output data for which there are no existing sources should be collected as an activity, for instance rapid appraisal surveys, in the context of the UNFPA funded programme. It is important, before planning a data collection activity in the UNFPA programme, to check the data collection plans of other actors or partners in the concerned sector. For instance, UNFPA may negotiate the collection of data useful for tracking programme progress as part of other UN agencies' data collection efforts such as the UNICEF sponsored Multi-cluster indicators surveys, thereby saving time and money.

All UNFPA funded programmes must indicate the MOVs as well as the timing of data collection and organizational units responsible for aggregating, analyzing, and using the data to report on progress in relation to the planned outputs.

In order to efficiently track progress in programme achievements over time and to enhance institutional memory as well as enable sharing of data among stakeholders, it is extremely useful to establish a programme database. Such a database can be part of a national population programme database, or if

such does not exist, could be established within the UNFPA Country Office or the main UNFPA programme partner¹¹.

Time, money and responsibilities must be allocated in all UNFPA funded projects for these important indicator and data management activities. The process of detailing responsibilities and a budget for data collection and management activities will often lead to a re-examination of data priorities.

III. Conclusion

Box 8 summarizes good practices in identifying and managing indicators that have been discussed in this tool. Some of these practices also apply to efficient management of outcome and impact indicators.

Box 8. Good Practices in Identifying Indicators

- ***Ownership.*** Involve key stakeholders in the selection of the indicators that will be used to measure programme performance;
- ***Start with programme design.*** Implications for data collection need to be fully integrated in the design of the programme, including a budget to cover data collection costs;
- ***Baseline information.*** Where change is being assessed obtain baseline data at the start of the programmes, and, if possible, data on past trends;
- ***Use existing data sources and reporting systems where possible.*** However, if data is not available, cost-effective and rapid assessment methodologies should be considered for supplementary data collection;
- ***Partnerships.*** Establish partnerships with government, NGOs, bilateral donors and other key stakeholders to collect the data so as to reduce costs;
- ***Information management.*** Plan how the flow of information relating to the indicators will be managed, stored and retrieved in a user-friendly data base within the Country Office or in the main UNFPA counterpart organization.

¹¹ A description of programme databases established by UNFPA Cameroon and Senegal is available in UNFPA: Setting up an Integrated Programme Database (IPDP): a shared experience of two country offices: Senegal and Cameroon, 2004.

Sources

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USAID. “**Health and Family Planning Indicators: Measuring Sustainability**”, Volume II, Africa Bureau’s Office of Sustainable Development (AFR/SD). Available online in English at http://sara.aed.org/publications/cross_cutting/indicators/html/indicators.htm

UNFPA. “**Measuring Outputs in Population and Development with Illustrative Indicators**”, Technical Support Division, November 2001.

USAID. Performance Monitoring and Evaluation TIPS, Centre for Development Information and Evaluation. Available online in English at <http://www.dec.org/usaidtheval/#004>

TIPS Number 6, 1996: Selecting Performance Indicators.

TIPS Number 8, 1996: Establishing Performance Targets.

TIPS Number 12, 1998: Guidelines for Indicator and Data Quality.

UNFPA. Training materials from Programme Management Workshops accessible in English, French and Spanish at <http://bbs.unfpa.org/personnel/training.htm>

List of Indicator Resources

I. Indicator Tools

** Adamchak, Susan; Bond, Katherine; MacLaren, Laurel; Magnani, Robert; Nelson, Kristin; Seltzer, Judith. “**A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs**”, Focus Tool Series 5, Pathfinder, June 2000. Web site: http://pf.convio.com/site/PageServer?pagename=Publications_FOCUS_Guides_and_Tools

Canadian International Development Agency (CIDA). “**Guide to Gender-sensitive Indicators**”, August 1997. Web site: <http://www.acdi-cida.gc.ca/equality>

** IPPF, Western Hemisphere Region. “**Manual to Evaluate Quality of Care from a Gender Perspective**”, January 2000. Web site: http://www.ippfwhr.org/publications/publication_detail_e.asp?PubID=7

** Maine, Deborah et al. “**Guidelines for Monitoring the Availability and Use of Obstetric Services**”, UNICEF, WHO, UNFPA, August 1997. Web site: <http://www.unicef.org/health/files/guidelinesformonitoringavailabilityofemoc.pdf>

** MEASURE Evaluation. “**Resource on Population, Health and Nutrition Indicators**”. Web site: <http://www.measureprogram.org/>

Morgan, Peter. **“The Design and Use of Capacity Development Indicators”**. Paper prepared for the Policy Branch of CIDA, December, 1997.

** Nelson, Kristin; MacLaren, Laurel; Magnani, Robert. **“Assessing and Planning for Youth-Friendly RH Services”**, Focus Tool Series, Pathfinder, January 2000. Web site: http://pf.convio.com/site/PageServer?pagename=Publications_FOCUS_Guides_and_Tools

Shah, Meera Kaul; Zambezi, Rose; Simasiku, Mary. **“Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents”**, Pathfinder.

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** UNAIDS. **“National AIDS Programmes, A Guide to Monitoring and Evaluation”**, June 2000. Web site: <http://www.cpc.unc.edu/measure>

** USAID. **“Health and Family Planning Indicators: A Tool for Results Frameworks”**, Volume I, Africa Bureau’s Office of Sustainable Development (AFR/SD), July 1999.

Web site: www.usaid.gov/regions/afr/hhrraa/indicators/indicators1.htm

** USAID. **“Health and Family Planning Indicators: Measuring Sustainability”**, Volume II, Africa Bureau’s Office of Sustainable Development (AFR/SD).

Web site: http://sara.aed.org/publications/cross_cutting/indicators/html/indicators.htm

II. Indicator Manuals/Guidance Notes

Danida. **“Output and Outcome Indicators System Manual”**, November 1999.

Morgan, Peter. **“An Update on the Performance Monitoring of Capacity Development Programs – What are we Learning?”**. Paper presented at the meeting of the DAC Informal Network on Institutional and Capacity Development held in Ottawa, May 3-5th, 1999.

UNDP. **“Selecting Key Results Indicators, Suggestions and Practical Advice from EO and OSG”**, May 1999. Web site:

http://stone.undp.org/undpweb/eo/evalnet/docstore3/yellowbook/documents/key_indicators.pdf

** USAID. **“Establishing Performance Targets”**, Performance Monitoring and Evaluation TIPS Number 8, 1996. Web site: http://www.dec.org/pdf_docs/pnaby226.pdf

** USAID. **“Guidelines for Indicator and Data Quality”**, Performance Monitoring and Evaluation TIPS Number 12, 1998. Web site: http://www.dec.org/pdf_docs/pnaca927.pdf

** USAID. **“Measuring Institutional Capacity”**, Recent Practices in Monitoring and Evaluation TIPS Number 15, 2000. Web site: http://www.dec.org/usaaid_eval/#004

** USAID. **“Selecting Performance Indicators”**, Performance Monitoring and Evaluation TIPS Number 6, 1996. Web site: http://www.dec.org/pdf_docs/pnaby214.pdf

World Bank. **“Performance Monitoring Indicators – A handbook for task managers”**, Operations Policy Department, Washington D.C. 1996

**** Indicates recommended resources**

This tool is subject to constant improvement. We welcome any comments and suggestions you may have on its content. We also encourage you to send us information on experiences from UNFPA funded and other population programmes which can illustrate the issues addressed by this tool. Please send your inputs to:

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