



INDICATOR METADATA

STRATEGIC PLAN 2018-2021

Abridged version

Introduction

This document contains the metadata on the indicators for global monitoring used to measure implementation of the UNFPA Strategic Plan, 2018-2021. Outputs, outcomes, and indicators appear in this document as agreed and approved in the Strategic Plan, 2018-2021. Background information is elaborated for each of the 11 Impact indicators, and for the 114 indicators for Outcome, Output and Operational Effectiveness and Efficiency, including 1) definition, 2) method of computation, 3) source (where the source is external to UNFPA), 4) rationale for the indicator and, in some cases, for the target set. Unless otherwise indicated, the indicator data is produced by UNFPA. In cases where the indicator data is drawn from external sources, the source is identified explicitly in the third column. In several cases the metadata are Sustainable Development Goal indicators, and are identified as such in the first column.

Based on the lessons learned by measuring the results of Strategic Plan, 2014-2017, UNFPA introduced several improvements to the metadata in the 2018-2021 cycle. The metadata now:

1. Identify solid criteria for measurement for each indicator;
2. Clearly define certain conceptual elements and use these definitions consistently with relevant indicators;
3. Explain the rationale behind the relevance of the indicator;
4. Harmonise with Sustainable Development Goal indicator metadata.

UNFPA elaborated this tool to clarify, facilitate, and streamline data collection in order to accurately measure progress toward the agency's strategic objectives. Through the use of this tool, UNFPA expects to improve the overall achievement of the strategic plan results by improving the quality of their measurement.

This document, like the Sustainable Development Goal Indicators Global Database, is a work in progress and is updated regularly. In certain cases, methodology is not yet available and targets have not yet been set.

For further background and rationale, this document should be read in conjunction with the UNFPA strategic plan, 2018-2021 [integrated results and resources framework](#) and the [theory of change of the strategic plan](#).

ID	Indicator (Please click the indicator to access the relevant metadata)
Impact 1	Maternal mortality ratio
Impact 2	Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
Impact 3	Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18
Impact 4	Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age
Impact 5	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
Impact 6	Number of maternal deaths averted
Impact 7	Number of unintended pregnancies averted
Impact 8	Number of unsafe abortions averted
Impact 9	Total lives saved
Impact 10	Number of deaths, missing persons and persons directly affected attributed to disasters per 100,000 population
Impact 11	Proportion of population below the international poverty line, by sex, age, employment status and geographic location
Outcome 1.1	Number of women, adolescents and youth who have utilized integrated sexual and reproductive health services
Outcome 1.2	Proportion of births attended by skilled health personnel
Outcome 1.3	Coverage of essential health services
Outcome 1.4	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
Outcome 1.5	Contraceptive prevalence rate
Outcome 1.6	Unmet need for family planning
Outcome 1.7	Number of countries reporting no contraceptive stockouts in at least 60 per cent of service delivery points during the last three months
Output 1.1	Number of countries that have a costed integrated national sexual and reproductive health plan prioritizing access to a comprehensive package of sexual and reproductive health information and services for adolescents, key populations and marginalized groups

Output 1.2	Number of countries where essential sexual and reproductive health services are included as part of risk pooling and prepayment schemes
Output 1.3	Number of countries that have budgeted emergency preparedness and response and disaster risk reduction plans which integrate sexual and reproductive health
Output 2.1	Number of countries meeting coverage of emergency obstetric and newborn care, as per the international recommended minimum standards
Output 2.2	Number of women and girls living with obstetric fistula receiving treatment with the support of UNFPA
Output 2.3	Number of countries in which at least 25 per cent of public health facilities provide quality-assured, adolescent-friendly integrated sexual and reproductive health services
Output 2.4	Number of countries in which at least 60 per cent of public health facilities provide the essential health services package for survivors of sexual violence
Output 2.5	Number of countries in which at least 25 per cent of public health facilities offer cervical cancer screening services
Output 2.6	Number of countries that have applied the sexual and reproductive health/HIV integration index
Output 3.1	Number of countries in which all accredited midwifery schools follow the national pre-service curriculum based on the International Confederation of Midwives/WHO standards
Output 3.2	Proportion of newly graduated midwives who are deployed in public health facilities within one year of graduation, with support from UNFPA
Output 3.3	Number of countries in which the needs of persons with disabilities are included in the pre-service curricula of midwives
Output 3.4	Number of health service providers and managers trained on the minimum initial service package with support from UNFPA
Output 3.5	Number of countries in which adolescent health competencies are included in the pre-service curricula of health professionals
Output 3.6	Number of countries in which the prevention of stigma and discrimination is included in the pre-service curricula of health professionals
Output 4.1	Number of countries where a costed supply chain management strategy is in place that takes into account recommended actions of the UNFPA/WHO implementation guide on ensuring rights-based contraceptive delivery
Output 4.2	Number of countries using a functional logistics management information system, including “reaching the last mile”, for forecasting and monitoring essential medicines and supplies, including sexual and reproductive health commodities
Output 4.3	Total couple-years of protection for contraceptives procured by UNFPA, including condoms
Output 5.1	Number of countries in which sexual and reproductive health indicators, disaggregated at least by age and sex, are periodically collected as part of the national health information system, and made publicly available
Output 5.2	Number of countries conducting routine patient satisfaction surveys on the provision of sexual and reproductive health services that make the results publicly available

Output 5.3	Number of countries in which at least 30 per cent of the estimated maternal deaths are notified
Output 5.4	Proportion of countries affected by a humanitarian crisis that have a functioning inter-agency sexual and reproductive health coordination body as a result of UNFPA guidance and leadership
Outcome 2.1	Percentage of women and men 15–24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission
Outcome 2.2	Number of countries that engaged adolescents and youth, including marginalized adolescents and youth, in the formulation of national sexual and reproductive health policies
Output 6.1	Number of marginalized girls that are reached by life skills programmes that build their health, social and economic assets
Output 6.2	Number of countries that operationalized school-based comprehensive sexuality education curricula in accordance with international standards
Output 6.3	Number of countries with a national mechanism or strategy in place to deliver out-of-school comprehensive sexuality education in accordance with international standards
Output 7.1	Number of countries in which at least two sectors, apart from the health sector, have strategies that integrate the sexual and reproductive health of adolescents and youth, including those marginalized
Output 8.1	Number of countries that have institutional mechanisms for the participation of young people in policy dialogue and programming, including in peacebuilding processes
Output 8.2	Proportion of countries responding to humanitarian crises that include young people in decision-making mechanisms in all phases of the humanitarian response
Outcome 3.1	Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
Outcome 3.2	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence
Outcome 3.3	Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
Outcome 3.4	Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education
Outcome 3.5	Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law
Output 9.1	Number of countries with strategies to align their laws, policies and regulations on reproductive rights with international human rights standards
Output 9.2	Number of countries that have a national mechanism to engage men and boys in national policies and programmes to advance gender equality and reproductive rights, with support from UNFPA

Output 9.3	<u>Number of countries, with support from UNFPA, that have rolled out intervention models or strategies that empower marginalized and excluded groups to exercise their reproductive rights, and that enable their rights to be protected from gender-based violence and harmful practices</u>
Output 9.4	<u>Number of countries that, as part of their engagement with international human rights mechanisms, have established platforms for dialogue on reproductive rights, with support from UNFPA, fully engaging civil society, including faith-based organizations and state actors</u>
Output 9.5	<u>Number of countries in which a national human rights institution has conducted an inquiry of the exercise of reproductive rights</u>
Output 10.1	<u>Number of countries that have completed the social norm assessment or mapping, based on the social norm framework developed by UNFPA</u>
Output 10.2	<u>Number of countries that utilize the UNFPA manual on social norms and change</u>
Output 10.3	<u>Number of communities that developed advocacy platforms, with support from UNFPA, to eliminate discriminatory gender and sociocultural norms that affect women and girls</u>
Output 11.1	<u>Number of countries that have a national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence</u>
Output 11.2	<u>Number of countries that have national systems to collect and disseminate disaggregated data on the incidence and prevalence of gender-based violence</u>
Output 11.3	<u>Number of women and girls subjected to violence who have accessed the essential services package</u>
Output 11.4	<u>Number of countries that have applied the minimum standards for the prevention of and response to gender-based violence in emergencies</u>
Output 11.5	<u>Proportion 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</u>
Output 12.1	<u>Number of countries that have developed a costed national action plan to address harmful practices</u>
Output 12.2	<u>Number of girls who receive, with support from UNFPA, prevention and/or protection services and care related to child, early and forced marriage</u>
Output 12.3	<u>Number of girls and women who receive, with support from UNFPA, prevention and/or protection services and care related to female genital mutilation</u>
Output 12.4	<u>Number of communities that made public declarations to eliminate harmful practices, including child, early and forced marriage and female genital mutilation, with support from UNFPA</u>
Outcome 4.1	<u>Proportion of countries that: (a) have conducted at least one population and housing census during the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration</u>
Outcome 4.2	<u>Proportion of persons counted in the most recent census</u>
Outcome 4.3	<u>Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics</u>

Outcome 4.4	Proportion of countries that have a national urban policy or regional development plan that responds to population dynamics
Outcome 4.5	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age
Output 13.1	Proportion of countries with census results disaggregated by age and sex for each enumeration area, publicly accessible online
Output 13.2	Proportion of countries that release a representative sample of census data within 12 months of launching the main census report
Output 13.3	Proportion of censuses that include questions on disability
Output 13.4	Proportion of countries that experienced humanitarian crises and that conducted rapid assessments of the affected populations, including pregnant women
Output 13.5	Proportion of high-risk countries that produced a common operational data set on population statistics
Output 13.6	Number of countries that generate and publish annual vital statistics based on civil registration, with support from UNFPA
Output 13.7	Number of the 17 UNFPA-prioritized Sustainable Development Goal indicators that are produced domestically
Output 14.1	Proportion of countries that generate publicly available population projections at national and subnational levels, disaggregated by age, sex, location
Output 14.2	Proportion of countries with national development plans that explicitly integrate demographic dynamics, including changing age structure, population distribution and urbanization
Output 14.3	Proportion of countries that generate and use small area estimations of sexual and reproductive health and reproductive rights indicators for programme planning
Output 14.4	Proportion of countries that generate and use mapping (at the district level or below) to illustrate the vulnerability of their population to disasters and humanitarian crises
Output 14.5	Proportion of outcome documents of global and regional intergovernmental processes supported by UNFPA that address sexual and reproductive health, reproductive rights, gender equality, the needs of adolescents and youth, and population dynamics
OEE 1	Proportion of country programmes rated as “good” performers
OEE 2	Proportion of UNFPA offices that have at least one or more high or critical risks assessed for which mitigation plans exist
OEE 3	Proportion of internal and external audit recommendations followed-up and implemented as per the estimated deadline
OEE 4	Rating in the Aid Transparency Tracker
OEE 1.1	Proportion of country programme documents that meet quality criteria
OEE 1.2	Number of country offices that track and report on expenditures using gender markers validated through a quality assurance process

OEE 1.3	Number of United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women performance indicators for which UNFPA meets or exceeds requirements
OEE 1.4	Extent to which UNFPA develops and implements a corporate disability strategy
OEE 1.5	Proportion of new country programme documents that address the needs of people with disabilities
OEE 1.6	Proportion of expenditures with a significant gender component and with gender as a principal objective
OEE 1.7	Proportion of corporate and programme-level evaluations completed as planned
OEE 1.8	Proportion of evaluation reports assessed at least “good”, as per the UNFPA evaluation quality assessment tool
OEE 1.9	Proportion of accepted evaluation recommendations for which the actions due in the year have been completed
OEE 1.10	Proportion of new country programme documents that factored in evaluative evidence
OEE 1.11	Proportion of field offices that implement the UNFPA minimum preparedness actions
OEE 1.12	Number of UNFPA offices that use South-South and triangular cooperation to address countries’ priorities
OEE 1.13	Proportion of UNFPA offices that pilot or transition to scale innovations
OEE 1.14	Proportion of thematic areas supported with a full knowledge package
OEE 1.15	Proportion of programme planning or management processes covered by a unified information technology solution having integrated knowledge management
OEE 2.1	Proportion of managerial positions having completed managerial certification and 360 degree feedback after one year in post
OEE 2.2	Vacancy rate for core positions
OEE 2.3	Proportion of humanitarian emergencies in which surge deployment was achieved within lead response time
OEE 2.4	Percentage of staff who are female
OEE 2.5	Staff engagement index
OEE 2.6	Proportion of staff perceiving that they are held accountable for their performance
OEE 2.7	Proportion of total resources used for recurring management costs
OEE 2.8	Implementation rate for regular resources
OEE 2.9	Proportion of non-core donor agreements expiring in a given year that have spent 95 per cent of the original agreement amount by the end of the original

	<u>agreement period</u>
OEE 2.10	<u>Proportion of negative implementing partner audits and related unsupported expenditure</u>
OEE 2.11	<u>Number of identified manual back office or support processes that become fully automated</u>
OEE 2.12	<u>Proportion of country offices that have adopted and implemented common services</u>
OEE 2.13	<u>Proportion of reduction of greenhouse gas emissions</u>
OEE 3.1	<u>Proportion of results group chair or co-chair posts that UNFPA holds in United Nations country teams</u>
OEE 3.2	<u>Percentage of country offices that apply the standard operating procedures for United Nations country teams, or components of it</u>
OEE 3.3	<u>Contributions provided to the resident coordinator system</u>
OEE 3.4	<u>Number of countries in which UNFPA is contributing to joint initiatives</u>
OEE 4.1	<u>Volume of communications in traditional and social media</u>
OEE 4.2	<u>Amount contributed by donors other than the top 15 (in millions of dollars)</u>
OEE 4.3	<u>Proportion of annual resource mobilization targets met</u>
OEE 4.4	<u>Proportion of UNFPA co-financing funded through pooled and thematic funding mechanisms</u>
OEE 4.5	<u>Number of people reached through partnerships that ensure high visibility</u>
OEE 4.6	<u>Number of knowledge solutions developed through partnerships that emphasize innovative solutions</u>

Goal: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality			
Impact Indicator 1: Maternal mortality ratio (Sustainable Development Goal Indicator 3.1.1)	Definition: The maternal mortality ratio (MMR) is defined as the number of maternal deaths during a given time period per 100,000 live births during the same time period. Maternal deaths: The annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, expressed per 100,000 live births, for a specified time period.	Method of computation: The maternal mortality ratio can be calculated by dividing recorded (or estimated) maternal deaths by total recorded (or estimated) live births in the same period and multiplying by 100,000. Measurement requires information on pregnancy status, timing of death (during pregnancy, childbirth, or within 42 days of termination of pregnancy), and cause of death.	Source: Sustainable Development Goal (SDG) Indicators Global Database Rationale for use: Complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries. The maternal mortality ratio represents the risk associated with each pregnancy, i.e. the obstetric risk. This indicator is a direct measure of the transformative results of the strategic plan.
Impact Indicator 2: Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group (Sustainable Development Goal Indicator 3.7.2)	Definition: Annual number of births to females aged 10-14 or 15-19 years per 1,000 females in the respective age group	Method of computation: The adolescent birth rate is computed as a ratio. Numerator: the number of live births to women aged 15-19 years Denominator: an estimate of exposure to childbearing by women aged 15-19 years. The computation is the same for the age group 10-14 years.	Source: SDG Indicators Global Database Rationale for use: Adolescent fertility is high in many target countries, which means that many young women face an elevated risk of maternal death and disability. Newborns and infants of adolescent mothers are also at higher risk of low birth weight and mortality. Globally, early childbearing often results for women in higher total fertility, lost development opportunities, limited life options, and poorer health.
Impact Indicator 3: Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	Definition: Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	Method of computation: This indicator is a proportion calculated by dividing: Numerator: the number of women aged 20-24 who were first married or in	Source: SDG Indicators Global Database Rationale for use: The practice of early/child marriage is a direct manifestation of gender inequality. Marriage

(Sustainable Development Goal Indicator 5.3.1)		<p>a union before age 15 (or before age 18), by</p> <p>Denominator: the total number of women aged 20-24 in the population, and multiplying the result by 100.</p>	<p>before the age of 18 is a fundamental violation of human rights. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, limiting her opportunities for career and vocational advancement and placing her at increased risk of intimate partner violence. Collection of data reflecting union among girls age 15 and under serves to highlight the prevalence of more extreme cases. This indicator is a direct measure of the transformative results of the strategic plan.</p>
Impact indicator 4: Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age (Sustainable Development Goal Indicator 5.3.2)	<p>Definition: This indicator provides the proportion of girls and women aged 15 to 49 years who have undergone female genital mutilation (FGM), disaggregated by age.</p> <p>Female genital mutilation/cutting (FGM/C) refers to "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons" (WHO).</p>	<p>Method of computation: The indicator is calculated by dividing:</p> <p>Numerator: the number of girls and women aged 15-49 who have undergone FGM, by</p> <p>Denominator: the total number of girls and women aged 15-49 in the population.</p>	<p>Source: SDG Indicators Global Database</p> <p>Rationale for use: FGM/C is a violation of girls' and women's human rights. There is a large body of literature documenting the adverse health consequences of FGM/C over both the short and long term. The practice of FGM/C is a direct manifestation of gender inequality. This indicator is a direct measure of the transformative results of the strategic plan.</p>
Impact Indicator 5: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations (Sustainable Development Goal Indicator 3.3.1)	<p>Definition: The number of new HIV infections per 1,000 uninfected population, by sex, age and key populations as defined as the number of new HIV infections per 1,000 person-years among the uninfected population</p>	<p>Method of computation: Longitudinal data on individuals are the best source of data but are rarely available for large populations. Special diagnostic tests in surveys or from health facilities can be used to obtain data on HIV incidence. HIV incidence is thus modelled using the Spectrum software.</p>	<p>Source: UNAIDS reports</p> <p>Rationale for use: The incidence rate provides a measure of progress toward preventing onward transmission of HIV.</p>

Impact Indicator 6: Number of maternal deaths averted	Definition: Estimated maternal deaths averted with the contribution from UNFPA.	Method of computation: For each country, the number of lives saved in each year is calculated by subtracting the actual number of maternal deaths for that year from the counterfactual number of maternal deaths for that year. The number of lives saved is added to the number of maternal deaths that would have occurred in each year if the country's maternal mortality ratio remained at its most recent level, to give an estimate of the total number of deaths averted for the year.	Rationale for use: This indicator supports the direct measurement of maternal mortality, and is a direct measure of the transformative results of the strategic plan.
Impact Indicator 7: Number of unintended pregnancies averted	Definition: Number of unintended pregnancies averted is the number of unintended pregnancies that did not occur during a specified reference period as a result of the protection provided by modern contraceptive use during the reference period. An unintended pregnancy is one that was either mistimed or unwanted (45% of all pregnancies). If a woman did not want to become pregnant at the time the pregnancy occurred, but did want to become pregnant at some point in the future, the pregnancy is considered mistimed (27% of pregnancies). If a woman did not want to become pregnant then or at any time in the future, the pregnancy is considered unwanted (18% of pregnancies).	Method of computation: The indicator is calculated by applying the Impact 2 model developed by Marie Stopes International . The Impact 2 model estimates the unintended pregnancies averted by applying <i>method specific failure rate</i> to modelled family planning users and comparing this to the average number of pregnancies that would have occurred had the women not been using any contraception.	Source: UNFPA applies Impact 2 (v3) model of, Marie Stopes International, 2015 based on the contraceptives procured through Procurement Services Branch. Rationale for use: Unintended pregnancies are associated with lack of access to sexual and reproductive health. Births resulting from unintended or closely-spaced pregnancies are associated with adverse maternal and child health outcomes, such as delayed prenatal care, premature birth, and negative physical and mental health effects for children.
Impact Indicator 8: Number of unsafe abortions averted	Definition: Number of unsafe abortions averted is the number of unsafe abortions that did not occur during a specified reference period as a result of the protection provided by modern contraceptive use during the reference period.	Method of computation: The indicator is calculated by applying the Impact 2 model developed by Marie Stopes International . Impact 2 model estimates the unsafe abortions averted by multiplying the number of abortions averted by the per cent of abortions that are unsafe (a model input).	Source: UNFPA applies Impact 2 (v3), Marie Stopes International, 2015 based on the contraceptives procured through Procurement Services Branch. Rationale for use: Each year between 4.7% and 13.2% of maternal deaths can be attributed to unsafe abortion. Almost every abortion death and disability could be

		The total number of abortions averted is estimated using the per cent of unintended pregnancies ending in abortion (a model input). This percentage is multiplied by the number of unintended pregnancies averted.	prevented through access to sexual and reproductive health information and services.
Impact Indicator 9: Total lives saved	To be added		
Impact Indicator 10: Number of deaths, missing persons and persons directly affected attributed to disasters per 100,000 population (Sustainable Development Goal Indicator 1.5.1)	<p>Definition:</p> <p>Death: The number of people who died during the disaster, or directly after, as a direct result of the hazardous event.</p> <p>Missing: The number of people whose whereabouts is unknown since the hazardous event. It includes people who are presumed dead although there is no physical evidence.</p> <p>Affected: People who are affected, either directly or indirectly, by a hazardous event.</p> <p>Directly affected: People who have suffered injury, illness or other health effects; who were evacuated, displaced, relocated or have suffered direct damage to their livelihoods, economic, physical, social, cultural and environmental assets.</p> <p>Indirectly affected: People who have suffered consequences, other than or in addition to direct effects, over time due to disruption or changes in economy, critical infrastructures, basic services, commerce, work or social, health and psychological consequences.</p>	<p>Method of computation: Methodology is being developed.</p> <p>The data on number of deaths and number of missing are mutually exclusive.</p>	<p>Source: SDG Indicators Global Database</p> <p>Rationale for use: The disaster loss data on mortality is significantly influenced by large-scale catastrophic events, which represents important outliers in terms of mortality, as they normally imply considerable numbers of people killed. UNISDR recommends Countries to report the data by event, so complementary analysis to determine true trends can be done by both including and excluding such catastrophic events that can represent important outliers in terms of mortality.</p>
Impact Indicator 11: Proportion of population below the international poverty line, by sex, age, employment status and geographic location (Sustainable Development Goal Indicator 1.1.1)	<p>Definition:</p> <p>Proportion of population below the international poverty line is defined as the percentage of the population living on less than \$1.90 a day at 2011 international prices.</p> <p>The 'international poverty line' is currently set at \$1.90 a day at 2011 international prices.</p>	<p>Method of computation: The indicator is calculated by dividing:</p> <p>Numerator: the number of persons living in households below the poverty line (disaggregated by sex, age and employment status) by</p> <p>Denominator: the total number of persons (disaggregated by the same</p>	<p>Source: SDG Indicators Global Database</p> <p>Rationale for use: Monitoring poverty is important on both global and national development agendas. If women and young people are in poverty, it is difficult to reach universal access to sexual and reproductive health.</p>

		sex, age and employment status groups).	
Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence			
Outcome 1, Indicator 1: Number of women, adolescents and youth who have utilized integrated sexual and reproductive health services (Sustainable Development Goal Indicator 3.1.2)	Definition: Number of women, adolescents and youth who have utilized integrated sexual and reproductive health services under the support of UNFPA.	Method of computation: This indicator is calculated as a simple count of women, adolescents and youth who have used integrated sexual and reproductive health services under the support of UNFPA.	Rationale for use: This indicator directly measures Outcome 1 of the strategic plan.
Outcome 1, Indicator 2: Proportion of births attended by skilled health personnel (Sustainable Development Goal Indicator 3.1.2)	Definition: Percentage of births attended by skilled health personnel (generally doctors, nurses or midwives) is the percentage of deliveries attended by health personnel trained in providing lifesaving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period, conducting deliveries on their own, and caring for newborns.	Method of computation: The number of women aged 15-49 with a live birth attended by skilled health personnel (doctors, nurses or midwives) during delivery is expressed as a percentage of women aged 15-49 with a live birth in the same period.	Source: SDG Indicators Global Database Rationale for use: Having a skilled attendant at the time of delivery is an important lifesaving intervention for both mothers and babies. Without this key assistance, the mother or baby could suffer preventable disability or death, especially in marginalized settings.
Outcome 1, Indicator 3: Coverage of essential health services	Tier III Sustainable Development Goal Indicator. Metadata is being developed.		
Outcome 1, Indicator 4: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (Sustainable Development Goal Indicator 3.7.1 and Family Planning 2020 Core Indicator No. 4)	Definition: The percentage of women of reproductive age (15-49 years) who desire either to have no (additional) children or to postpone the next child, and who are currently using a modern contraceptive method. Estimates are with respect to women who are married or in a union.	Method of computation: Numerator: Women of reproductive age (15-49 years old) who are currently using, or whose sexual partner is currently using, at least one modern contraceptive method. Denominator: Total demand for family planning (the sum of contraceptive prevalence (any method) and the unmet need for family planning).	Source: SDG Indicators Global Database Rationale for use: This indicator assesses progress towards increasing the capacity of women and adolescent girls to access sexual and reproductive health services and being able to exercise their right to control and freely decide on matters related to their sexuality and sexual and reproductive health. It reflects the right of women and adolescent girls to decide whether and when to have children and having the methods to implement this decision.

Outcome 1, Indicator 5: Contraceptive Prevalence Rate	<p>Definition:</p> <p>The Contraceptive Prevalence Rate (CPR) is the proportion of sexually active women (married and unmarried) aged 15-49 who are using, or whose sexual partners are using, a method of contraception.</p>	<p>Method of computation:</p> <p>This indicator is calculated by dividing:</p> <p>Numerator: the number of women aged 15 to 49 who are married or in a union who are using, or whose sexual partners are using, a method of contraception, by</p> <p>Denominator: the total number of women aged 15 to 49, and multiplying the result by 100.</p>	<p>Source: United Nations Population Division data in its World Contraceptive Use.</p> <p>Rationale for use:</p> <p>The contraceptive prevalence rate provides a measure of population coverage of contraceptive use, taking into account all sources of supply and all contraceptive methods; it is the most widely reported measure of outcome for family planning programs at the population level. It also serves as a proxy measure of access to reproductive health services that are essential for meeting many health targets, especially the targets related to child mortality, maternal health, HIV and AIDS, and gender equality.</p>
Outcome 1, Indicator 6: Unmet need for family planning	<p>Definition:</p> <p>Unmet need for family planning is defined as the percentage of women of reproductive age, either married or in a union, who want to stop or delay childbearing but are not using any method of contraception.</p>	<p>Method of computation:</p> <p>This indicator is calculated by dividing:</p> <p>Numerator: the number of women of reproductive age (15-49) who are married or in a union and who have an unmet need for family planning, by</p> <p>Denominator: the total number of women of reproductive age (15-49) who are married or in a union, and multiplying the result by 100.</p>	<p>Source:</p> <p>United Nations Population Division data in its World Contraceptive Use.</p> <p>Rationale for use:</p> <p>Unmet need for family planning highlights the gap between women's reproductive intentions and their contraceptive behaviour; it is useful for tracking progress towards the target of achieving universal access to reproductive health. This indicator also directly measures the transformative results of the strategic plan.</p>
Outcome 1, Indicator 7: Number of countries reporting no contraceptive stockout in at least 60 per cent of service delivery points during the last three months	<p>Definition:</p> <p>This indicator is the total number of countries where at least 60 per cent of the Service Delivery Points (SDPs) offering family planning services have experienced no stockout in the last three months as a percentage of the total number of countries for which data is available for this indicator.</p> <p>No stockout is a situation in which a family planning service delivery facility/point in a country did not run out of supplies of any modern methods of contraceptives at any time during the last three months and therefore had</p>	<p>Method of computation:</p> <p>Numerator: Number of countries where at least 60 per cent of service delivery points offering family planning services have experienced no stockout in the last three months.</p> <p>Denominator: Total number of countries for which nationally representative data for this indicator have been provided by UNFPA.</p> <p>At the country level, the indicator will be calculated as follows:</p> <p>$[(\text{Number of SDPs offering family planning services} / \text{Total number of SDPs}) * 100]$</p>	<p>Rationale for use:</p> <p>For women who need contraception, stockouts can mean the difference between health and economic stability vs. unintended pregnancy, potential adverse health outcomes, potential economic instability and long-term, if not lifelong, change. At the institutional level, stockouts impact CPR and longer-term service delivery results.</p>

	supplies available to serve clients at all times during that period.	planning services that experienced no stockout in the last six months) /(Total number of SDPs that offer family planning services)]*100	
Output 1: Enhanced capacities to develop and implement policies, including financial protection mechanisms, that prioritize access to information and services for sexual and reproductive health and reproductive rights for those furthest behind, including in humanitarian settings			
1.1: Number of countries that have a costed, integrated national sexual and reproductive health plan prioritizing access to a comprehensive package of sexual and reproductive health information and services for adolescents, key populations and marginalized groups	<p>Definition: Number of countries that have a costed, integrated national sexual and reproductive health plan with specific focus on reaching those furthest behind.</p>	<p>Method of computation: This indicator is calculated as a simple count of those countries that have a costed, integrated national sexual and reproductive health plan that includes (a) all of the components of a comprehensive package of sexual and reproductive health information and services required across the lifespan, and (b) strategic interventions to ensure equity in access to sexual and reproductive health information and services for key populations and marginalized groups.</p>	<p>Rationale for use: Availability of a costed, integrated sexual and reproductive health action plan supports the implementation of policies related to integrated sexual and reproductive service provision. Common problems with implementation are related to delayed or incomplete integration of higher level health systems functions and unified national integration policies.</p>
1.2: Number of countries where essential sexual and reproductive health services are included as part of risk pooling and prepayment schemes	<p>Definition: Number of countries that have risk pooling and prepayment scheme mechanisms covering an essential package of sexual and reproductive health services.</p> <p>Risk pooling is defined as the accumulation and management of revenues so that members of the pool share collective health risks, thereby protecting individual pool members from large, unpredictable health expenditures. Prepayment allows pool members to pay for average expected costs in advance, relieving them of uncertainty and ensuring compensation should a loss occur.</p>	<p>Method of computation: This indicator is calculated as a simple count of those countries having at least one risk pooling and prepayment scheme at a national level, covering <i>at least five</i> components of an essential package of sexual and reproductive health services.</p> <p>Organizational arrangements for risk pooling and prepayment could be: state funded systems through ministries of health or national health services; social health insurance; voluntary or private health insurance; and/or community-based health insurance.</p>	<p>Rationale for use: Risk pooling coupled with prepayment enables the establishment of insurance and the redistribution of health spending between high- and low-risk individuals (risk subsidies) and high- and low-income individuals (equity subsidies).</p>

1.3: Number of countries that have budgeted emergency preparedness and response and disaster risk reduction plans which integrate sexual and reproductive health	Definition: Number of countries that have budgeted emergency preparedness and response and disaster risk reduction plans, both of which integrate sexual and reproductive health, including family planning; STI and HIV prevention; management of uncomplicated pregnancies; Basic and Comprehensive EmONC services; and clinical management of rape.	Method of computation: This indicator is calculated as a simple count of those countries that satisfy <i>all</i> of the criteria as elaborated in the definition.	Rationale for use: Humanitarian preparedness and disaster risk reduction plans are crucial to ensuring access to and utilization of sexual and reproductive health services.
Output 2: Strengthened capacities to provide high-quality, integrated information and services for family planning, comprehensive maternal health, sexually transmitted infections and HIV, as well as information and services that are responsive to emergencies and fragile contexts			
2.1: Number of countries meeting coverage of emergency obstetric and newborn care, as per the international recommended minimum standards	Definition: Number of countries in which the number of functioning Emergency Obstetric and Newborn Care (EmONC) facilities meets or exceeds the recommended minimum standards calculated based on the size of the population. The minimum recommended number of emergency obstetric and neonatal care facilities is at least five EmONC facilities for every 500,000 population, including at least one comprehensive EmONC facility.	Method of computation: This indicator is calculated as a simple count of countries where the number of functioning facilities (public and private) is equal to or greater than the recommended number of EmONC facilities according to minimum standards, calculated based on the size of the population; and in which the EmONC facilities satisfy the criteria to be deemed “functioning”. At the national level, the minimum recommended number of EmONC facilities (comprehensive and basic) is calculated by dividing the population by 500,000 and multiplying by 5.	Rationale for use: In order to reduce maternal mortality, Emergency Obstetric and Neonatal Care (EmONC) must be available and accessible to all women. Timing is critical in preventing maternal death and disability: although post-partum haemorrhage can kill a woman in less than two hours, for most other complications, a woman has between six and 12 hours or more to get life-saving emergency care. Similarly, most perinatal deaths occur around delivery or in the first 48 hours afterward.
2.2: Number of women and girls living with obstetric fistula receiving treatment with the support of UNFPA	Definition: Number of women and girls receiving obstetric fistula treatment performed with support from UNFPA. Treatment for obstetric fistula refers to fistula repair surgeries. ‘Support from UNFPA’ is defined as financial support for surgery, or support to the unit providing treatment (e.g. surgeon trained in fistula repair through UNFPA support); and/or transport of the fistula patient to/from the	Method of computation: This indicator is a simple count of the number of obstetric fistula repairs in a given year that have benefited from support from UNFPA.	Rationale for use: Obstetric fistula is an outcome of socioeconomic and gender inequalities and the failure of health-care systems to provide accessible, equitable, high-quality maternal health care, including skilled attendance during childbirth, emergency obstetric care in case of complications, and family planning. Ending obstetric fistula is fundamental to reducing maternal mortality and morbidity and improving maternal and newborn health.

	health facility.		
2.3: Number of countries in which at least 25 per cent of public health facilities provide quality-assured, adolescent-friendly integrated sexual and reproductive health services	<p>Definition: Number of countries in which the proportion of public health facilities that provide quality-assured, adolescent-friendly integrated sexual and reproductive health services is equal to or greater than 25 per cent.</p> <p>Public health facilities provide quality-assured, adolescent-friendly integrated sexual and reproductive health services if they meet <i>all</i> of the eight global standards for quality health-care services for adolescents (measured by ‘input criteria’); and if they provide an essential package of at least five of the eight components of integrated sexual and reproductive health information and services.</p> <p>All secondary and tertiary public health facilities are to be included in this indicator.</p>	<p>Method of computation: This indicator is calculated as a simple count of those countries in which at least 25 per cent of public health facilities provide quality-assured, adolescent-friendly integrated sexual and reproductive health services. At the country level, the proportion of public health facilities providing quality-assured adolescent-friendly services is calculated by dividing:</p> <p>Numerator: the total number of secondary and tertiary public health facilities in the country that provide quality-assured adolescent-friendly integrated sexual and reproductive health, by Denominator: the total number of secondary and tertiary public health facilities.</p>	<p>Rationale for use: Provision of adolescent friendly sexual and reproductive health services increases the demand for accessing the services, which, in turn, influences the quality of service provision.</p>
2.4: Number of countries in which at least 60 per cent of public health facilities provide the essential health services package for survivors of sexual violence	<p>Definition: Number of countries in which the proportion of the total public health facilities at secondary and tertiary levels that provide the essential health services package for survivors of sexual violence is equal to or greater than 60 per cent.</p> <p>In order to satisfy this indicator, <i>all</i> of the service components as listed in The Essential Services Package for Women and Girls Subject to Violence: Core Elements and Quality Guidelines, Module 2: Health, p. 12, must be met.</p>	<p>Method of computation: This indicator is calculated as a simple count of those countries in which at least 60 per cent of public health facilities provide the essential health services package for survivors of sexual violence. At the country level, the proportion of public health facilities is calculated by dividing:</p> <p>Numerator: the number of secondary and tertiary public health facilities in the country that provide the essential health services package for survivors of sexual violence by Denominator: the total number of secondary and tertiary public health facilities.</p>	<p>Rationale for use: The entry points for providing care to women affected by violence at all levels of the health system (from primary to secondary and tertiary health facilities) is the provision of essential integrated sexual and reproductive health services, as well as mental health services.</p>

<p>2.5: Number of countries in which at least 25 per cent of public health facilities offer cervical cancer screening services</p>	<p>Definition: Number of countries in which the proportion of the total public health facilities at secondary and tertiary levels that provide cervical cancer screening services is equal to or greater than 25 per cent.</p> <p>Public health facilities counted as having satisfied the conditions for this indicator are those that have the necessary functioning equipment, stock, and trained health provider(s), as well as service protocols for performing at least one of the following cervical cancer screening tests: human papillomavirus (HPV) test, visual inspection with acetic acid (VIA), and/or cytology (Pap test). In addition, facilities must provide cervical cancer screening services as part of an essential package of integrated sexual and reproductive health information and services.</p>	<p>Method of computation: This indicator is calculated by counting the number of UNFPA-supported countries in which at least 25 per cent of public health facilities at secondary and tertiary levels offer cervical cancer screening services. At the country level, this indicator is calculated by dividing:</p> <p>Numerator: the total number of secondary and tertiary public health facilities in the country that provide cervical cancer screening services, by Denominator: the total number of secondary and tertiary public health facilities.</p>	<p>Rationale for use: Provision of cervical cancer screening is part of the integrated sexual and reproductive health service package.</p>
<p>2.6: Number of countries that have applied the sexual and reproductive health/HIV integration index</p>	<p>Definition: Number of countries in which the Sexual and Reproductive Health (SRH) and HIV Linkages Index has been applied to support advocacy to improve SRH and HIV linkages, to guide decision-making to focus programming, and to measure progress on SRH and HIV linkages.</p> <p>The Index combines 30 indicators to measure country progress towards achieving a linked response to SRH and HIV.</p>	<p>Method of computation: Countries counted as having satisfied the conditions for this indicator are those where the Index has been applied for at least one of the following:</p> <ol style="list-style-type: none"> 1. Tracking progress in linking SRH and HIV; 2. Supporting advocacy for improved linkages; 3. Deepening knowledge on the drivers and effects of SRH and HIV linkages and integration of services; 4. Highlighting data gaps which need to be filled. 	<p>Rationale for use: Offering integrated HIV and SRH services is considered an effective means to manage and deliver care. Integration of SRH and HIV services has the potential to simultaneously address multiple patient needs in one location. For example, there has been broad international consensus that the goal of preventing mother-to-child transmission of HIV cannot be met without increasing access to family planning services.</p>
<p>Output 3: Strengthened capacities of the health workforce, especially those of midwives, in health management and clinical skills for high-quality and integrated sexual and reproductive health services, including in humanitarian settings</p>			
<p>3.1: Number of countries in which all accredited public midwifery schools</p>	<p>Definition: Number of countries in which all the accredited public midwifery institutions/schools run a midwifery program based on the aligned ICM</p>	<p>Method of computation: This indicator is calculated by counting the number of countries in which <i>all</i> accredited public midwifery schools</p>	<p>Rationale for use: The focus of the Global Midwifery Programme is to ensure autonomous midwifery practice by well-qualified, fully trained and highly competent</p>

follow the national pre-service curriculum based on the International Confederation of Midwives/WHO standards	Global Standards for Midwifery Education and Essential Competencies for Basic Midwifery Practice and WHO Standards of Midwifery Practice for Safe Motherhood .	follow the national midwifery curriculum based on global ICM/WHO standards.	(skilled) midwives. In order to ensure quality of care, training institutions should be properly accredited and well-equipped to provide both theoretical and clinical education. The curriculum they follow should be nationally accredited and should follow the ICM/WHO global education standards.
3.2: Proportion of newly graduated midwives who are deployed in health facilities within one year of graduation, with support from UNFPA	<p>Definition: Proportion of previous year midwifery graduates (by Dec 31st of previous year) who are deployed in public and private health facilities by end of current reporting year (Dec 31st of current year) with support from UNFPA.</p>	<p>Method of computation: This indicator is calculated by dividing:</p> <p>Numerator: the number of midwives who graduated by end of previous year and who have signed a work contract in a public or a private health facility by the end of the current year under the support of UNFPA, by</p> <p>Denominator: the total number of midwives who graduated by end of previous year.</p>	<p>Rationale for use: This indicator is extremely important for assessing equity in access to quality midwifery services including in remote, underserved areas. Training a competent midwife is a significant investment; it is important to ensure that the trained midwives are fully deployed and well-supported by a functional health system within the country, particularly in areas facing acute shortages of quality midwifery services.</p>
3.3: Number of countries in which the needs of persons with disabilities are included in the pre-service curricula of midwives	<p>Definition: Number of countries in which the needs of persons with disabilities are included in the pre-service curricula of midwives.</p>	<p>Method of computation: This indicator is calculated by counting the number of countries in which the pre-service curricula of midwives include communication targeting persons with disabilities; equal access to information and services; the right to equality in access and nondiscrimination; and the right to reproductive health, including family planning and maternal health services for persons with disabilities.</p>	<p>Rationale for use: People with disabilities are among the most marginalized groups in the world. People with disabilities are more than twice as likely to report finding health care provider skills inadequate to meet their needs, four times more likely to report being treated badly and nearly three times more likely to report being denied care (WHO).</p>
3.4: Number of health service providers and managers trained on the minimum initial service package with support from UNFPA	<p>Definition: Number of health service providers and managers trained as trainers through in-person and/or online trainings, and certified as professional on the Minimum Initial Service Package, with support from UNFPA.</p> <p>The Minimum Initial Service Package (MISP) is a series of crucial actions required to respond</p>	<p>Method of computation: This indicator is calculated as a simple count of health service providers and managers trained as trainers through in-person and/or online trainings, and certified as trainers on the Minimum Initial Service Package with support from UNFPA.</p>	<p>Rationale for use: The components of the MISP represent critical, life-saving health actions that must be implemented simultaneously with other life-saving activities. The MISP is essential to reducing death, disability and illness, particularly among women and girls. Crisis-affected communities have a right to access these services.</p>

	to reproductive health needs at the onset of every humanitarian crisis.		
3.5: Number of countries in which adolescent health competencies are included in the pre-service curricula of health professionals	<p>Definition: Number of countries in which the pre-service curricula of doctors, nurses and midwives include competencies on adolescent health.</p> <p><u>Competencies in adolescent health</u> emphasize the developmental and contextual aspects of adolescent health, including in consultation, interpersonal communication and interdisciplinary care, as well as the legal context and rights-based approaches for adolescent care.</p>	<p>Method of computation: This indicator is calculated by counting the number of countries in which the pre-service curricula of doctors, nurses, and midwives include at least domain 1 (basic concepts in adolescent health and development, and effective communication) and domain 2 (laws, policies and quality standards) adolescent health competencies.</p>	<p>Rationale for use: Including adolescent health in pre-service curricula ensures that more health professionals will be trained more systematically in these important competencies. This approach is potentially more sustainable and effective than in-service training alone.</p>
3.6: Number of countries in which the prevention of stigma and discrimination is included in the pre-service curricula of health professionals	<p>Definition: Number of countries in which the pre-service curricula of doctors, nurses and midwives include competencies in prevention of stigma and discrimination.</p>	<p>Method of computation: This indicator is calculated by counting the number of countries in which the pre-service curricula of doctors, nurses, and midwives include: courteous, non-judgmental, non-discriminatory relationship with all patients; respect for individuals, their culture and customs, regardless of status, ethnic origin or religious belief; maintaining confidentiality of all information shared by the patient; communicating essential information between/among other health providers or family members only with explicit permission from the patient and compelling need.</p>	<p>Rationale for use: Inclusion of prevention of stigma and discrimination supports the improvement of quality of sexual and reproductive health services, and furthers the concept of the human right to health and healthcare.</p>
Output 4: Strengthened capacities to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, ensuring resilient supply chains			

<p>4.1: Number of countries where a costed supply chain management strategy is in place that takes into account recommended actions of the UNFPA/WHO implementation guide on ‘Ensuring rights-based contraceptive delivery’</p>	<p>Definition: The number of countries in which a supply chain management strategy with costed interventions or with a stand-alone costed implementation plan addresses elements of contraceptive commodities availability and accessibility in line with the recommendations of the UNFPA/WHO implementation guide on ‘Ensuring human rights within contraceptive service delivery’.</p>	<p>Method of computation: This indicator is calculated by counting the number of countries that have in place a costed supply chain management strategy that meets all of the costing, human rights and reporting criteria.</p>	<p>Rationale for use: A well-formulated and resourced Supply Chain Management (SCM) strategy is the foundation for a well-functioning supply chain management system that ensures products are available and stockouts are averted at all levels of service delivery. By ensuring that rights-based approaches are taken into consideration, the strategy will promote availability and accessibility to quality products and expand family planning choices.</p>
<p>4.2: Number of countries using a functional logistics management information system, including “reaching the last mile”, for forecasting and monitoring essential medicines and supplies, including sexual and reproductive health commodities</p>	<p>Definition: The number of countries that have a paper-based or electronic system for record keeping, data analysis and reporting that is used to make decisions and manage the forecasting and distribution of reproductive health commodities (contraceptives and maternal health medicines) at all levels of service delivery, especially the primary service delivery points. “Reaching the last mile” refers to the delivery of commodities to final point of utilization, usually a health service delivery point (a health center or health post), with special focus on delivering commodities to primary level service delivery points, especially in hard-to-reach locations.</p>	<p>Method of computation: This indicator is calculated by counting the number of countries using a paper-based or electronic functional logistics management information system that is able to satisfy all of the following necessary functions and prerequisites at the primary service delivery point: A. Generate information on all contraceptives (types, quantities, doses, etc.); B. Generate information on essential/life-saving maternal health medicines, e.g magnesium sulfate, misoprostol and oxytocin; C. Generate inventory and monthly consumption data; D. Show expiry dates of all products; E. Provide number of users for each product; F. Provide stock information; G. Generate reports on commodity distribution and attributes; H. Decisions have been made and actions taken based on results generated from the system. </p>	<p>Rationale for use: A functional logistics management information system is important for ensuring the uninterrupted availability of commodities for the delivery of sexual and reproductive health services. Understanding the functionality of a logistics system helps to address bottlenecks and facilitates adoption of innovative strategies to ensure that the commodities are available in the right quantity, at the right time and in the right place.</p>

4.3: Total couple-years of protection for contraceptives procured by UNFPA, including condoms	Definition: This is the total estimated protection from pregnancy that the volume of contraceptives and condoms procured using UNFPA resources (core and non-core) would provide during a one-year period.	Method of computation: The couple years of protection (CYP) is calculated by multiplying the quantity of each method procured by the relevant conversion factor for that method; and summing <i>all</i> the CYPs for <i>all</i> the methods procured during the year.	Rationale for use: The indicator provides information on the potential impact of the contraceptives procured. The indicator is a good measure of programme output on the volume of contraceptives procured and hence the potential value-for-money invested in procuring the contraceptives. This measure is currently one of the most widely used indicators of output in international family planning programs.
Output 5: Improved domestic accountability mechanisms for sexual and reproductive health and reproductive rights through the involvement of communities and health-system stakeholders at all levels			
5.1: Number of countries in which sexual and reproductive health indicators, disaggregated at least by age and sex, are periodically collected as part of the national health information system, and made publicly available	Definition: Number of countries that have a national health information system with disaggregated (at least by age and sex) sexual and reproductive health indicators that are publicly available and updated at least on an annual basis.	Method of computation: This indicator is calculated by counting the number of countries that have a health information system that includes at least one service coverage indicator for each of nine selected components of essential SRH services.	Rationale for use: Strong health information systems are the backbone of strong health systems. Strong health information systems support greater transparency and accountability by increasing access to information. Accurate and updated data on sexual and reproductive health is vital to support decision-making to develop and implement programmes addressing real sexual and reproductive health needs.
5.2: Number of countries conducting routine patient satisfaction surveys on the provision of sexual and reproductive health services that make the results publicly available	Definition: Number of countries that conduct national or subnational patient satisfaction surveys (at least on an annual basis) that seek feedback from patients on their perceptions of the quality of sexual and reproductive health services (including experience of care), and make the results publicly available within 12 months of the survey.	Method of computation: This indicator is calculated by counting the number of countries conducting patient satisfaction surveys on the provision of sexual and reproductive health services covering all of the required components of essential sexual and reproductive health services.	Rationale for use: The literature agrees that measuring patient satisfaction improves quality of care. It provides an opportunity for improvement, to enhance strategic decision-making, to reduce cost, to meet patients' expectations, to frame strategies for effective management, to monitor healthcare performance of health plans and to provide benchmarking across the healthcare institutions. When executed well and when patients' responses are taken seriously, outcomes greatly improve patients' confidence and trust in their care.
5.3: Number of countries in which at least 25 per cent of the estimated maternal deaths are notified	Definition: Number of countries in which the maternal death notification rate is equal to or exceeds 25 per cent.	Method of computation: This indicator is calculated by counting the number of countries in which the maternal death notification rate is equal to or exceeds 25 per cent. In each	Rationale for use: The maternal death notification rate measures the performance of the MDSR system to ensure that all maternal deaths are notified. MDSR promotes routine identification and timely notification of

		<p>country, maternal death notification rate is calculated by dividing:</p> <p>Numerator: the number of maternal deaths notified through the Maternal Deaths Surveillance and Response (MDSR) system, by</p> <p>Denominator: the estimated number of maternal deaths for the country (calculated by The Maternal Mortality Estimation Inter-Agency Group (MMEIG)).</p>	<p>maternal deaths. It supports the quantification and determination of causes and avoidability of maternal deaths. Each notification provides critical information which, if acted on, can prevent future deaths. The inability to reliably measure levels and trends contributes to a lack of accountability and, in turn, to lack of progress.</p>
5.4: Proportion of countries affected by a humanitarian crisis that have a functioning inter-agency sexual and reproductive health coordination body as a result of UNFPA guidance and leadership	<p>Definition: This indicator is the proportion of countries affected by a humanitarian crisis that have functioning inter-agency sexual and reproductive health coordination bodies as a result of UNFPA guidance and leadership in the area of reproductive health.</p> <p>Humanitarian crisis is defined by OCHA categorization. The list of countries that are defined by OCHA as being in crisis is available at: http://reliefweb.int/countries.</p> <p>Response may include both in-country and cross-border response.</p>	<p>Method of computation: This indicator is calculated by counting the proportion of countries affected by a humanitarian crisis that have a functioning inter-agency sexual and reproductive health coordination body as a result of UNFPA guidance and leadership.</p> <p>Numerator: Number of countries responding to a humanitarian crisis with functioning inter-agency coordination body at the national level in reproductive health as a result of UNFPA guidance and leadership.</p> <p>Denominator: Total number of countries with humanitarian crisis situations where the cluster system has been activated under the IASC system.</p>	<p>Rationale for use: Inter-agency sexual and reproductive health coordination bodies provide a clear point of contact and demonstrate accountability for adequate and appropriate humanitarian assistance in the area of sexual and reproductive health.</p> <p>Rationale for target (to be filled after setting targets): The number of countries affected by humanitarian crisis changes each year, therefore targets need to be established as the numbers may change year-to-year.</p>
Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts			
Outcome 2, Indicator 1: Percentage of women and men 15–24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about	<p>Definition: This indicator measures the percentage of young people aged 15-24 who correctly identify methods of prevention and transmission of HIV.</p>	<p>Method of computation: This indicator is calculated by dividing:</p> <p>Numerator: the number of respondents 15–24 years old who correctly answered five out of five prompted questions on prevention and transmission of HIV, by</p>	<p>Rationale for use: HIV epidemics are perpetuated primarily through the sexual transmission of infection to successive generations of young people. Sound knowledge about HIV and AIDS is necessary for adopting behaviours that reduce the risk of HIV transmission.</p>

HIV transmission		Denominator: the number of all respondents 15–24 years old.	
Outcome 2, Indicator 2: Number of countries that engaged adolescents and youth, including marginalized adolescents and youth, in the formulation of national sexual and reproductive health policies	<p>Definition: Number of countries that engaged adolescents and youth (aged 10-24), including marginalized adolescents and youth, in the formulation of national sexual and reproductive health policies, including in the planning and decision-making that affect themselves and others.</p>	<p>Method of computation: This indicator is calculated by considering those countries that formulate national sexual and reproductive health policies in which adolescents and youth, including marginalized groups of young people, were engaged in formulation through consultation, advisory panel(s), or by a youth representative/envoy.</p>	<p>Rationale for use: Youth engagement is a central principle of youth development. Through active participation, young people are empowered to play a vital role in their own development as well as in that of their communities and nations, helping them to learn essential life-skills, develop knowledge about human rights and citizenship and promote positive civic action. Youth engagement is the result when young people are involved in responsible, challenging actions to create positive social change.</p>
Output 6: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being			
6.1: Number of marginalized girls that are reached by life skills programmes that build their health, social and economic assets	<p>Definition: Number of marginalized adolescent girls (aged 10-19) enrolled in a life skills programme or more broadly, receiving one or more health, social, or economic assets with UNFPA support.</p> <p>Life skills education programmes are theory- and evidenced-based, learner-focused programmes run by NGOs or the government, delivered by competent facilitators over an extended period of time, covering cognitive, personal, and/or interpersonal skills, to build recipients' health, social and economic assets.</p>	<p>Method of computation: Number of marginalized adolescent girls enrolled in a life skills programme, receiving one or more health, social, or economic assets with UNFPA support.</p>	<p>Rationale for use: This indicator measures the scale of UNFPA support to empower marginalized adolescent girls. Evidence shows that more intensive programmes can help such girls overcome multiple vulnerabilities, particularly in terms of sexual and reproductive health and rights.</p>
6.2: Number of countries that operationalized school-based comprehensive sexuality education curricula in accordance with international standards	<p>Definition: Total number of countries that have operationalized school-based comprehensive sexuality education curricula in accordance with international standards.</p>	<p>Method of computation: This indicator is calculated as a simple count of those countries that have revised the sexuality education curriculum to ensure it is completely aligned to international standards; improved the learning environment to make it safer and healthier; included referrals to sexual and reproductive</p>	<p>Rationale for use: This indicator measures UNFPA support to operationalizing CSE, beyond curricula development, to include improved pedagogy, monitoring and evaluation, and coverage. When well-implemented, CSE has been shown to improve the information and skill levels of young people to make informed choices about their sexual and reproductive health and rights.</p>

		health services and other protective programmes; and used participatory teaching methods for personalization of information and strengthened skills in communication, decision-making and critical thinking.	
6.3: Number of countries with a national mechanism or strategy in place to deliver out-of-school comprehensive sexuality education in accordance with international standards	<p>Definition: Number of countries with a national mechanism or strategy in place to deliver out-of-school comprehensive sexuality education in accordance with international standards.</p>	<p>Method of computation: This indicator is calculated as a simple count of those countries that meet <i>all</i> of the following conditions:</p> <ol style="list-style-type: none"> 1. National mechanism or strategy is data- and evidence-based; 2. Specifies which sub-populations of out-of-school young people will be reached; 3. Defines the curriculum/topics to meet the needs of the young people to be reached; 4. Defines the delivery mechanism and associated workforce; 5. Builds referrals between CSE and integrated SRH services; 6. Specifies who is responsible for the organizational, financial, and technical implementation/ operationalization of the strategy; 7. Has measurable objectives and targets. 	<p>Rationale for use: This indicator measures whether there is (at the very least) a strategy in place to deliver CSE to young people who are not enrolled in school. CSE has historically tended to be school-based, and has not reached the most marginalized young people, who need age-appropriate information and skills to make informed choices about their sexual and reproductive health and rights.</p>

Output 7: Policies and programmes in relevant sectors tackle the determinants of adolescent and youth sexual and reproductive health, development and well-being

7.1: Number of countries in which at least two sectors, apart from the health sector, have strategies that integrate the sexual and reproductive health of adolescents and youth, including those marginalized	<p>Definition: Number of countries in which at least two sectors (other than the health sector) have at least one sectoral strategy/policy that integrates sexual and reproductive health of adolescents and youth, including those who are marginalized.</p> <p>Sectors other than the health sector include: education, finance/economic development,</p>	<p>Method of computation: This indicator is calculated as a simple count of those countries in which <u>at least two</u> sectors (education, finance/economic development, gender, youth, labour) have at least one strategy/policy that integrates sexual and reproductive health of adolescents and youth, including those who are marginalized.</p>	<p>Rationale for use: The need for a multisectoral approach to adolescent sexual and reproductive health is well established, as per the WHO framework for action. This indicator further integrates adolescent and youth-specific elements into sectoral strategies in order to improve young people's access to SRH.</p>
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	gender, youth, and labour.		
Output 8: Young people have opportunities to exercise leadership and participate in sustainable development, humanitarian action and in sustaining peace			
8.1: Number of countries that have institutional mechanisms for the participation of young people in policy dialogue and programming, including in peacebuilding processes	<p>Definition:</p> <p>Number of countries that have at least one formal mechanism/structure/body, whether state-related or civil society, that facilitates the participation of young people in the advocacy for, and design/implementation/ monitoring/evaluation of policies and/or programmes in development and/or peacebuilding processes.</p>	<p>Method of computation:</p> <p>This indicator is calculated as a simple count of those countries that have at least one formal mechanism/structure/ body that has an ongoing dialogue/ function, and facilitates participation of young people (ages 10-24), including marginalized groups, involving them in at least one of the following stages: design, implementation, monitoring, evaluation of policies <i>and/or</i> programmes.</p>	<p>Rationale for use:</p> <p>This indicator measures efforts to integrate the views and priorities of young people in development processes, including peacebuilding processes. These mechanisms provide opportunities for leadership and participation to empower them and their peers.</p>
8.2: Proportion of countries responding to humanitarian crises that include young people in decision-making mechanisms in all phases of the humanitarian response	<p>Definition:</p> <p>Proportion of countries responding to a humanitarian emergency that include young people (ages 10-24) in decision-making mechanisms in <i>all phases</i> of the humanitarian response, with the support of UNFPA.</p>	<p>Method of computation:</p> <p>This indicator is calculated by dividing:</p> <p>Numerator: the number of countries responding to a humanitarian crisis in the reference/index year that include young people in decision-making mechanisms in all phases of the humanitarian response, by</p> <p>Denominator: the number of countries responding to a humanitarian crisis.</p>	<p>Rationale for use:</p> <p>This indicator will be important to measure the degree to which a humanitarian response is inclusive and empowers young people in humanitarian settings to access their sexual and reproductive health and rights in such contexts.</p>
Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings			
Outcome 3, Indicator 1: Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (Sustainable Development Goal Indicator 5.6.1)	<p>Definition:</p> <p>Proportion of women aged 15-49 years (married or in union) who make their own decision on all three selected areas, i.e. can say ‘no’ to sexual intercourse with their husband or partner if they do not want; decide on use of contraception; and decide on their own health care.</p> <p>Only women who provide a “yes” answer to all three components are considered as women who “make their own decisions regarding</p>	<p>Method of computation:</p> <p>This indicator is calculated by dividing:</p> <p>Numerator: the number of women married or in union, aged 15-49 years, who can say “no” to sex, for whom the decision on contraception is not mainly made by the husband/partner, and for whom decisions on health care for themselves are not usually made by the husband/ partner or someone else, by</p> <p>Denominator: the total number women</p>	<p>Source:</p> <p>SDG Indicators Global Database</p> <p>Rationale for use:</p> <p>Women’s and girls’ autonomy in decision-making over consensual sexual relations, contraceptive use and access to sexual and reproductive health services is key to their empowerment and the full exercise of their reproductive rights.</p>

	sexual and reproductive health”.	aged 15-49 years, who are married or in union.	
Outcome 3, Indicator 2: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence (Sustainable Development Goal Indicator 5.2.1)	<p>Definition: This indicator measures the percentage of ever-partnered women and girls aged 15 years and older who have experienced physical, sexual or psychological violence by a current or former intimate partner, in the previous 12 months.</p>	<p>Method of computation: This indicator calls for breakdown by form of violence (physical, sexual, psychological) and by age group, and is calculated as follows:</p> <p>Numerator: the number of ever-partnered women and girls (aged 15 years and above) who experienced violence by a current or former intimate partner in the previous 12 months, divided by</p> <p>Denominator: the number of ever-partnered women and girls (aged 15 years and above) in the population, and multiplied by 100.</p>	<p>Source: SDG Indicators Global Database</p> <p>Rationale for use: Violence directed at women and girls is the most common form of gender-based violence. In societies that sanction male dominance over women, violence between intimate partners may be perceived as an ordinary component of interpersonal dynamics between the sexes, particularly in the context of marriage or other formal unions. Therefore, it represents one manifestation of gender inequality. This indicator directly measures the transformative results of the strategic plan.</p>
Outcome 3, Indicator 3: Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	Tier II Sustainable Development Goal indicator. Metadata is being developed.		
Outcome 3, Indicator 4: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education	Tier III Sustainable Development Goal indicator. Metadata is being developed.		
Outcome 3, Indicator 6: Proportion of population reporting having	Tier III Sustainable Development Goal indicator. Metadata is being developed.		

<p>personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law</p>			
Output 9: Strengthened policy, legal and accountability frameworks to advance gender equality and empower women and girls to exercise their reproductive rights and to be protected from violence and harmful practices			
<p>9.1: Number of countries with strategies to align their laws, policies and regulations on reproductive rights with international human rights standards</p>	<p>Definition: Number of countries that have a national strategy to align their laws, policies and regulations on reproductive rights with international human rights standards.</p>	<p>Method of computation: This indicator is calculated as a simple count of the number of countries having a national strategy to align the country's laws, policies and regulations on reproductive rights, with international human rights standards.</p>	<p>Rationale for use: Development and implementation of strategies to improve and streamline laws and policies on reproductive rights are key determinants of intentionality. Without strategies for such work, the legal protections for reproductive rights will not be strengthened.</p>
<p>9.2: Number of countries that have a mechanism to engage men and boys in national policies and programmes to advance gender equality and reproductive rights, with support from UNFPA</p>	<p>Definition Number of countries that have a mechanism to involve men and boys in a participatory manner in the formulation, implementation, and monitoring of national policies and programmes to advance gender equality and reproductive rights, with support from UNFPA.</p>	<p>Method of computation This indicator is calculated as a simple count of the number of countries that have a mechanism to engage men and boys in the formulation, implementation, and monitoring of national policies and programmes to advance gender equality and reproductive rights.</p>	<p>Rationale for use: As stated in ICPD PoA, CSW Agreed Conclusions, and the Beijing PoA, among others, the engagement of men and boys is a critical path to support gender equality, address gender-based violence and harmful practices, and promote equal sharing of responsibilities. Additionally, engaging men and boys at all levels of the process ensures buy-in for enforcement of policies developed and implementation of programmes.</p>

<p>9.3: Number of countries, with support from UNFPA, that have rolled out intervention models or strategies that empower marginalized and excluded groups to exercise their reproductive rights, and that enable their rights to be protected from gender-based violence and harmful practices</p>	<p>Definition:</p> <p>This indicator is calculated as a simple count of the number of countries that have rolled out intervention models or strategies that empower marginalized and excluded groups to exercise their reproductive rights, and that enable their rights to be protected from gender-based violence and harmful practices.</p>	<p>Method of computation:</p> <p>This indicator is calculated as a simple count of the number of countries that have rolled-out the intervention model(s) or strategy through implementation of its action plan which identifies indicators and involves marginalized groups in every stage of the process.</p>	<p>Rationale for use:</p> <p>In order to create an environment in which marginalized and excluded groups are able to exercise their reproductive rights, specific intervention models /strategies need to be developed to ensure access to information and services that are free from discrimination.</p>
<p>9.4: Number of countries that, as part of their engagement with international human rights mechanisms, have established platforms for dialogue on reproductive rights, with support from UNFPA, fully engaging civil society, including faith-based organizations and state actors</p>	<p>Definition:</p> <p>Number of countries with a platform for dialogue among civil society (including faith-based organizations) and state actors on reproductive rights, linked to the review of international human rights mechanisms such as Universal Periodic Review, Treaty Bodies, and Special Procedures, that have been established with UNFPA support.</p> <p>'Platform for dialogue' refers to a space convened or supported by UNFPA that brings together civil society and state actors to discuss reproductive rights and priority issues.</p>	<p>Method of computation:</p> <p>This indicator is calculated as a simple count of the number of countries that have established platforms for dialogue on reproductive rights with support from UNFPA.</p>	<p>Rationale for use:</p> <p>Civil society is key to strengthening national accountability. International human rights mechanisms provide a critical opportunity for accountability and policy dialogue with civil society.</p>
<p>9.5: Number of countries in which a national human rights institution has conducted an inquiry of the exercise of reproductive rights</p>	<p>Definition:</p> <p>Number of countries in which a national human rights institution has conducted a country assessment, and/or a comprehensive national inquiry concerning the exercise of reproductive rights.</p> <p>A national human rights institution is an independent national institution responsible for protecting and promoting human rights in accordance with the Paris Principles.</p>	<p>Method of computation:</p> <p>This indicator is calculated as a simple count of the number of countries in which a national human rights institution has conducted a country assessment, and/or a comprehensive national inquiry concerning the exercise of reproductive rights.</p>	<p>Rationale for use:</p> <p>National human rights institutions are a key national accountability mechanism assessing and taking action on human rights violations in the country.</p>

Output 10: Strengthened civil society and community mobilization to eliminate discriminatory gender and sociocultural norms affecting women and girls			
10.1: Number of countries that have completed the social norm assessment or mapping, based on the social norm framework developed by UNFPA	<p>Definition: Number of countries that have completed the social norm assessment or mapping, based on the social norm framework developed by UNFPA.</p>	<p>Method of computation: This indicator is calculated as a simple count of the number of countries that have completed a social norm assessment or mapping based on the framework developed by UNFPA.</p>	<p>Rationale for use: Based on the ACT framework for measuring social norms, the first step of addressing social norms is to assess where individuals are on the continuum of change, and to specifically study exposure to individual and social change approaches.</p>
10.2: Number of countries that utilize the UNFPA manual on social norms and change	<p>Definition: This indicator is the total number of countries where the UNFPA/UNICEF Manual on Social Norms and Change (2016) has been utilized to develop stakeholder capacity on social norms.</p>	<p>Method of computation: This indicator is calculated as a simple count of the number of countries in which the Manual on Social Norms and Change has been utilised to develop stakeholder capacity on social norms.</p>	<p>Rationale for use: A social norms perspective sheds light on issues that seem complex and sometimes intractable, and offers insights that put attitudinal and collective behavioural change at the forefront of positive social change. Implementation of the manual can foster a shift in social conventions and norms that leads to collective social change and the improved well-being of girls and women.</p>
10.3: Number of communities that developed advocacy platforms, with support from UNFPA, to eliminate discriminatory gender and sociocultural norms that affect women and girls	<p>Definition: Number of communities working to change social and gender norms that developed platforms with the support of UNFPA. 'Community' refers to a geographic location (e.g., village, town, or city) or an ethnic group, often with common cultural heritage, language and beliefs, or shared interests.</p>	<p>Method of computation: UNFPA-supported advocacy platforms to address social norms should use clear, evidence-based message/s to address social norms and engage multiple stakeholders.</p>	<p>Rationale for use: Community-level networks are catalysts for social and gender norm transformation. Support from UNFPA strengthens the capacity of social networks to advocate for desired social and gender norm and behaviour change within communities and with authorities. Such efforts are bolstered by an enabling environment, with the policies for social change/advancement.</p>
Output 11: Increased multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination			
11.1: Number of countries that have a national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence (GBV)	<p>Definition: Number of countries that have a national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence (GBV).</p>	<p>Method of computation: This indicator is calculated as a simple count of the number of countries that have a national mechanism in place, with clear Terms of Reference with priorities, adequate funding and staff capacities, and regular coordination meetings, to engage multiple stakeholder groups to prevent and</p>	<p>Rationale for use: Presence of a coordinated national mechanism is vital to prevent and address gender-based violence.</p>

gender-based violence		address gender-based violence.	
11.2: Number of countries that have national systems to collect and disseminate disaggregated data on the incidence and prevalence of gender-based violence	<p>Definition: Number of countries that have national systems to collect and disseminate disaggregated data on the incidence and prevalence of gender-based violence, either with a national survey on GBV or through a multi-sectoral data collection system.</p>	<p>Method of computation: This indicator is calculated as a simple count of the number of countries that have a national system in place to collect, analyse and disseminate data on GBV.</p>	<p>Rationale for use: Presence of a (national) system to collect and disseminate disaggregated data on GBV is key to measuring incidence and prevalence; in humanitarian contexts, aggregated GBV incidence data from multiple stakeholders informs programming and can be used for advocacy, fundraising, and donor reporting.</p> <p>Prevalence data are required to measure the magnitude of the problem; understand the various forms of violence and their consequences; identify groups at high risk; explore the barriers to seeking help; and ensure that the appropriate responses are being provided. These data also allow countries to monitor change over time and assess the effectiveness of their interventions.</p>
11.3: Number of women and girls subjected to violence who have accessed the essential services package	<p>Definition: Number of women and girls subjected to violence that have accessed the United Nations essential services package for women and girls subject to violence.</p>	<p>Method of computation: This indicator is calculated as a simple count of number of women and girls who have accessed health services, justice & policing, and/or social services for women and girls subject to violence.</p>	<p>Rationale for use: Accessing the essential services package can help address needs of GBV victims and survivors. Data on the use of services informs programming, policy and advocacy. Accessing these services reflects a level of confidence in and usefulness of the services to women and girls in need.</p>
11.4: Number of countries that have applied the minimum standards for the prevention of and response to gender-based violence in emergencies	<p>Definition: Number of countries that have applied the Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies in their work to prevent and respond to gender-based violence in emergencies.</p>	<p>Method of computation: This indicator is calculated as a simple count of the number of countries where UNFPA country offices report that 83% (15 out of 18) of the minimum standards are applied.</p>	<p>Rationale for use: Integration of GBV Minimum Standards will result in enhanced safety, health and wellbeing of women and girls in emergencies.</p>

11.5: Proportion 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	Definition: This indicator is the proportion 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. Humanitarian crisis is defined in terms of OCHA categorization . Response may include both in-country and cross-border humanitarian response.	Method of computation: This indicator is calculated by dividing: Numerator: the number of countries affected by a humanitarian crisis with functioning GBV coordination body at the national level, by Denominator: the total number of countries affected by a humanitarian crisis where the cluster system has been activated under the IASC system.	Rationale for use: Since 2006, UNFPA has been designated as a lead agency for coordination of gender-based violence in contexts where the humanitarian cluster system has been activated. Since 2017, UNFPA has had sole responsibility for assuming this coordination role. Among other things, this means that UNFPA is the Provider of Last Resort and is responsible for ensuring programme coverage to meet the needs for GBV prevention and response in areas impacted by humanitarian crises.
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Output 12: Strengthened response to eliminate harmful practices, including child, early and forced marriage, female genital mutilation and son preference

12.1: Number of countries that have developed a costed national action plan to address harmful practices	Definition: Total number of countries that have a costed national strategy or action plan to eliminate female genital mutilation and/or child, early and forced marriage, and/or son preference and/or any other harmful practice.	Method of computation: This indicator is calculated as a simple count of the number of countries that have a costed national strategy or action plan, informed by a situation analysis, to eliminate female genital mutilation, and/or child marriage, and/or son preference, and/or any other harmful practice, that reflects a proactive coordinated response identifying key stakeholders, interventions and a timeframe, and that contains measurable benchmarks and indicators of progress.	Rationale for use: Legislation to eliminate harmful practices is most likely to be implemented effectively when accompanied by a comprehensive policy framework that includes a national action plan or strategy.
12.2: Number of girls who receive, with support from UNFPA, prevention and/or protection services and care related to child, early and forced marriage	Definition: Number of girls at risk of or affected by child, early and forced marriage who receive, with support from UNFPA, prevention and/or protection services and care related to child, early and forced marriage.	Method of computation: This indicator is calculated as a simple count of number of girls who received any of the following prevention, protection and care services with the support of UNFPA: life skills programmes; CSE or health information; support to enrollment and retention in formal and non-formal education; financial literacy and savings; referrals to essential services, including health care, justice and social services.	Rationale for use: Prevention, protection and care services can help reduce the incidence of child, early and forced marriage and minimize its impacts, eventually contributing to an end to the practice.

12.3: Number of girls and women who receive, with support from UNFPA, prevention and/or protection services and care related to female genital mutilation	Definition: Number of girls and women who receive, with support from UNFPA, prevention and/or protection services and care related to female genital mutilation.	Method of computation: This indicator is calculated as a simple count of the number of girls and women who received at least one of the prevention/protection/care services related to female genital mutilation with the support of UNFPA.	Rationale for use: Prevention, protection and care services can help reduce the incidence of child, early and forced marriage and minimize its impacts, eventually contributing to an end to the practice.
12.4: Number of communities and people that made public declarations to eliminate harmful practices, including child, early and forced marriage and female genital mutilation, with support from UNFPA	Definition: Number of communities and people who made public declarations or other manifestations of commitment to eliminate harmful practices, including child, early and forced marriage and female genital mutilation, with support from UNFPA. Public declarations may take multiple forms: 1. Statements made or read by members of communities participating in the declaration at a public ceremony or event, or by leaders of communities, ethnic or cultural groups, or local elected officials on behalf of the administrative unit; 2. Signing of statements/declarations/commitments by individuals or families.	Method of computation: This indicator is calculated as a simple count of the number of communities that made public declarations or other manifestations of commitment to eliminate child, early and forced marriage or female genital mutilation, with support from UNFPA.	Rationale for use: Public declarations are an important milestone in the collective process of abandoning harmful practices. The public nature of the commitments encourages follow-through, since those making the declarations are in some way accountable to the rest of the population for upholding the decision. Making a public declaration of support for the abandonment of FGM is an important symbolic and moral signal to others in the group that it is no longer socially acceptable to engage in the practice in this community. Media and government attention give further visibility to the declaration, and help multiply the effect of the public declaration on a wider scale.

Outcome 4: Everyone, everywhere, is counted and accounted for, in the pursuit of sustainable development

Outcome 4, Indicator 1: Proportion of countries that: (a) have conducted at least one population and housing census during the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration (Sustainable Development Goal Indicator 17.19.2)	Definition: a) The indicator tracks the proportion of countries that have conducted at least one population and housing census in the last 10 years. This also includes countries that compile their detailed population and housing statistics from population registers, administrative records, sample surveys or other sources, or a combination of those sources. b) Proportion of countries that have achieved 100 per cent birth registration and 80 per cent death registration.	Method of computation: The two sub-indicators of the indicator are expressed as proportions: At the global level, the proportion of countries that have achieved 100 per cent birth registration is measured as the number of countries that have achieved 100 per cent birth registration to the total number of countries. The computation is done in an analogous manner for death registration as well as for the regional measurements of both birth and death registration	Source: SDG Indicators Global Database Rationale for use: Population and housing censuses are one of the primary sources of data needed for national and regional preparation and planning for medical and health-care programmes, as well as for formulating, implementing and monitoring policies and programmes aimed at inclusive socioeconomic development and environmental sustainability. Population and housing censuses are an important source of disaggregated data needed for the measurement of progress toward the 2030 Agenda
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		sub-indicators.	for Sustainable Development, especially in the context of situation assessments examining income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics.
Outcome 4, Indicator 2: Proportion of persons counted in the most recent census	<p>Definition: Proportion of global population expected to be counted through census, as per 2020 census round schedule (2015-2024), that is actually counted.</p>	<p>Method of computation: The indicator is calculated as a proportion.</p> <p>Numerator: the total population in countries that actually conducted a population census in the period 2015 to the reporting year (including both censuses that were conducted as per 2020 round schedule (timely) and censuses that were delayed, but completed within the period)</p> <p>Denominator: the total population in countries that are scheduled to conduct the 2020 round census between 2015 and the reporting year.</p>	<p>Source: For both numerator and denominator, the population totals are derived from the UNDESA / Population Division World Population Prospects population estimates of the reporting year.</p> <p>Rationale for use: This indicator directly measures the outcome, “everyone, everywhere is counted and accounted for, in the pursuit of sustainable development,” by estimating the global coverage of population counted through census, compared to the population expected to be counted as per 2020 census round schedule.</p>
Outcome 4, Indicator 3: Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics	Tier III Sustainable Development Goal indicator. Metadata is being developed.		
Outcome 4, Indicator 4: Proportion of countries that have a national urban policy or regional development plan that responds to population dynamics (Sustainable Development	<p>Definition: Proportion of countries with an approved national urban policy or regional, metropolitan or other type of integrated urban development plan/strategy that responds to population dynamics by:</p> <ul style="list-style-type: none"> ● Presenting and analyzing data on changing age structure, population distribution, household structure and/or migration; 	<p>Method of computation: The indicator is calculated by dividing:</p> <p>Numerator: the number of UNFPA programme countries that have an approved urban policy or regional, metropolitan or other type of integrated urban development plan/strategy that</p>	<p>Rationale for use: This indicator provides a good barometer on global progress on sustainable national urban policies. It serves as gap analysis to support policy recommendations. The indicator can identify good practices and policies among countries that can promote partnership and cooperation between all stakeholders. The indicator also can be used to assess commitment to address urban policy related</p>

Goal 11.a.1 related indicator)	<ul style="list-style-type: none"> ● Linking changing age structure, population distribution, household structure and/or migration to urban development outcomes; ● Addressing the implications of changing age structure, population distribution, household structure and/or migration in the formulation and setting of goals, targets and/or indicators. 	includes analysis of changing age structure, population distribution, household structure and/or migration, AND/OR reference to any of these in the formulation and setting of goals, objectives, strategies, and targets, by Denominator: the total number of UNFPA programme countries that have an approved national urban policy or regional, metropolitan or other type of integrated urban development plan/strategy.	challenges and respond to the opportunities brought about by changing urban demographics.
Outcome 4, Indicator 5: Proportion of children under 5 years of age whose births have been registered with a civil authority, by age (Sustainable Development Goal Indicator 16.9.1)	Definition: Proportion of children under five years of age whose births have been registered with a civil authority.	Method of computation: This indicator is calculated by dividing: Numerator: the number of children under the age of five whose births are reported as being registered with the relevant national civil authorities, by Denominator: the total number of children under the age of five in the population.	Source: SDG Indicators Global Database Rationale for use: Children without official identification documents may be denied healthcare or education. Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed.
Output 13: Improved national population data systems to map and address inequalities; to advance the achievement of the Sustainable Development Goals and the commitments of the Programme of Action of the International Conference on Population and Development; and to strengthen interventions in humanitarian crises			
13.1: Proportion of countries with census results disaggregated by age and sex for each enumeration area, publicly accessible online	Definition: Proportion of countries that have conducted at least one population and housing census since 2005, the results of which are disaggregated by age and sex for each enumeration area possible, and are publicly accessible online. This includes all countries that conduct a traditional population and housing census, register-based census, or a combination of the two, for which UNFPA provided support. “Publicly accessible online” means accessible to the public online via the official website of the national statistics authority.	Method of computation: This indicator is calculated by dividing: Numerator: the total number of countries that have conducted at least one census since 2005 with UNFPA support, for which the results of the latest census are disaggregated by age and sex for each enumeration area possible, and are publicly accessible online, by Denominator: the total number of countries that have conducted at least one census since 2005 with UNFPA support.	Rationale for use: Basic population data disaggregated by age and sex is critical for evidence-based planning and decision-making at all levels. Availability and utilisation of such data at the lowest administrative unit will guide interventions to address inequalities and ensure inclusive development.

13.2: Proportion of countries that release a representative sample of census data within 12 months of launching the main census report	<p>Definition:</p> <p>Proportion of countries that have conducted at least one population and housing census and that released a publicly accessible, representative sample of census data within 12 months of launching the main census report/findings. This includes all countries that conduct a traditional population and housing census, register-based census, or a combination of the two.</p> <p>Main census reports or findings refer to the basic report that includes principal results of a population census and of a housing census. Preliminary report and findings are not considered to be main census reports.</p>	<p>Method of computation:</p> <p>The indicator is calculated as a proportion by dividing:</p> <p>Numerator: the number of UNFPA programme countries that launched the main report/findings of their latest population and housing census at least 12 months prior to the reporting period and released a publicly accessible, nationally representative sample of census data within 12 months of launching the main census report/findings, by</p> <p>Denominator: the total number of UNFPA programme countries that launched the main report/findings of the latest population and housing census.</p>	<p>Rationale for use:</p> <p>Data is a public good and central to governance and accountability. A nationally representative sample of census data allows continuous and more in-depth analysis of the census data, thereby promoting further utilization of the census data by researchers, academic institutions, private sector, civil society and other stakeholders.</p>
13.3a: Proportion of censuses that include questions on disability 13.3b: Proportion of censuses that include questions on migration	<p>Definition:</p> <p>Proportion of countries that conducted the 2020 round population and housing census in the reporting year that included, in the census questionnaire, a) all of the six Washington Group questions on disability, as well as b) all of the three questions on migration based on the United Nations Principles and Recommendations for Population and Housing Censuses:</p> <ol style="list-style-type: none"> 1. Country of birth, 2. Country of citizenship, and 3. Year or period of arrival. <p>This also includes countries that compile their detailed population and housing statistics from population registers, administrative records, sample surveys or other sources, or a combination of those sources.</p>	<p>Method of computation:</p> <p>The indicator is calculated as a proportion by dividing:</p> <p>Numerator: the number of UNFPA programme countries that conducted the 2020 round population and housing census in the reporting year and included all of the six Washington Group questions on disability and all of the three recommended questions on migration in the census questionnaire, by</p> <p>Denominator: the total number of UNFPA programme countries that conducted the 2020 round population and housing census in the reporting year.</p>	<p>Rationale for use:</p> <p>The aspiration of the 2030 Agenda for sustainable development is to “leave no-one behind”. Target 17.18 calls for disaggregation of all relevant indicators by disability and migration status, among other criteria. Noting that at least 98 SDG indicators require some form of population data for their calculation and also that census will continue to be the main source of population data for many developing countries, including disability and migration questions in censuses will facilitate disaggregation of indicators by disability and migration status. Disability questions will enable identification of persons with functional limitations in basic activity which are most closely associated with social exclusion, and therefore at risk of “being left behind”. Migration questions will also enable identification of populations at risk of social exclusion due to citizenship and nationality.</p>
13.4: Proportion of countries that experienced humanitarian crises during the reporting year	<p>Definition:</p> <p>Proportion of countries that experienced humanitarian crises during the reporting year</p>	<p>Method of computation:</p> <p>The indicator is calculated as a proportion by dividing:</p>	<p>Rationale for use:</p> <p>Rapid assessments, including the needs of pregnant women, are critical to determining the role of</p>

humanitarian crises and that conducted rapid assessments of the affected populations, including pregnant women	and in which UNFPA supported rapid assessments of the affected populations, including pregnant women.	Numerator: the total number of countries in which UNFPA supported rapid assessments of the affected populations, including pregnant women, by Denominator: the total number of countries that experienced crises at any point in the reporting year. This includes ongoing and new crises.	UNFPA in any humanitarian intervention. The rapid assessments serve as the basis for a response strategy, which informs funding decisions.
13.5: Proportion of high-risk countries that produced a common operational data set on population statistics	<p>Definition: Proportion of high-risk humanitarian countries for which UNFPA supported the production of the Common Operational Dataset on Population Statistics (COD-PS) to the inter-agency standard.</p> <p>UNFPA support involves technical assistance in population data acquisition, population data synthesis, estimation and analysis, as well as data usage by humanitarian actors.</p>	<p>Method of computation: The indicator is calculated as a proportion by dividing:</p> <p>Numerator: the total number of UNFPA programme countries classified by UN-OCHA as priority A+ and priority A in the reporting year, for which UNFPA supported the production of the COD-PS, by Denominator: the total number of UNFPA programme countries classified by UN-OCHA as priority A+ and priority A in the reporting year.</p>	<p>Rationale for use: The Common Operational Datasets (CODs) are critical datasets used to support the work of humanitarian actors across multiple sectors. They are considered a <i>de facto</i> standard for the humanitarian community and represent the best available datasets for each theme. UNFPA's involvement in the production of the COD-PS is critical as the lead agency in various aspects of sexual and reproductive health in emergencies. Production of such data is also a cornerstone of UNFPA's mandate inasmuch as everyone is counted, and those hardest to reach and most in need are prioritized.</p>
13.6: Number of countries that generate and publish annual vital statistics based on civil registration, with support from UNFPA	<p>Definition: This indicator represents the proportion of countries with a civil registration and vital statistics (CRVS) system that released a publicly available vital statistics report for the previous calendar year. This also includes countries that compile their vital statistics based on a combination of data from the CRVS system, population and housing census, household surveys and other administrative data systems.</p> <p>UNFPA support includes any of the following: technical assistance in demographic data quality assessment and completeness estimation, compilation of vital statistics, analysis, compilation of reports, dissemination</p>	<p>Method of computation: The indicator is calculated as a proportion by dividing:</p> <p>Numerator: the number of UNFPA programme countries that released a vital statistics report within 12 months of the end of the reference calendar year, by Denominator: the total number of UNFPA programme countries in which a civil registration and vital statistics system exists.</p> <p>National or subnational vital statistics reports should include at least birth and death data by age, sex and geographic</p>	<p>Rationale for use: Civil registration is widely recognized as the preferred source of vital statistics. Further, CRVS systems are a key component of integrated population data systems - a key area of responsibility and focus for UNFPA. Timely, accurate and readily-available vital statistics reports are a sign of a good quality population data system.</p>

	of reports and statistics.	location at the subnational level, consistent with the United Nations Principles and Recommendations on Vital Statistics, Revision 3 .	
13.7: Number of the 17 UNFPA-prioritized Sustainable Development Goal indicators that are produced domestically	<p>Definition: Number of UNFPA-prioritized Sustainable Development Goal Indicators that are produced domestically. There are a total of 17 UNFPA-prioritized SDG Indicators. (For the complete list of indicators, see UNFPA strategic plan, 2018-2021, Annex 1)</p>	<p>Method of computation: This indicator is a simple count of the number of UNFPA-prioritized SDG indicators that are produced domestically (by a national authority) in line with the standards defined for SDG metadata.</p>	<p>Rationale for use: Measuring SDG indicators is critical to the mapping and addressing of inequalities, and to ensuring that no one is left behind. Increased domestic production of SDG indicators reflects strengthened national data systems and enhanced national ownership of the SDG process.</p>
Output 14: Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy			
14.1: Proportion of countries that generate publicly available population projections at national and subnational levels, disaggregated by age, sex, location	<p>Definition: Proportion of countries that have publicly available (via online, external storage devices such as CD-ROM and USB flash drive, or hard copy) population estimates/projections for at least up to the year 2050, based on the last round of census at national and subnational levels (i.e., at least one level below the national level), disaggregated by age, sex and location. Location refers to rural, urban or related classification.</p>	<p>Method of computation: The indicator is calculated as a simple proportion by dividing: Numerator: the number of UNFPA programme countries that have generated publicly available population estimates/projections for at least up to the year 2050, based on the last round of census at national and subnational levels, disaggregated by age, sex and location, by Denominator: the total number of UNFPA programme countries.</p>	<p>Rationale for use: Population projections, especially at subnational level, provide information on expected population changes which is central for policy development, programme planning and implementation.</p>
14.2: Proportion of countries with national development plans that explicitly integrate demographic dynamics, including changing age structure, population distribution and urbanization	<p>Definition: Proportion of countries with national development plans, including 5-year and 10-year plans/strategies, as well as Poverty Reduction Strategy Papers, approved in the reporting year that explicitly integrate demographic dynamics by:</p> <ul style="list-style-type: none"> • Presenting and analysing data on changing age structure, population distribution, and urbanization; • Addressing the implications of the demographic dynamics in terms of 	<p>Method of computation: The indicator is calculated as a simple proportion by dividing: Numerator: the number of UNFPA programme countries that approve national development plans in the reporting year that explicitly reference demographic dynamics, including changing age structure, population distribution and urbanization, in the formulation and setting of development</p>	<p>Rationale for use: National development plans highlight development priorities over the planning period, guiding allocation of public resources. Changes in population dynamics are an intrinsic component of the development equation, as the population is the ultimate beneficiary of development efforts. Integration of changing age structure (demographic dividend and ageing), population distribution, urbanization, migration, and low fertility in national development plans increases chances of achieving demographic dividends, and of meeting</p>

	<p>formulation and setting of development goals, targets and indicators in new national development plans.</p>	<p>goals, objectives, strategies, and targets in new national development plans/strategies, by</p> <p>Denominator: the total number of UNFPA programme countries that approved national development plans in the reporting year.</p>	<p>the needs of the population.</p>
14.3: Proportion of countries that generate and use small area estimations of sexual and reproductive health and reproductive rights indicators for programme planning	<p>Definition: Proportion of countries that generate and use small area estimations of sexual and reproductive health and reproductive rights indicators for programme planning.</p> <p>Small area estimation is any of several statistical techniques for estimating one or several variables at geographic levels where, due to sample size limitations, direct estimation from a particular survey on its own would not provide valid results. Small area refers to any geographic unit below the lowest level of disaggregation in the report of the national household survey.</p>	<p>Method of computation: The indicator is calculated as a proportion by dividing:</p> <p>Numerator: the number of UNFPA programme countries that generated and used small area estimations. Use of the estimates will be determined by assessing referencing of the small area estimates in the programme planning documents, either national or subnational, by</p> <p>Denominator: the total number of UNFPA programme countries.</p>	<p>Rationale for use: In many developing countries, data on key sexual and reproductive health indicators are derived from household surveys, in particular DHS and MICS. However, due to sampling limitations, the indicators can only be disaggregated to regional or provincial levels, yet the data are required at the lower geographic units to inform programme planning and implementation efforts. Use of small area estimation techniques to generate key indicators will fill this data gap at lower levels.</p>
14.4: Proportion of countries that generate and use mapping (at the district level or below) to illustrate the vulnerability of their population to disasters and humanitarian crises	<p>Definition: Proportion of countries that generate and use mapping (at the district level or below) to illustrate the vulnerability of their population to disasters and humanitarian crises.</p> <p>Vulnerability maps may be created with the assistance of computer technology called geographic information systems (GIS) and digital land survey equipment, or manually using background maps such as satellite imagery, property boundaries, road maps, or topographic maps.</p>	<p>Method of computation: The indicator is calculated as a proportion by dividing:</p> <p>Numerator: the number of countries that generate and use mapping at least at district level to illustrate the vulnerability of their population to disasters and humanitarian crises, by</p> <p>Denominator: the top 25 countries on the INFORM index for the year of measurement.</p>	<p>Rationale for use: Vulnerability mapping can improve a municipality's ability to promote disaster reduction, thereby protecting inhabitants and their livelihoods, the natural environment, the municipal infrastructure and property.</p>

14.5: Proportion of outcome documents of global and regional intergovernmental processes supported by UNFPA that address sexual and reproductive health, reproductive rights, gender equality, the needs of adolescents and youth, and population dynamics	Definition: Proportion of outcome documents of global and regional intergovernmental processes supported by UNFPA during the reporting year that address sexual and reproductive health, reproductive rights, gender equality, the needs of adolescents and youth, and population dynamics.	Method of computation: The indicator is calculated as two proportions, one at global and a second at regional level, by dividing: Numerator: the number of outcome documents of global and regional intergovernmental processes that are supported by UNFPA during the reporting year that address sexual and reproductive health, reproductive rights, gender equality, the needs of adolescents and youth, and population dynamics, by Denominator: the total number of outcome documents of global and regional intergovernmental processes supported by UNFPA during the reporting year.	Rationale for use: Ensuring the presence of these issues in intergovernmental outcomes documents would enhance member states' commitment to implement the strategic plan to advance the ICPD agenda.
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Organizational effectiveness and efficiency (OEE)

OEE Indicator 1: Proportion of country programmes rated as “good” performers	Definition: This indicator is the proportion of country programmes rated as “good” out of all country programmes. Rating is based on a combination of five different measures reflecting the performance of a country programme covering areas of programmatic performance, programmatic monitoring, resource utilization, resource mobilization and quality of financial data.	Method of computation: This indicator is calculated as a simple average of the following five indicators: <ol style="list-style-type: none"> 1. Average performance of output indicators in myResults; 2. Average performance of the monitoring index of all quarterly milestones of the examined year; 3. Score of Atlas financial data maintenance quality, as calculated by Cognos. 4. The budget utilization rate of core resources. The proportion of revenue for the reporting year versus the resource mobilization target for the reporting year. 	Rationale for use: This indicator is designed to track performance of all country programmes in a centralized and standardized way within the areas of programme performance, monitoring, resource mobilization, budget utilization, and financial data quality. The availability of up-to-date and consolidated country programme performance data reflects the importance of accountability to the organization. It helps to spot bottlenecks to address underperformance in a timely way. Rationale for target: Four of the indicators comprising this indicator score above 85 per cent and are not expected to increase. However, resource mobilization is at 58 per cent as of 2015; if it increases to levels similar to the other four indicators, it is expected that there will be an increasing trend in the proportion of country programmes rated as “good” performers, reaching 90 per cent in 2021.
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OEE Indicator 2: Proportion of UNFPA offices that have at least one high or critical risks assessed for which mitigation plans exist	<p>Definition:</p> <p>This indicator shows the proportion of UNFPA offices that have prepared an action plan to mitigate the high and critical risks assessed during the risk assessment stage, out of the total number of UNFPA offices that are required to prepare such a plan.</p>	<p>Method of computation:</p> <p>The indicator is expressed as a percentage, calculated by dividing:</p> <p>Numerator: the number of UNFPA offices that have prepared an action plan to mitigate the high and critical risks assessed during the risk assessment stage, by</p> <p>Denominator: the number of UNFPA offices that have at least one high or critical risk assessed during the risk assessment stage.</p>	<p>Rationale for use:</p> <p>This indicator is designed to track the preparation of plans for all “critical” and “high” risks in each eligible office and reflect efforts to mitigate them by selecting pre-populated actions from the UNFPA Global Mitigation Library or adding a local action item in the UNFPA Global Mitigation Library.</p> <p>Rationale for target:</p> <p>This is a new requirement starting 2016-2017 for which there is no historical data. The baseline of 60 per cent and targets of 70, 80, 90, and 90 per cent for 2018-2021, respectively, were set based on expected responses from offices. Values close to 100 per cent for this indicator show that UNFPA, as part of its enterprise risk management, is addressing critical and high risks effectively by preparing appropriate mitigation plans.</p>
OEE Indicator 3: Proportion of internal and external audit recommendations followed-up and implemented as per the estimated deadline	<p>Definition:</p> <p>This indicator measures the proportion of internal and external audit recommendations that have been followed-up and implemented by respective units as per the deadline established.</p>	<p>Method of computation:</p> <p>The indicator is expressed as a percentage, calculated by dividing:</p> <p>Numerator: the number of recommendations that were implemented and were due for implementation in the quarterly period of reporting, by</p> <p>Denominator: the total number of recommendations that were due for implementation in the quarterly period of reporting.</p>	<p>Rationale for use:</p> <p>This indicator tracks implementation of internal and external audit recommendations by the respective recommendations’ owners, as per established deadlines. The successful and timely implementation of these recommendations reflects the importance of the audit to the organization, thereby reducing/mitigating potential risks.</p> <p>Rationale for targets:</p> <p>Targets were set based on the baseline, past trends and Audit Monitoring Committee efforts.</p>
OEE Indicator 4: Rating in the Aid Transparency Tracker	<p>Definition:</p> <p>The rating in the Aid Transparency Tracker categorizes donor organizations based on their plans for publishing timely, comprehensive and forward-looking information on resources for development cooperation. Organizations are categorized into the following groups: “Ambitious”, “Moderately ambitious” and “Unambitious”.</p>	<p>Method of computation:</p> <p>Organizations are assessed on three key criteria:</p> <ol style="list-style-type: none"> 1. Intention to publish; 2. Publication approach; 3. Fields coverage, where a point is awarded for planning to publish by a specific date for each agency and activity-level field in the standard. 	<p>Source: Publish What You Fund: http://tracker.publishwhatyoufund.org/</p> <p>Rationale for use:</p> <p>This indicator reflects the importance of accountability and transparency to UNFPA and demonstrates the organization’s ongoing commitment to maintaining the highest</p>

			<p>transparency standards.</p> <p>Rationale for targets: UNFPA has achieved the highest rating in the Aid Transparency Tracker. Targets have been set for the Fund to keep this level and remain in the forefront of the agency transparency ratings.</p>
Organizational effectiveness and efficiency, Output 1: Improved programming for results			
OEE 1.1: Proportion of country programme documents that meet quality criteria	<p>Definition:</p> <ul style="list-style-type: none"> a) Percentage of draft country programme documents that meet results-based management/evidence-based programming criteria after the Programme Review Committee (PRC) review. This refers to draft country programme documents, submitted to the Executive Board Session, with the largest country programme documents cohort in a given year that satisfactorily (80 per cent) meet the results-based management/ evidence-based programming criteria; b) Percentage of country programme documents submitted for quality assurance before the PRC review that meet quality criteria. This refers to the total number of draft country programme documents that are submitted to PRC throughout the year. The assessment criteria refer to all four dimensions of PRC review: <ul style="list-style-type: none"> 1. Strategic direction 2. Results-based management/ evidence-based programming 3. Technical robustness 4. Management and operations 	<p>Method of computation:</p> <ul style="list-style-type: none"> a) Percentage of draft country programme documents that meet results-based management/ evidence-based programming criteria, calculated by dividing: Numerator: the number of draft country programme documents submitted to the Executive Board session with the largest cohort of country programme documents, that are rated at least 85 per cent satisfactory on the results-based management/evidence-based programming review dimension, by Denominator: the total number of draft country programme documents submitted to the June session of the Executive Board. b) Percentage of country programme documents submitted to PRC for initial review that meet quality criteria, calculated by dividing: Numerator: the number of draft country programme documents submitted for review to the PRC throughout the year, that received at least 75 per cent satisfactory rating overall in the four assessment areas, by Denominator: the total number of country programme documents submitted for review to the PRC 	<p>Rationale for use: Quality assurance of UNFPA programme documents is a key element towards improved programming for results. This indicator reflects the Fund's efforts towards ensuring that its programmes are formulated using results-based management criteria and are based on evidence.</p> <p>Rationale for target: a) The target is to maintain 95 per cent through the strategic plan, 2018-2021, in line with achieved levels during the strategic plan, 2014-2017. b) Given the revision of the Programme Review Committee assessment framework with a new set of criteria and requirements that are not comparable with the 2014-2017 criteria, the baseline is set at 75 per cent. The baseline is calculated by taking an estimated average of country programme documents over the period 2015-2017 with a satisfactory rating of at least 75 per cent in each of the four dimensions of the PRC review, and their likelihood to achieve close to the same satisfactory score using the new criteria. Depending on the number of country programme documents, which may fluctuate from year to year, the overall goal is to get the country programme documents to achieve beyond the minimum quality standards. Thus, the target is set to increase annually: 79 per cent in 2018, 83 per cent in 2019, 87 per cent in 2020 and 90 per cent in 2021. </p>

		throughout the year.	
OEE 1.2: Number of country offices that track and report on expenditures using gender markers validated by a quality assurance process	<p>Definition: Total number of country offices that track and report on expenditures using gender markers validated by a quality assurance process.</p>	<p>Method of computation: The gender marker uses a simple coding system to help UNFPA track the expected contribution of an activity to advancing gender equality and/or women's empowerment, including through gender mainstreaming work across programme areas. Each activity is rated against a four-category scale (0, 1, 2a and 2b), based on the extent to which gender is considered and addressed throughout the design, implementation and monitoring and evaluation process.</p> <p>Through the GPS, all offices are requested to rate each activity using the following rating system:</p> <ul style="list-style-type: none"> GM00 – No contribution. GM01 – Some contribution. GM2A - Significant contribution. GM2B - Primary objective. 	<p>Rationale for use: This indicator is designed to help UNFPA track the extent to which work plan activities that use programme budget contribute to the advancement of gender equality and/or women's empowerment.</p> <p>Rationale for targets: The validation methodology and quality assurance process are expected to be in place only after 2018. The target of 95 per cent of country office compliance by 2021 has been set based on expected increasing annual targets from 83 per cent in 2019 and 89 percent in 2020, which were set taking into account previous use by UNFPA offices of gender markers for budget allocation and expenditures, which is mandatory for all UNFPA programming.</p>

OEE 1.3: Number of United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women performance indicators for which UNFPA meets or exceeds requirements	<p>Definition:</p> <p>UNFPA annual performance on which it meets or exceeds requirements of the 15 indicators of the United Nations Sector Wide Action Plan (UNSWAP) on Gender Equality and the Empowerment of Women, approved by the Chief Executive Board for Coordination (CEB).</p>	<p>Method of computation:</p> <p>The UNSWAP assigns common performance standards for the gender-related work of all United Nations entities, including UNFPA, ensuring greater coherence and accountability.</p> <p>Common performance standards in this indicator are defined by a framework that contains 15 performance indicators and timetables, allocation of responsibilities and accountability mechanisms, and resources based on intergovernmental mandates. The performance indicators in the UNSWAP are at the process level, rather than at the level of results.</p> <p>Following the CEB policy, the UNSWAP includes both human resources and substantive elements. The performance matrix consists of a 5-level rating system:</p> <ul style="list-style-type: none"> Missing Approaches requirements Meets requirements Exceeds requirements Not applicable 	<p>Source:</p> <p>UNFPA will report on the UNSWAP based on self-assessment, which will take place once per year. The data from self-assessment is analyzed in two ways. The first is an internal self-assessment made by the UNFPA in relation to its performance, and the second is the sector-wide analysis, which will be carried out by the UN Women, as a depository for the individual entity reports.</p> <p>Rationale for use:</p> <p>This indicator reflects the commitment of UNFPA to promoting women's empowerment and gender equality and is in accordance with paragraph 13 of QPCR.</p> <p>Rationale for target: The baseline value of 12 indicators that meet requirements, and 2 indicators that exceed requirements, was set up on the basis of analysis of UNFPA SWAP reports submitted in 2015 and 2016. The targets for this indicator have not been set up yet, as they are still under discussion at the inter-agency level. They will be identified based on the review of the performance indicator technical notes that will follow these discussions.</p>
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OEE 1.4: Extent to which UNFPA develops and implements a corporate disability strategy	<p>Definition:</p> <p>This indicator measures the progress in both the development of a corporate disability strategy and its implementation. Its implementation is measured by the extent to which the annual performance of UNFPA meets the performance criteria set out in the disability strategy.</p>	<p>Method of computation:</p> <p>This is a qualitative indicator for which the information presented reflects the stages achieved in the processes of a) development of the strategy and b) implementation of the strategy. Criteria under each process include:</p> <ol style="list-style-type: none"> 1. Strategy development: <ol style="list-style-type: none"> a. Strategy drafted b. Strategy finalised c. Strategy adopted 2. Strategy implementation: <ol style="list-style-type: none"> a. At least five per cent of countries that fulfill Strategy's performance indicators b. All of the regional offices that fulfill Strategy's performance indicators 	<p>Rationale for use:</p> <p>UNFPA is prioritising a disability-sensitive approach to its work. To support this process, UNFPA is developing a corporate strategy on disability. The indicator will track progress in implementing this strategy to ensure it is promoting the rights of persons with disabilities in its work.</p> <p>Rationale for target:</p> <p>The new Corporate Disability Strategy is planned to be drafted in 2018 and piloted in 2019. As this strategy will be designed to improve the UNFPA offices' capacity to deliver disability-sensitive programming, targets of 50 per cent of indicators achieved by 2020 and targets of 75 per cent of indicators by 2021 are estimated to be realistic for this indicator.</p>
OEE 1.5: Proportion of new country programme documents that address the needs of people with disabilities	<p>Definition:</p> <p>Proportion of new country programme documents that show clear evidence of programme considerations for or that address the needs of people with disabilities.</p>	<p>Method of computation:</p> <p>This indicator is expressed as a percentage, calculated by dividing:</p> <p>Numerator: the number of new country programme documents submitted to the Programme Review Committee for review in the reporting year that demonstrate clear evidence of addressing the needs of people with disabilities, by</p> <p>Denominator: the total number of new country programme documents submitted to the Programme Review Committee for review in the reporting year.</p>	<p>Rationale for use:</p> <p>UNFPA programmes are positioned to advocate for marginalized people and those who are discriminated against in different contexts, including those with disabilities. Given the renewed focus on programming for people with disabilities, which historically had not been collected in a systematic manner, the Programme Review Committee has introduced a specific indicator to capture these and to encourage programmes to demonstrate this explicitly.</p> <p>Rationale for target:</p> <p>While UNFPA aims for all new programmes to meet the criteria, the target is set to achieve at least 75 per cent new country programme documents addressing the needs of people with disabilities by 2021. The baseline is set at 50 per cent and remaining annual targets are 60 per cent in 2018, 65 per cent in 2019, and 70 per cent in 2020.</p>
OEE 1.6: Proportion of expenditures with a significant gender	<p>Definition:</p> <p>This indicator measures the proportion of UNFPA programming expenses on</p>	<p>Method of computation:</p> <p>This indicator is expressed as a percentage, calculated by dividing:</p>	<p>Rationale for use:</p> <p>Gender equality is a core priority of UNFPA. As such, UNFPA Country Offices are required to</p>

component and with gender as a principal objective	interventions for women and girls.	<p>Numerator: expenditures for activities rated as having: a) significant contribution to gender equality and/or women's empowerment -gender mainstreaming- is expected as a result of the activity (the primary aim of the activity is not gender equality, but gender equality is integrated as a major goal) or b) primary objective of the activity is contribution to gender equality and/or women's empowerment (gender stand-alone), by</p> <p>Denominator: total expenditures.</p>	demonstrate that a significant proportion of expenditures have as primary objective or make a significant contribution toward gender equality.
OEE 1.7: Proportion of corporate and programme-level evaluations completed as planned	<p>Definition: Proportion of corporate and programme-level evaluations due the year of reporting, as per the quadrennial budgeted evaluation plan (including any changes to said plan reflected in the annual report on evaluation), that have been completed.</p>	<p>Method of computation:</p> <p>a) Proportion of corporate-level evaluations completed as planned</p> <p>Numerator: the number of corporate evaluations due in the year of reporting that have been completed</p> <p>Denominator: the number of corporate evaluations due to be finalized in the reporting year.</p> <p>b) Proportion of programme-level evaluations completed as planned</p> <p>Numerator: the number of programme-level evaluations due in the year of reporting that have been completed</p> <p>Denominator: the number of programme-level evaluations due to be finalized in the reporting year.</p>	<p>Rationale for use:</p> <p>This indicator is intended to track the level of completion of planned corporate and programme-level evaluations. It is meant to inform stakeholders, in particular the Executive Board, of organizational accountability.</p> <p>Rationale for target:</p> <p>Taking into account different contexts (including humanitarian and emergency contexts), challenges faced in recent years (including funding and human resources constraints), and the baseline (49 per cent), the targets (of 60, 70, 80, and 85 per cent) for programme-level evaluations for 2018-2021 are set at a level that is ambitious while being realistic. The targets of 100 per cent for corporate-level evaluations across the four years reflect the continued commitment to maintaining high achievement standards demonstrated by the standing baseline of 100 per cent for corporate evaluations.</p>
OEE 1.8: Proportion of evaluation reports assessed at least “good”, as per the UNFPA evaluation quality	<p>Definition: Proportion of evaluation reports assessed as “good” or “very good” as per the UNFPA evaluation quality assessment tool during the year of reporting.</p>	<p>Method of computation:</p> <p>This indicator is calculated as percentages presented separately for corporate-level and programme-level evaluation reports:</p>	<p>Rationale for use:</p> <p>This indicator tracks progress on the quality of evaluation reports at UNFPA.</p> <p>Rationale for target:</p>

assessment tool		<p>Numerator: the number of corporate-level (or of programme-level) evaluation reports assessed as “good” or “very good” during the year of reporting</p> <p>Denominator: the total number of corporate (or of programme-level) evaluation reports assessed during the year of reporting.</p>	The quality of decentralized programme-level evaluation reports has improved over time (increasing from 9 per cent assessed as at least “good” in 2010 to 92 per cent in 2015). This trend is expected to continue and consequently the target was set at 95 per cent.
OEE 1.9: Proportion of accepted evaluation recommendations for which the actions due in the year have been completed	<p>Definition: Proportion of accepted evaluation recommendation action points due that have been implemented in the reporting year.</p> <p>Evaluations refers to corporate and programme level evaluations. Evaluation recommendation action points refers to action points proposed by management in response to accepted evaluation recommendations.</p>	<p>Method of computation: This indicator is expressed as a percentage and is calculated by dividing:</p> <p>Numerator: the number of evaluation recommendation action points due for implementation in the reporting year that have been implemented, by</p> <p>Denominator: the total number of evaluation recommendation action points proposed by management that are due for implementation in the reporting year.</p>	<p>Rationale for use: This indicator is intended to track the use of evaluations to improve UNFPA programming, operations and management.</p> <p>Rationale for target: The 2016 baseline is 79 per cent. The targets of 83, 85, 86 and 88 per cent for 2018-2021 have been calculated using trend analysis with annual data for 2010-2016 available through the UNFPA Management Response Tracking System (until 2016) and Team Central (since 2016).</p>
OEE 1.10: Proportion of new country programme documents that factored in evaluative evidence	<p>Definition: Proportion of new country programme documents that received a satisfactory score in the Programme Review Committee criterion on the use of evaluation or evaluative evidence for the formulation of new country programmes in the reporting year.</p>	<p>Method of computation: This indicator is expressed as a percentage, calculated by dividing:</p> <p>Numerator: the number of country programme documents that received an average score of 3 or more (Satisfactory) in the Programme Review Committee assessment criterion on the use of evaluation or evaluative evidence in the results-based management/evidence- based programming dimension of the review, by</p> <p>Denominator: the total number of country programme documents submitted for Programme Review</p>	<p>Rationale for use: This indicator is intended to track the use of evaluative evidence by UNFPA country offices for improved evidence-informed programming, operations and management at country level.</p> <p>Rationale for target: A review of the largest cohort of country programme documents in 2016 showed that 13 of 20 country programme documents received “Satisfactory” ratings on the use of evaluative evidence. Thus, the baseline is set at 65 per cent. Over the strategic plan, 2018-2021 period, it is critical that UNFPA works to ensure that new country programme documents make use of acceptable evaluative evidence. Thus, the target is set in an incremental manner: 70 per cent in 2018,</p>

		Committee review in the reporting year.	75 per cent in 2019, 80 per cent in 2020 and 85 per cent in 2021.
OEE 1.11: Proportion of field offices that implement the UNFPA minimum preparedness actions	<p>Definition: Proportion of UNFPA offices that have implemented minimum actions to ensure internal preparedness, and to support national, intergovernmental and inter-agency preparedness.</p> <p>The UNFPA Minimum Preparedness Actions (MPAs) are operative guidelines requiring all UNFPA country offices, regional offices and headquarters to undertake a risk-informed process to achieve a minimum level of emergency preparedness. Implementation of MPAs is required to meet globally-defined preparedness standards (Minimum Preparedness Requirements, or MPRs) and to achieve the globally-defined minimum level of emergency preparedness.</p>	<p>Method of computation: This indicator is expressed as a percentage and presented for country offices and regional and subregional offices separately. In each case it is calculated by dividing:</p> <p>a) Country offices Numerator: the number of UNFPA country offices that have implemented the UNFPA MPAs, by Denominator: the total number of country offices.</p> <p>b) Regional and sub-regional offices Numerator: the number of regional and sub-regional offices that have implemented the UNFPA MPAs, by Denominator: the total number of regional and sub-regional offices.</p>	<p>Rationale for use: This indicator enables tracking implementation of UNFPA Minimum Preparedness Actions, which help strengthen Fund-wide capacity in providing effective and timely response in an emergency.</p> <p>Rationale for target: Targets for this indicator have been estimated based on data provided by country offices as part of the 2017 baseline and target collection exercise for the strategic plan, 2018-2021 roll-out, as well as based on 2016 reports on Minimum Preparedness Actions. The targets reflect the proportion of UNFPA offices that have implemented <i>all</i> the MPAs required for the respective (country office, or regional/sub-regional office) levels.</p>
OEE 1.12: Number of UNFPA offices that use South-South and triangular cooperation to address countries' priorities	<p>Definition: This indicator measures the number of UNFPA offices (in headquarters, regional, subregional and country offices) that engage in South-South and triangular cooperation (SSTC) as a means of achieving the country/regional/global programmes' commitments to results. This includes scenarios when an office functions either as a provider or as a receiver of SSTC cooperation.</p> <p>For UNFPA, both South-South and triangular cooperation are means of development by an exchange of knowledge, experience, technology and information, and capacity development between and among developing countries through governments, civil society organizations, academic institutions, national institutions and networks, to accelerate the</p>	<p>Method of computation: This indicator is calculated as the sum of UNFPA offices that report using South-South and triangular cooperation (SSTC) as a means of achieving the results to which the country programmes and regional/global initiatives have committed, in line with the following principles:</p> <ol style="list-style-type: none"> 1. Common endeavor of peoples and countries of the South, based on shared experiences, common objectives, and solidarity; 2. Respect for national sovereignty, ownership, and priorities as defined in national development plans and strategies; 3. Partnership among equals and free 	<p>Rationale for use: This indicator reflects the commitment of UNFPA to strengthen SSTC at all levels.</p> <p>Rationale for target: The new Corporate Strategy for SSTC and the global initiatives will consolidate the capacity of UNFPA offices to engage in SSTC and optimize financial and human resources to implement the strategic plan, 2018-2021. Targets have been set considering the number of new country programmes and those that are likely to be using SSTC to deliver them. Targets for the strategic plan, 2018-2021 period reflect an average of 25 per cent annual increase, which is considered to be a realistic improvement for this indicator.</p>

	implementation of the ICPD Agenda and achievement of the SDGs in participating countries.	from conditionalities; 4. Continuing to increase mutual accountability and transparency, while coordinating with other development projects and programmes on the ground; 5. Embracing a multi-stakeholder approach.	
OEE 1.13: Proportion of UNFPA offices that pilot or transition to scale innovations	<p>Definition: Proportion of UNFPA offices that pilot or transition to scale in a given year at least one innovation project in-line with the nine principles of innovation.</p>	<p>Method of computation: This indicator is expressed as a percentage, calculated by dividing:</p> <p>Numerator: the number of UNFPA offices that pilot or transition to scale at least one innovation project that is in-line with the nine principles of innovation during the reporting year, by</p> <p>Denominator: the total number of UNFPA offices.</p>	<p>Rationale for use: UNFPA is attempting to transform itself so that innovation is part of everyone's work. Measuring the extent to which all units of the organization are engaging in innovation is an appropriate measure. Data on which units are and are not engaging in innovation will enable UNFPA to respond, adapt and learn.</p> <p>Rationale for target: The baseline of 45 per cent and the incrementally increasing targets of 49 per cent for 2018-2019 and 52 per cent for 2020-2021 were set based on the data provided by country offices during the 2017 baseline and target collection exercise.</p>
OEE 1.14: Proportion of thematic areas supported with a full knowledge package	<p>Definition: Proportion of evidence-based interventions of the strategic plan supported with a full knowledge management package.</p>	<p>Method of computation: This indicator is expressed as a percentage, calculated by dividing:</p> <p>Numerator: the number of knowledge areas of the strategic plan supported with the full knowledge management package, including operational guidelines, category in the Information Service Desk, and key literature that can assist in the planning, implementation and monitoring of this determinant, by</p> <p>Denominator: the total number of knowledge areas.</p>	<p>Rationale for use: This indicator reflects organizational commitment to improve the existing modes of providing knowledge management support for more effective and efficient programming across the key thematic areas of the strategic plan.</p> <p>Rationale for target: Knowledge management is essential for continuous improvement of program delivery.</p>
OEE 1.15: Proportion of programme planning or	<p>Definition: This indicator measures the proportion of</p>	<p>Method of computation: This indicator is expressed as a</p>	<p>Rationale for use:</p>

management processes covered by a unified information technology solution having integrated knowledge management	programme planning or management processes covered by a unified information technology solution having integrated knowledge management.	percentage, calculated by dividing: Numerator: the number of Level 2 programme business processes covered by the target solution, by Denominator: the total number of Level 2 programme business processes. [The denominator will be agreed by Programme Division when Level 2 Business Processes are defined. The numerator will be evaluated by Programme Division and the Resource Planning and Budgeting Branch of the Division of Management Services based on the resulting solution, which is expected to go live initially in 2019.]	This indicator is directly linked to making the end-to-end programming process more efficient through integrated information, processes and the reuse of knowledge assets on programmes, as well as by providing relevant research, lessons learned, matching partners, and other invaluable resources directly embedded into each step of the process. <p>Rationale for target: The complete changeover of all country programmes to a unified information technology solution will be phased. Therefore (1) the targets cannot increase until the solution is deployed, and (2) it will take time for the solution to mature and for all country programmes to be created at the start of their first available cycle. Full coverage of programme planning or management processes by a unified information technology solution is expected after 2019. Accounting for the resulting time lag, the target for 2020 was set at 50 per cent, and for 2021 at 80 per cent.</p>
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Organizational effectiveness and efficiency, Output 2: Optimized management of resources

OEE 2.1: Proportion of managerial positions having completed managerial certification and 360 degree feedback after one year in post	Definition: Proportion of managerial positions (representative, deputy representative and international operations manager) having successfully completed mandatory courses for managers and obtained Managerial Certification, and having received 360 degree feedback, after one year in post.	Method of computation: This indicator is expressed as a percentage, calculated by dividing: Numerator: the number of managerial positions (representative, deputy representative and international operations manager) having successfully completed mandatory courses for managers and obtained Managerial Certification, and having received 360 degree feedback after one year in post, by Denominator: the total number of managerial positions.	Rationale for use: This indicator enables the tracking of UNFPA's management in necessary basic fundamental managerial capabilities in key areas (e.g. project management, results-based management, humanitarian, human resources, budget and audit, advocacy and partnership, and resource mobilisation). <p>Rationale for target: During 2017 and 2018 the training modules will be developed, and a quarter of those staff in managerial positions will take them in each of the years 2019-2021 (it is expected that the same proportion receives 360 degree feedback). Because of attrition rate and assuming not all will pass, the 2021 target was set at 75 per cent.</p>
OEE 2.2: Vacancy rate	Definition:	Method of computation:	Rationale for use:

for core positions	Proportion of core positions not filled in 61 high-risk/large-volume countries (57 high-risk, 4 high-volume).	<p>This indicator is expressed as a percentage, calculated by dividing:</p> <p>Numerator: the number of core positions not filled in the 61 high-risk/large-volume countries, by</p> <p>Denominator: the total number of core positions in the 61 high-risk/large-volume countries.</p>	<p>This indicator has been selected to ensure that recruitment efforts towards filling mission-critical positions are prioritized first.</p> <p>Rationale for target:</p> <p>UNFPA aims to continuously decrease vacancy rates, particularly for critical core positions. During the 2018-2021 strategic plan cycle, targets for this indicator aim to reduce the vacancy rate for core posts in the 61 high-risk/large-volume countries from a baseline of 16 per cent in 2016 to 10 per cent in 2021.</p>
OEE 2.3: Proportion of humanitarian emergencies in which surge deployment was achieved within lead response time	<p>Definition: Proportion of humanitarian emergencies in which surge deployment was achieved within lead response time appropriate for a) Level 3 and b) Levels 1 and 2, or slow onset crises.</p> <p>For L3 emergencies, appropriate lead response time is defined as within 72 hours of receiving:</p> <ul style="list-style-type: none"> • Releasing unit agreement • Medical clearance • United Nations Travel Document/Visa. <p>For Level 1 and 2 humanitarian emergencies or slow-onset crises, appropriate response time is defined as deployment that has been achieved within 21 days.</p>	<p>Method of computation: Information for this indicator is expressed as a percentage and presented for Level 3 and Levels 1 and 2 humanitarian emergencies separately. In each case it is calculated by dividing:</p> <p>Numerator: the number of humanitarian emergencies of that level (either L1/2 or L3) in a given year in which deployment was achieved within appropriate lead response time, based on the level of emergency, by</p> <p>Denominator: the total number of humanitarian emergencies of that level in a given year.</p>	<p>Rationale for use: These indicators enable the tracking of the Fund's responsiveness in deploying appropriately qualified surge roster members to humanitarian crises in a timely manner.</p>

OEE 2.4: Percentage of staff who are female	<p>Definition: Proportion of staff (permanent, fixed-term appointment) who are female.</p> <p>This data is disaggregated by seniority and hiring modality, as follows: all staff, internationally recruited (P1-P2, P3, P4, P5, P6/D1, D2+), national staff, and general service staff.</p>	<p>Method of computation: This indicator is expressed as a percentage and is calculated by dividing:</p> <p>Numerator: the number of staff who are female in a given category, by Denominator: the total number of all staff in a given category.</p>	<p>Rationale for use: This indicator is adopted from the Quadrennial comprehensive policy review of operational activities for development of the United Nations system (QCPR) Gender Parity Report, in line with the QCPR call upon the entities of the United Nations development system to continue efforts to achieve gender balance.</p> <p>Rationale for target (to be filled after setting targets): The aim is to have gender parity at all levels - particularly focused on 50 per cent female representation in the areas where there is currently no parity: P4 and D2+.</p>
OEE 2.5: Staff engagement index	<p>Definition: The staff engagement index presents two average values from questions of the biennial UNFPA Global Staff Survey related to a) staff engagement and b) staff commitment/alignment to UNFPA's mandate areas.</p> <p>This data is disaggregated by:</p> <ul style="list-style-type: none"> a) Staff engagement b) Staff commitment/alignment to UNFPA's mandate areas 	<p>Method of computation:</p> <ul style="list-style-type: none"> a) Staff engagement is calculated as the average score, expressed as a percentage, on the set of engagement-related questions from the UNFPA Global Staff Survey. b) Staff alignment to UNFPA mandate is calculated as the average score, expressed as a percentage, on UNFPA Global Staff Survey question 49 relating to the mandate areas for which UNFPA advocates. 	<p>Rationale for use: Staff engagement is a key factor reflecting the staff member's happiness working at UNFPA and commitment to contribute towards its mandate.</p> <p>Rationale for target (to be filled after setting targets): The 2016 Global Staff Survey shows that the values for this indicator for 2016 are: a) staff engagement = 85 per cent, and b) staff alignment to UNFPA mandate = 86 per cent. These values are used as baseline.</p>
OEE 2.6: Proportion of staff perceiving that they are held accountable for their performance	<p>Definition Proportion of staff perceiving that they are held accountable for their performance.</p>	<p>Method of computation: This indicator is expressed as a percentage, calculated as follows:</p> <p>Numerator: the number of staff that answered affirmatively to the UNFPA Global Staff Survey question, "I am held accountable for my performance", divided by Denominator: the total number of staff answering that question.</p>	<p>Rationale for use: To take the temperature on how well the organization manages people and their performance.</p> <p>Rationale for target: The baseline value of 95 per cent for this indicator is derived from the 2016 Global Staff Survey. UNFPA aims to improve the organization's management of its people and their performance, and thereby the overall output and support of beneficiaries. It will also help measure whether</p>

			indicator OEE 2.1 has a positive effect over time.
OEE 2.7: Proportion of total resources used for recurring management costs	<p>Definition: Proportion of total available resources used for recurrent management costs.</p>	<p>Method of computation: This indicator is expressed as a percentage, calculated by dividing:</p> <p>Numerator: the expenditure on recurrent management costs (modified accrual), by Denominator: the total resources used.</p>	<p>Rationale for use: This indicator allows UNFPA to track the relative amount of resources used for recurrent management costs.</p> <p>Rationale for target: The baseline of 12.3 per cent (budget) for this indicator is calculated using the information in the Midterm review of the integrated budget, 2014-2017 (DP/FPA/2016/3, Annex: Integrated resource plan, 2014-2017 (restated)).</p> <p>The target for this indicator is as per the Executive Board approved Integrated Budget 2018-2021 proposal (DP/FPA/2017/10/corr. 1), Integrated Resource Plan table.</p>
OEE 2.8: Implementation rate for regular resources	<p>Definition: Implementation rate for regular resources refers to full-year expenditure as a percentage of available resources for the year (for regular resources).</p>	<p>Method of computation: This indicator is expressed as a percentage, calculated by dividing:</p> <p>Numerator: Full-year expenditure of regular resources (modified accrual), by Denominator: Available regular resources for the year (full-year core income plus relevant special lines balances at the beginning of the year).</p>	<p>Rationale for use: This indicator allows tracking the expenditure of available regular resources.</p> <p>Rationale for target: Baseline value for 2016 for this indicator is 96.5 per cent. Targets have been set for higher and achievable implementation rate levels of 97 per cent for regular resources based on historic trends.</p>
OEE 2.9: Proportion of non-core donor agreements expiring in a given year that have spent 95 per cent of the original agreement amount by the end of the original agreement period	<p>Definition: This indicator is the proportion of non-core donor agreements expiring in a given year that have spent 95 per cent of the original agreement amount by the end of original agreement period.</p>	<p>Method of computation: This indicator is expressed as a percentage, calculated by dividing:</p> <p>Numerator: the number of non-core fund agreements that have spent 95 per cent of their original agreement amount by the end of the original agreement period, i.e. 31st December of the year being reported, by Denominator: the total number of non-core fund agreements whose</p>	<p>Rationale for use: This indicator allows tracking the expenditure of available non-core resources.</p> <p>Rationale for target: The baseline value for this indicator is 76 per cent. The targets for 2018-2021 were set based on trend analysis of historic data for the 2014-2016 period. The targets were set to increase incrementally, reaching 84 per cent for 2021.</p>

		<p>original agreement period expires in the year being reported.</p> <p>The numerator is derived by counting the number of non-core projects that have used 95 per cent or more of their resources.</p>	
OEE 2.10: Proportion of negative implementing partner audits and related unsupported expenditure	<p>Definition: This indicator refers to the following two proportions:</p> <p>a) The number of implementing partner audits with a qualified, adverse or disclaimer opinion (these are negative opinions) as a proportion of the total number of implementing partner audits conducted for each financial year.</p> <p>b) The related unsupported expenditure is the amount of expenditure found ineligible (unsupported) by the auditors from all negative audit reports. Here, it is expressed as a proportion of the total number of implementing partner expenditures audited for each financial year.</p>	<p>Method of computation: This indicator is expressed as a percentage, in each case calculated by dividing:</p> <p>a) Proportion of negative implementing partner audits Numerator: the total number of negative implementing partner audits for each year, by Denominator: the total number of implementing partner audits for each year.</p> <p>b) Related unsupported expenditure Numerator: the amount of total unsupported expenditure from negative audits, by Denominator: the total amount of implementing partner expenditures audited for each year.</p>	<p>Source: Implementing Partner Assurance System (IPAS).</p> <p>Rationale for use: This is an easily measurable indicator that provides an indirect indication of the level and magnitude of UNFPA's risk in working through implementing partners and the degree to which that risk is managed.</p> <p>Rationale for target: For the disaggregation on the proportion of negative implementing partner audits, the baseline has increased in 2016 compared to 2015 due to a revision on the materiality threshold and its application to assign a negative audit opinion to an implementing partner audit. This resulted in more and smaller audits that were qualified or presented adverse opinions. A new audit terms of reference was also applied for 2016 audits. The targets remain conservative to allow for at least another year of application of the new thresholds and audit terms of reference. For the unsupported amount from negative audits, the target for each year during the period 2018-2021 is 1%.</p>

OEE 2.11: Proportion of identified manual back office or support processes that become fully automated	<p>Definition:</p> <p>A business process is said to be manual if human intervention is required to perform some tasks of the process. A fully automated business process means that staff are not involved in a business process; it is designed so that a computer system performs all of the steps, or unnecessary steps are eliminated, or the work is shifted so that external resources provide the effort to complete the business process.</p> <p>A goal of the ICT Transformation is to make back office and support processes more efficient through digitization. This digitization will be focused on both purely “back office” processes as well as the Plan-to-Report programming cycle.</p>	<p>Method of computation:</p> <p>This indicator is expressed as a percentage, calculated by dividing:</p> <p>Numerator: the number of Level 2 business processes fully digitized through ICT Transformation initiatives, by</p> <p>Denominator: the total number of identified Level 2 business processes to be fully digitized through ICT Transformation initiatives during the strategic plan, 2018-2021 period.</p>	<p>Rationale for use:</p> <p>This indicator reflects the organization’s commitment to make back office and support processes more efficient and cost-effective.</p> <p>Rationale for target:</p> <p>The targets align with the deployment of the planned ICT initiatives and were set to achieve 100 per cent of identified manual back office, or support processes that become fully automated identified for digitization, during the strategic plan, 2018-2021 period.</p>
OEE 2.12: Proportion of country offices that have adopted and implemented common services	<p>Definition:</p> <p>Total number of country offices adopting and implementing the following common services for:</p> <ul style="list-style-type: none"> a) procurement; b) financial; c) information, communication and technology; d) human resources. 	<p>Method of computation:</p> <p>This indicator is expressed as a percentage, calculated separately for each type of common service, by dividing:</p> <p>Numerator: the number of UNFPA country offices that report adapting and implementing a common service, by</p> <p>Denominator: the total number of UNFPA country offices where UNFPA has a programme.</p>	<p>Rationale for use:</p> <p>Applying common services helps to improve effectiveness and efficiency of UNFPA programmes.</p> <p>Rationale for target:</p> <p>The 2018-2021 targets have been set based on trend analysis of performance since 2015.</p>
OEE 2.13: Proportion of reduction of greenhouse gas emissions	<p>Definition:</p> <p>Greenhouse Gas emissions refers to CO₂ equivalent emitted by UNFPA for its internal global operations within the boundaries agreed by the UNS, calculated in accordance with the Greenhouse Gas Protocol of the World Resource Institute.</p>	<p>Method of computation:</p> <p>The indicator is expressed as a percentage, calculated by dividing:</p> <p>Numerator: emissions during the reporting year, by</p> <p>Denominator: emissions in 2016.</p>	<p>Rationale for use:</p> <p>This indicator reflects the commitment of UNFPA to reduce its carbon footprint.</p> <p>Rationale for target:</p> <p>The baseline for this indicator is 19,283 tonnes of CO₂e in 2016. Targets are set to progressively achieve a 10 per cent reduction with respect to the baseline by the end of the four years of the strategic plan to 17,355 tonnes of CO₂e.</p>

Organizational effectiveness and efficiency, Output 3: Increased contribution to United Nations system-wide results, coordination and coherence			
OEE 3.1: Proportion of results group chair or co-chair posts that UNFPA holds in United Nations country teams	<p>Definition: Results Groups are United Nations Country Teams coordination mechanisms. Each Result Group is chaired by a Head of Agency on behalf of the United Nations Country Team. The Results Groups are organized to contribute to specific UNDAF outcomes through coordinated and collaborative planning, implementation, monitoring and evaluation.</p>	<p>Method of computation: This indicator is expressed as a percentage, calculated by dividing:</p> <p>Numerator: the number of Results Groups (as defined by the United Nations Development Group) in the country that are chaired or co-chaired by UNFPA, by</p> <p>Denominator: the total number of Results Groups in the country.</p>	<p>Source: United Nations Development Group - Information Management System (UNDG - IMS)</p> <p>Rationale for use: Results groups chairmanship is a proxy indicator for UNFPA's leadership and engagement in United Nations country teams.</p> <p>Rationale for target: Targets were set based on trends and estimated changes in this indicator.</p>
OEE 3.2: Percentage of country offices that apply the standard operating procedures for United Nations country teams, or components of it	<p>Definition: Number of country offices—in particular the Delivering as One Country Offices—that report applying one or more components of the Standard Operating Procedures (SOPs).</p> <p>Components of the SOPs are the following:</p> <ol style="list-style-type: none"> 1. Signed UNDAF at outcome level, 2. Joint National/United Nations steering committee, 3. Results groups aligned with national coordination mechanisms, 4. Joint results groups workplans aligned with the UNDAF, 5. Joint resource mobilization strategy, 6. Common budgetary framework, 7. Joint communication strategy, 8. Fully implemented business operations strategy. 	<p>Method of computation: This indicator is expressed as a percentage, calculated by dividing:</p> <p>Numerator: the number of country offices that confirm they have applied each component of the SOPs during the reporting year, by</p> <p>Denominator: the total number of UNFPA country offices.</p>	<p>Source: United Nations Development Group - Information Management System (UNDG - IMS)</p> <p>Rationale for use: This is a shared Quadrennial comprehensive policy review of operational activities for development of the United Nations system (QCPR) indicator.</p> <p>Rationale for target: The 2018-2021 target estimates were set based on historical data from the United Nations Development Group for 2015-2017 and data provided during the 2017 baseline and target collection exercise by UNFPA country offices.</p>
OEE 3.3: Contributions provided to the resident coordinator system	<p>Definition: Contribution in cash and in-kind provided by UNFPA at the global level under the global United Nations Development Group Resident Coordinator System cost-sharing arrangement.</p>	<p>Method of computation:</p> <p>a) Contribution in cash provided to the resident coordinator system This indicator is calculated as the total expenditure on the United Nations Development Coordination Fund.</p>	<p>Rationale for use: This is a shared Quadrennial comprehensive policy review of operational activities for development of the United Nations system (QCPR) indicator.</p> <p>Rationale for target: Targets reflect the amount of resources for</p>

		<p>b) Contributions in-kind provided to the resident coordinator system is calculated separately for each of the in-kind contribution areas (strategic analysis and planning; external communications and advocacy; and serving at least a month as acting resident coordinator), as a total number of programme countries where UNFPA contributes to a given in-kind contribution area.</p>	<p>contributions to the resident coordinator system agreed between UNFPA and UNDP, which are calculated as per currently agreed cost-sharing formula and the estimate provided by the United Nations Development Operations Coordination Office. This information is also reflected in the integrated budget document.</p>
OEE 3.4: Number of countries in which UNFPA is contributing to joint initiatives	<p>Definition: Number of countries in which UNFPA is contributing to joint initiatives.</p> <p>This indicator measures a) the number of joint programmes in which each office participated in the reporting year and b) joint conflict analysis undertaken together with the Humanitarian Country Team (HCT) and/or United Nations Mission (when present).</p>	<p>Method of computation: This indicator is calculated as the sum of the number of countries in which UNFPA is contributing to joint initiatives, as reported by the UNFPA country offices in their annual reports in SIS/myResults.</p>	<p>Rationale for use: This is a shared Quadrennial comprehensive policy review of operational activities for development of the United Nations system (QCPR) indicator, paragraph 6 on enhancing coherence and efficiency and addressing country-level needs effectively.</p> <p>Rationale for target: The 2018-2021 target estimates were set based on historic United Nations Development Group data for 2015-2017 and values provided by UNFPA country offices during the strategic plan, 2018-2021 baseline and target collection exercise in October-November 2017.</p>
Organizational effectiveness and efficiency, Output 4: Enhanced communication, resource mobilization and strategic partnerships for impact			
OEE 4.1: Volume of communications in traditional and social media	<p>Definition: This indicator refers to the following four indicators used to measure the volume of communications in traditional and social media:</p> <ul style="list-style-type: none"> a) Number of times UNFPA is mentioned in the media per year; b) Number of unique visitors to the UNFPA website per year; c) Number of UNFPA followers on Facebook; d) Number of UNFPA followers on Twitter. 	<p>Method of computation: This indicator is a simple count of the:</p> <ul style="list-style-type: none"> a) Number of times UNFPA is mentioned in the media; b) Number of unique visitors to the UNFPA website; c) Number of UNFPA followers on Facebook; d) Number of UNFPA followers on Twitter. 	<p>Source: a) Lexis-Nexis b) Google Analytics c) Facebook d) Twitter.</p> <p>Rationale for use: This indicator allows tracking the progress of UNFPA to enhance communication for impact by becoming more vocal and visible in traditional and social media spaces.</p> <p>Rationale for target: a) Targets were set based on Lexis-Nexis English references as well as previous UNFPA performance in this area.</p>

			b), c), d) The 2018-2021 targets have been set based on historical data available for the number of website visitors and social media followers.
OEE 4.2: Amount contributed by donors other than the top 15 (in millions of dollars)	<p>Definition: Total amount contributed annually by donors other than the top 15 donors.</p>	<p>Method of computation: Total amount (in dollars) of annual gross contribution revenue to combined resources (regular resources and co-financing revenue) from donors other than the top 15 donors.</p>	<p>Rationale for use: This indicator reflects UNFPA's efforts to explore options for broadening and diversifying its donor base, in accordance with paragraph 34 (c), QCPR.</p> <p>Rationale for target: The estimated target of 170.8 million set for 2021, a doubling of the 2016 value, reflects UNFPA's ambition to strengthen resource mobilization from non-traditional donors.</p>
OEE 4.3: Proportion of annual resource mobilization targets met	<p>Definition: This indicator is the proportion of annual resource mobilization targets met for total resources.</p>	<p>Method of computation: This indicator is expressed as a percentage, calculated by dividing:</p> <p>a) Core and non-core resources Numerator: the actual contribution revenue for core/non-core/combined resources for a given year, by Denominator: the projected contribution revenue for core/non-core/combined resources for that given year.</p> <p>b) Traditional and non-traditional donors Numerator: the actual contribution revenue from traditional/non-traditional donors for a given year, by Denominator: the projected contribution revenue from traditional/non-traditional donors for that year.</p>	<p>Rationale for use: This indicator reflects UNFPA's efforts to explore options for broadening and diversifying its donor base and innovative funding approaches, in accordance with paragraphs 34 (c) and 38, QCPR.</p> <p>Rationale for target: The 2018-2021 targets for this indicator were set based on projections from regions and countries, headquarters' projections, trends and donor commitments, and active negotiations with donors, including discussions during the annual session of the Executive Board.</p> <p>While targets were set to increase annually, an evenly distributed rate of increase in revenue is less important than the timeliness of receipt of funds to ensure optimal delivery of programming results. In addition, as some of the donor funding is multi-year, it is expected that countries' annual revenues will fluctuate year-to-year.</p>
OEE 4.4: Proportion of UNFPA co-financing funded through pooled and thematic funding	<p>Definition: Proportion of UNFPA co-financing funded through the United Nations inter-agency pooled funding mechanisms or through</p>	<p>Method of computation: This indicator is expressed as a percentage and, for each of the disaggregation criteria (inter-agency</p>	<p>Rationale for use: This indicator is in line with paragraph 33, QCPR, which urges the United Nations agencies to enhance pooled funding mechanisms as a</p>

mechanisms	thematic funding mechanisms.	<p>pooled funds and thematic funding mechanisms), a unique calculation is made by dividing:</p> <p>Numerator: the actual co-financing contribution revenue funded through that funding mechanisms for a given year, by</p> <p>Denominator: the projected co-financing contribution revenue funded through that funding mechanism for that year.</p>	complement to agency-specific funds. It reflects the commitment of UNFPA to enhance its participation in such mechanisms.
OEE 4.5: Number of people reached through partnerships that ensure high visibility	<p>Definition:</p> <p>This indicator measures the estimated number of people reached through partnerships that ensure high visibility, or “reach” partnerships, which profile UNFPA through alliances that put together different partners and have a strong visibility component that profiles UNFPA with a wide audience.</p>	<p>Method of computation:</p> <p>This indicator is the sum of the estimated number of people reached through “reach” partnerships, as reported by the UNFPA country offices in their annual reports in SIS/myResults.</p>	<p>Rationale for use:</p> <p>To elevate existing partnerships for co-branding to increase visibility; outreach to new, high-impact partners; building a strong base of support.</p> <p>Rationale for target:</p> <p>Baseline and targets for this indicator were provided by country offices as part of the strategic plan, 2018-2021 baseline and target collection exercise conducted during October-November 2017.</p>
OEE 4.6: Number of knowledge solutions developed through partnerships that emphasize innovative solutions	<p>Definition:</p> <p>This indicator measures the number of knowledge solutions developed through partnerships that emphasize innovative solutions, or “Brainpower” partnerships. The purpose of “Brainpower” partnerships is to support UNFPA with a network of partners that enhance the operational capacity and skills of the organization, delivering or contributing to innovative programmes and solutions. Academia, innovation hubs, and corporations are usually the preferred fit for these partnerships.</p>	<p>Method of computation:</p> <p>This indicator is a sum of total knowledge solutions developed through partnerships that emphasize innovative solutions, as reported by the UNFPA country offices in their annual reports in SIS/myResults.</p>	<p>Rationale for use:</p> <p>To help address organizational bottlenecks in programme implementation with innovative solutions.</p> <p>Rationale for target:</p> <p>Baseline and targets for this indicator were provided by country offices as part of the strategic plan, 2018-2021 baseline and target collection exercise conducted during October-November 2017.</p>