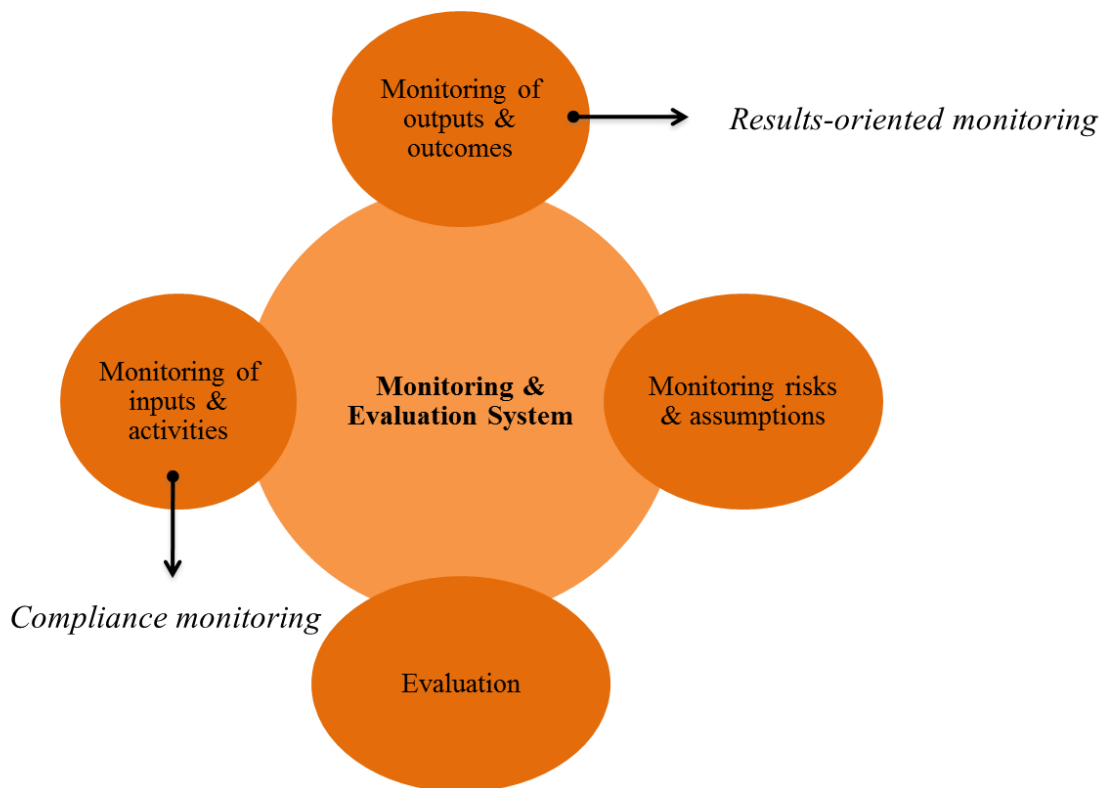


# Assessing the country office monitoring and evaluation system

## **GUIDE**



**Independent Evaluation Office**  
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# 1. Assessing the country office monitoring and evaluation system

This section offers some theoretical background on what are the main features of a fully-operational monitoring and evaluation (M&E) system. It also provides guidance to the evaluators throughout the process of assessing the M&E system.

## Box 1 Why should a CPE include an assessment of the country office M&E system?

An effective M&E system is both a cornerstone and a precondition for fulfilling UNFPA corporate strategy towards:

- strengthening results-based management,
- putting in place a culture of measurement of results,
- using evidence of results to inform decision-making,
- improving measurability to ensure accountability of results, and
- strengthening national M&E systems.<sup>1</sup>

Yet, a number of assessments have shown that the M&E system currently in place in country offices is weak, is largely focused on the budget expenditures and is mostly activity-oriented.

The evaluation team member responsible for the assessment of the M&E system shall:

- Provide a snapshot of the type of M&E system in place including a brief description of the features of the system;
- Assess the quality of the M&E system and its features (tool A); in particular, the quality of the CPAP indicators (Tool B); as the backbone for result-oriented monitoring;
- Assess UNFPA support to capacity building and/or strengthening of the national M&E systems and management for results;
- Provide a series of practical and actionable recommendations on how to improve the M&E system in the country office.

## 1.1 Assessing the country office monitoring and evaluation system as compared to other CPE components

The methodology to collect and analyse data presented in this handbook applies to the three CPE components: analysis of programmatic areas, analysis of strategic positioning, and assessment of the country office M&E system. However, the M&E component presents a number of distinct features, such as:

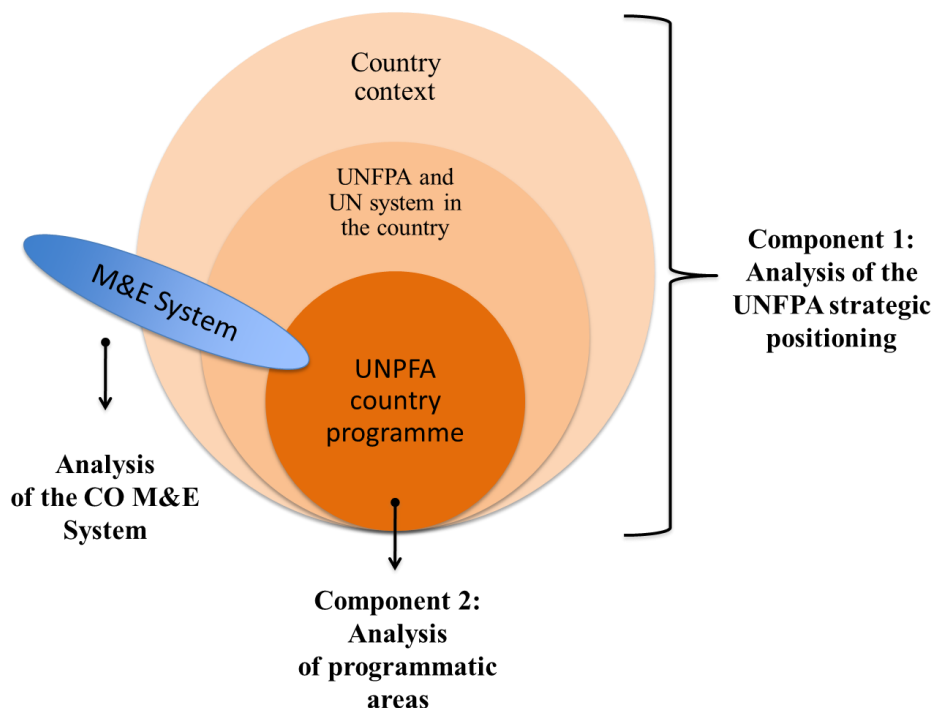
1. The assessment of the CO M&E system is not based upon a number of specific evaluation questions and related evaluation criteria. For this reason, the **evaluation manager** and the evaluators will not

<sup>1</sup> See paragraphs 19, 27, 32, 87, 88 and 199 of the Strategic Plan 2008-2011; paragraph 40 of the Midterm Review of the UNFPA Strategic Plan 2008-2013; and paragraphs 1,2,5, 6 (principles 3 and 4), 17 and 18 of the UNFPA Results Based Management Policy 2010.

use the evaluation matrix. Instead, the assessment of the M&E system will be conducted against a quality framework included in tools A and B.

2. For the data collection and analysis methods, the evaluators will resort mostly to group discussions and will analyse very specific programming and implementation documents.
3. As illustrated by the crosscutting shape of the blue ellipse in the figure below, the assessment of the CO M&E system is **transversal** to the country programme, the system framework of UNFPA, and the country context.

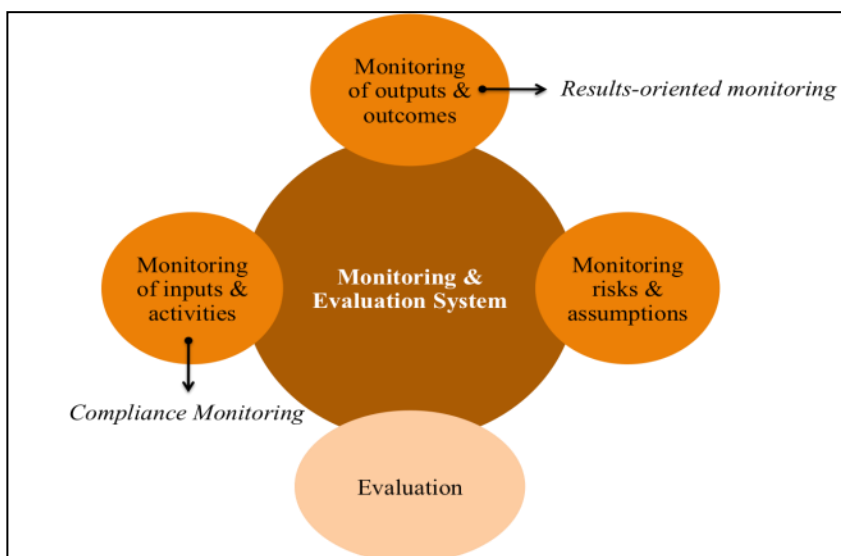
**Figure 1 The CPE components**



The M&E system aims at measuring progress towards inputs, activities, outputs and outcomes as planned in the country programme. The monitoring and evaluation of outputs and outcomes is also directly associated with the country programme contribution to the UNDAF. Finally, the M&E system also encompasses the monitoring of risks and assumptions which directly relate to the country context.

## 1.2 The components of a monitoring and evaluation system

A country office M&E system has four components: monitoring of inputs and activities; monitoring of outputs and outcomes; monitoring of risks and assumptions; and evaluation. Although the monitoring and the evaluation functions are closely related within the country office system, they are of a different nature and should be assessed separately.

**Figure 2 The components of the M&E system**

The **monitoring of inputs and activities** refers to the day-to-day monitoring tasks carried out by programme officers at CO, in particular: budgets and expenditure follow-up; supervision of activities implementation. Actions undertaken under this component correspond to *compliance monitoring*, i.e., monitoring tasks performed by all UNFPA staff as an integral part of their job description.

The **monitoring of outputs and outcomes** is closely associated to results-oriented monitoring, which, in turn, is an essential part of results-based management. The assessment of the CO M&E system will place special emphasis on this component in view of its high strategic relevance within the UNFPA corporate framework.<sup>2</sup>

The **monitoring of risks and assumptions** is another important level to be covered. Following the Strategic Plan (2008-2013), the improvement of risks management is one of the elements to take into account to strengthen results based management.<sup>3</sup>

The **evaluation** component corresponds to the evaluation function within the country office and encompasses the process of planning, conducting and using the results of evaluation exercises.

### 1.3 Data collection methods and sources of data

For the assessment of the CO M&E system, the main data collection methods will consist in: documentation review, semi-structured interviews and group discussions.

#### Documentation review

##### Monitoring inputs and activities

Reference documents when assessing the monitoring of inputs and activities will mostly consist of the templates and forms included in the UNFPA Policies and Procedures Manual.<sup>4</sup> The most relevant documents to assess the quality of the monitoring of activities are field visit monitoring reports (FVMR)

<sup>2</sup> See paragraphs 27, 87, and 88 of the UNFPA Strategic Plan and UNFPA Results Based Management Policy, 2010.

<sup>3</sup> See paragraph 87 of the UNFPA Strategic Plan.

<sup>4</sup> See Country Programme Monitoring and Evaluation in the Manual.

and annual work plan monitoring tools (AWMP). Data sources related to the monitoring of inputs include financial reporting templates which can be found in Atlas

### Monitoring outputs and outcomes

The main reference documents required to assess the monitoring of outputs and outcomes are summarised in the following table.

**Table 1: Main documents related to outputs and outcomes monitoring**

Document	What it is / where can you find it
CPAP results and resources framework	It contains the country programme outputs and outcomes listed by programmatic area with associated indicators. It is an annex to the CPAP.
M&E plan	It includes the CPAP M&E framework. At times, it also contains the CPAP M&E calendar for the programming cycle with the roles and functions of the different actors (i.e., implementing partners, UNFPA staff, UNFPA headquarters, CPAP national coordination authority).
CPAP M&E framework <sup>5</sup>	This document, based on the CPAP results and resources framework, includes the sources of verification for each indicator. It also allows for reporting on achievements against baselines and targets both by indicator and by year. It is included in the M&E plan. <b>→ Tip:</b> <i>this is the reference document when applying Tool B to assess the quality of indicators.</i>
CPAP M&E calendar	It presents the main M&E activities, events and milestones by year throughout the programming cycle. It is generally included in the M&E plan.

### Monitoring risks and assumptions

There are no standard templates for the monitoring of risks and assumptions. Evaluators should enquire whether there are any documentary sources such as: a risk management matrix, a risk management plan or a risk management strategy currently in used at the country office. Minutes of senior management team/ country management team meetings may include considerations on strategic issues related to risks and assumptions.

### Evaluation

The main sources of documentation to assess the quality of the evaluation function will be the evaluation reports, the evaluation plan (if such a plan exists) and the CPAP M&E calendar, which should include, at minima, the evaluations to be conducted throughout the programming period.

**→ Tip:** *do not rely excessively on the study of documentation when assessing a country office M&E system. Most of the data and information on some key features of the M&E system such as information management systems, human resources, operational indicators, cannot be readily found within documents. Instead, the evaluators should devote much time to interviewing the relevant actors.*

### **Interviews and group discussions**

The **evaluation manager** should help to the evaluator identify the stakeholders to be interviewed. They are: (i) UNFPA staff directly and indirectly involved with the M&E system; (ii) those benefiting from the support by the country office in view of building and/or strengthening the national monitoring and evaluation system:

<sup>5</sup> It is also referred to as CPAP planning and tracking tool.

- Country office focal point / M&E officer
- Country office programme officers
- Regional office monitoring and evaluation adviser
- The national authority in charge of the monitoring CPAP progress
- Implementing partners
- Counterparts benefiting from capacity development related activities funded by UNFPA (e.g., training sessions or technical assistance on monitoring and/or evaluation).

### Group discussions with the country office programme officers

*One of the core aspects to analyse within the assessment of the country office M&E system is the quality of the CPAP indicators.*

This analysis assesses whether indicators are SMART (specific, measurable, attainable, relevant, time-bound). Programme officers are a key source of information and should be invited by the evaluators to participate in group discussions. Such working sessions will be useful to gather evidence on the quality of indicators as well as to gather information on other aspects of the M&E system in place in the country office and how it works in practice.

It is advisable to organise separate group discussions for each programmatic area since discussing indicators imply a certain level of technicalities which is specific to each area (SRH, Population and development, gender equality/women empowerment, etc.). The country office M&E officer or focal point should attend each session.

During the discussion, the evaluator should take the group through the CPAP M&E framework indicators (for the specific programmatic area) and jointly assess the quality of each indicator against the criteria as presented in the CPAP indicators quality assessment grid (Tool B). The M&E evaluator will use the results of the discussion as an input to fill in the quality assessment grid.<sup>6</sup>

In the course of the discussion, the M&E evaluator should avoid being “too technical” since the programme officers might not have sufficient background on M&E terminology. In order to avoid using M&E jargon, the table below presents options for conducting the group discussions.

**Table 2: Suggestions to avoid the use of jargon when conducting group discussions**

Technical question	Instead the evaluator should ask...
<b>Is the indicator clearly formulated?</b>	What does this indicator mean? Does it mean the same to all of you?
<p>➔ <i>Tip: take the indicator and ask programme officers about aspects of the indicator as currently formulated. If they do not agree on what it means (i.e., if there are different interpretations or if some participant/s do not understand exactly what the indicator means) it is an indication that the indicator may not be clearly formulated.</i></p>	
<b>Is the indicator relevant enough?</b>	Is the indicator directly related to the output / outcome? Does it give you information on the degree of achievement of the output/outcome?

<sup>6</sup> There will be other inputs such as the opinions of other members of the evaluation team and the appraisal of the M&E evaluator on the basis of her/his expertise.



<p>→ <i>Tip: an indicator could be relevant at the time of its formulation, yet lose its relevance due to changes in the programme or in the context. Ask programme officers if the indicator gives them useful information today (not at the time of its formulation).</i></p>	
<p><b>Is the indicator specific enough?</b></p>	<p>Does the indicator provide you with precise and concise information on the degree of achievement of the output/outcome?</p>
<p>→ <i>Tip: the opposite of a specific indicator is an indicator which provides information broader than the output/outcome it is meant to measure. Check with the programme officers if the indicator also provides information on other outputs or outcomes; if this is the case, then the indicator is not specific enough.</i></p>	
<p><b>To what extent is the indicator operational?</b></p>	<p>Could you use this indicator today to measure the extent to which the output/outcomes have been achieved?</p>
<p>→ <i>Tip: there are five elements that make an indicator operational (see Tool B). If you want to know quickly whether the indicator is, overall, operational, ask the programme officers whether and how it can be measured. Measurability is the precondition for an indicator to be operational.</i></p>	
<p><b>Are there means of verification associated to the indicator?</b></p>	<p>Where / what do you look at to know the value of the indicator at a given point in time?</p>
<p>→ <i>Tip: Once identified, do not forget to ask the programme officers whether they do have access to source/s of information. If they do not have access to any source of information, the indicator will not be operational.</i></p>	

→ **Tip:** it is recommended that the evaluator in charge of the M&E system invites other evaluation team members to group discussions related to the programmatic area they are in charge of within the country programme evaluation. Their in-depth knowledge of the topic (gender, population and development, reproductive health, etc.) will be a useful contribution to the discussion and will help the M&E evaluator to understand technical aspects related to the indicators that s/he may otherwise omit.

## 1.4 Data analysis

The evaluator in charge of the assessment of the country office M&E system should focus his/her analysis on: (i) the quality of the system, (ii) the quality of the indicators and (iii) the country office support to the national M&E systems. In addition, s/he should provide a series of practical and actionable recommendations on how to improve the country office M&E system.

**1) To assess the degree of development and quality of the country office M&E system** - and its four components (see above), the evaluator may use the M&E system assessment grid (Tool A).

This tool guides the evaluator through the main features of the system to be assessed. The answers to the questions proposed in Tool A should allow the evaluator to present a snapshot of:

- (i) the type of M&E system in place in the country office;
- (ii) the degree of development of the four components of the system, including their quality and their main weaknesses.



Tool A *M&E system assessment grid* guides the evaluator through the different aspects to be analysed when assessing the CO M&E system. The tool incorporates a scoring system and a narrative column to gather the main findings.

➔ **Reminder:** when organising your schedule, note that the most important component of the M&E system to be assessed is the monitoring of outputs and outcomes, - i.e., the results-oriented monitoring part of the system. Meanwhile the evaluator should only check whether there are major problems and room for improvement for the monitoring of inputs and activities (compliance monitoring) (overall, monitoring of inputs and activities is well developed in UNFPA country offices).

**2) To assess the quality of the indicators in the CPAP M&E framework,** the evaluator may use the *CPAP indicators quality assessment grid* presented in tool 2.

This tool is designed to carry out an in-depth and detailed assessment of output and outcomes indicators. The evaluator may simplify it and adapt it according to the specific context of the CPE, or even choose to use any other tool s/he might deem more relevant and a better fit for the purpose. However, s/he must not exclude the *analysis of the quality* of output and outcomes indicators, as they are the backbone for evidence-based result-oriented monitoring.



Tool 2 includes the *CPAP indicators quality assessment grid*, an instrument for the assessment of the quality of output and outcomes indicators against a set of eight criteria and sub-criteria.

### Box 2 Why is it important to assess the quality of the indicators?

Indicators play a crucial role in the UNFPA framework:

- (1) Measuring the degree of achievement of outputs and outcomes *on the basis of evidence* is a corporate requirement. The Strategic Plan stipulates that *UNFPA-supported programmes must produce a demonstrable change and have an impact within the environment in which they operate.*<sup>7</sup> The UNFPA Results Based Management Policy requires that staff “gather and analyze credible information on performance through credibly measuring results” in order to, “(assess) the contribution and influence made by the programmes and management activities to the observed results”, and “(confirm) the validity of the results measured, providing sufficient evidence.”<sup>8</sup> The policy also requires UNFPA staff to “(gather) evidence and information on key outputs, outcomes and goals, and [to] assess this information against the defined targets.”<sup>9</sup>
- (2) Indicators are the necessary starting point to establish accountability to donors and government counterparts as well as to jointly assess with them the quality and effectiveness of UNFPA support.
- (3) Beyond corporate requirements, the use of operational indicators is crucial to enable a country office to analyse – on the basis of evidence – “what works” and “what does not work.”

Overall, without indicators there is no results-based management, nor the possibility to have an objective debate on the degree of achievement of outputs and outcomes.

<sup>7</sup> See paragraph 88 of the UNFPA Strategic Plan 2008-2013.

<sup>8</sup> See paragraph 6 (Guiding principles) of the UNFPA Results Based Management Policy, 2010.

<sup>9</sup> See paragraph 17 (Monitored implementation) of the Policy.

### **3) To assess UNFPA support to build and/or strengthen the national M&E systems and the capacity of the national partner to manage for results.**

UNFPA corporate requirements go beyond the in-house application of results-based management and the implementation of in-house monitoring system(s). The Strategic Plan also seeks that *“UNFPA plays a central role in strengthening national monitoring systems to help Governments to keep track of progress on ICPD implementation.”* The Strategic Plan explicitly calls *“for the strengthening of national systems, accountability, harmonization and management for results.”*<sup>10</sup> The M&E system assessment grid (Tool A) addresses a number of these issues.

There are two ways in which a country office can contribute to strengthening the national M&E system. The country office can support specific capacity development actions such as training sessions or technical assistance (through the recruitment of external consultants). The country office can also involve relevant national counterparts<sup>11</sup> in the implementation and follow up of the CPAP M&E framework. The evaluators' assessment should focus mainly on the latter since the transferring capacity to national counterparts on result-oriented monitoring and management for results inevitably poses the question of the quality and effectiveness of the M&E system in place in the country office and notably its ability to go beyond input and activities and measure the achievement of outputs/outcomes.

### **4) Provide a series of practical and actionable recommendations on how to improve the country office M&E system.**

The scoring system (+, -, ○) in the M&E assessment grid allows for a rapid identification of the features and aspects of the M&E system that need improvement. However, the assessment of the country office M&E system should not be limited to the identification of weaknesses. The evaluator must go a step further and propose actions for improvement.

The M&E evaluator will present these actions in the plenary debriefing at the end of the field work. Once his/her recommendations for the improvement of the M&E system have been validated, the team leader shall include the recommendations in the final report. The M&E recommendations can also lead to a specific action plan to provide more detailed guidance to the CO.

Choosing to draw up an M&E action plan depends on two factors:

- On the number of M&E specific recommendations: if the recommendations are many it will be difficult to include them all in the final report.
- On the interest shown by the CO senior management, the time and resources available to drawing up an action plan. If there is an interest in the country office, then drawing up the action plan presents three advantages:
  1. it increases the likelihood that the CO takes the necessary steps to improve the quality of the M&E system;
  2. it allows UNFPA headquarters to have an overview of the progress made towards the fulfilment of corporate M&E requirements, as well as the actions that could be taken at headquarters level to enable such improvements.

<sup>10</sup> See paragraphs 32 and 199 of the UNFPA Strategic Plan 2008-2013.

<sup>11</sup> These will generally include: (i) the Ministry of Planning or a similar institution appointed as national coordination body for the implementation of the CPAP; (ii) and at a lower level, it will include the implementing partners responsible for producing the intended outputs.



See Tool 3 *Action Plan for the improvement of the M&E system* for an optional format to be used when drawing up a detail action plan for the implementation of the recommendations associated with the assessment of the CO M&E system.

The **validation and triangulation mechanisms** presented in section 1.4.3 Methods for data analysis of the handbook is also applicable to this component.

It is important that the M&E system is discussed within the team. The members of the team in charge of assessing programmatic areas are experts in their respective fields, and the M&E evaluator should make use of such expertise when assessing and validating the quality of the CPAP indicators. Similarly, evaluation team members will collect findings and evidence on the M&E system when assessing the efficiency and effectiveness criteria under the programmatic areas they are assessing. These findings and evidence should be communicated to the M&E evaluator.

If time and logistics allows, this exchange should ideally take place in the form of an internal group discussion. Some considerations are:

- The working session should ideally take place halfway through the field phase. This would increase the chances of evaluators having been in touch with functioning (or non-operational) aspects of the country office M&E system and therefore would allow the M&E evaluator to contrast preliminary findings with those of her/his colleagues.
- The M&E evaluator should enquire and discuss with her/his colleagues on the quality of the M&E system (see Tool A), and on the quality of indicators in their area of expertise. Evaluators should discuss the repercussions of inoperative features of the system, and possible short and medium-term solutions to overcome current flaws.
- Evaluators should also discuss the quality of the UNFPA support to build up and/or strengthen the national M&E system.

The **presentation of preliminary findings** in the PowerPoint presentation for the debriefing to the CO at the end of the field phase can be organised in a number of ways:

- By strengths and weaknesses: using the *quality / status* column of the M&E system assessment grid (Tool A) and select features with the most prominent positive (“+”) and poor (“-“) scores.
- By component of the M&E system:
  - monitoring of inputs and activities;
  - monitoring of outputs and outcomes;
  - monitoring of risks and assumptions;
  - evaluation
- By features of the system: using the *features of the M&E system column* included in the M&E system assessment grid (Tool A).

**Preliminary recommendations** shall focus on aspects to be improved to overcome current flaws as well as on good practices requiring further attention or support. The feasibility and prioritization of the recommendations should be validated at the general debriefing workshop.

The results of the validation will lead to:

- a. the inclusion by the team leader of the recommendations on M&E in the final report and/or

- b. the drafting by the M&E evaluator of an action plan for the improvement of the country office M&E system.

For an example of an assessment of a country office monitoring and evaluation system, see Bolivia Country Programme Evaluation, [volume 2 - Assessment of the Bolivia country office monitoring and evaluation system](#)

English Version -

[http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation\\_branch/Bolivia\\_country\\_programme\\_evaluation\\_partial/Volumen%20%20Bolivia%20CPE.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Bolivia_country_programme_evaluation_partial/Volumen%20%20Bolivia%20CPE.pdf)



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Also see independent CPEs of Cameroon and Madagascar as well as the thematic evaluation of UNFPA support to maternal health for examples of findings, conclusions and recommendation on CO's M&E system. <http://www.unfpa.org/public/home/about/Evaluation/EBIER/CPE>

## Tool A -M&E system assessment grid

Optional

### What is it and when to use it?

The M&E assessment grid is a tool designed to assist evaluators in the process of analysing the country office M&E system. It provides the main framework against which evaluators will make the assessment of the four components of the M&E system.

The assessment grid has been designed as an internal tool for the evaluators' use only and should not be regarded as the output of a performance audit on the M&E system.

### Why use it?

The grid summarises the core aspects that should be assessed and is a tool to record the main results of the assessment. The grid contains a simple visual scoring system that allows an immediate identification of aspects requiring improvements.

The grid also allows for progress on the improvements of the CO M&E system to be tracked over time. The country office management, and the CO M&E officer can compare the results with previous quality/status scores in order to assess whether progress has been made, and if that is not the case, find out the reasons why and provide practical suggestions or take actions to reverse the situation.

### How to use it?

Evaluators should read the questions for each feature of the M&E system, answer them and assign a 'score' to their response (see below).

The grid has four columns:

*Features of the M&E system:* This column lists the main elements of an M&E system to be checked. These features cover the essential components which an "operative and complete" M&E system should have. It should be noted that the *MIS* and *resource* elements are applicable both to the monitoring of inputs and activities (*compliance monitoring*) and to the monitoring of outputs and outcomes (*results-oriented monitoring*). It should be noted that the first feature, "Type and nature of the M&E", is not merely descriptive. It also implies a judgment on the extent to which country office M&E systems are both activity and results-based and are jointly managed with government counterparts, or ideally, led by them.

*Assumptions to be assessed:* This column guides the evaluator on the aspects that should be analysed for each one of the features. These assumptions are formulated as questions. A positive answer to the question is a first indication that the aspect is in place and functioning. Conversely, a negative answer is an indication of the poor status of that aspect of the feature.

→**Tip:** the "assumptions to be assessed" column of the grid can also be used to identify the key stakeholders (associated with the M&E system) to meet during the field phase.

*Quality/status:* This row provides a visual snapshot of the condition of the M&E system at the time of the assessment. Evaluators should judge every aspect contained in the 'assumptions to be assessed' column and assign one of three possible scores:

+	The answer to the question is positive. The feature/aspect is on track. There is no need for particular improvements.
○	The answer to the question is mainly positive but with reservations. The aspect/feature works or, where it does not work, it does not have major negative implications; yet there is room for improvement.

-

The answer to the questions is negative. The aspect/feature is not functioning/operational, or operates poorly with negative effects. There is considerable room for improvement.

*Answers:* In this column evaluators should include a brief narrative answer to the questions formulated in the “*assumptions to be assessed*” column. Whenever possible, they should offer a concise explanation on the implications of negative answers. These negative answers will be the starting point to identify the way forward to improve the status of that particular feature.

Feature of the M&E system	What to check	Quality / status	Answer
Type and nature of the M&E system			
Type	Is the system activity-based, results-based or both?	○	System based on monitoring inputs and activities (compliance monitoring). Results-based monitoring does not exist. Recently (2011) monitoring tools have included the monitoring of sub-outputs at the level of the AWP; but there is no monitoring of products at the aggregate level (at the level of the M&E Framework).
Nature	Is the system led by UNFPA, jointly managed with government counterparts, or led by them?	-	Government partners do not intervene in monitoring the CPAP; there are no annual reviews or joint M&E Framework review exercises. Executive partners intervene in monitoring, but only at the level of inputs and activities.
Management Information System (MIS)			
Design and structure	Is there an MIS associated to the M&E system?	-	There is no information system for monitoring the outputs and outcomes of the country programme. Monitoring information is generated for activities, but it is not systematized.
	Is the MIS design formalized in a written document - e.g. an operating manual?	-	There is no reference document associated with the information management processes related to monitoring the CPAP with respect to monitoring inputs and activities.
Data collection	Does the system define who should collect what information?	○	Defined in Box E-1 (role of different local participants in taking decisions and using monitoring and evaluation tools) of the M&E system. However, the information management processes that derive from the box are not operational for some actors (Government Coordinating Bodies; Director of Programme Component).
	Is the frequency of data collection well defined and appropriate?	○	Frequency of data collection with regard to activities and inputs defined and implemented via the Annual Work Plan Monitoring Tool (AWPMT). However, frequency is irregular (not always quarterly) and there is no data collection on outputs.
	Is the level of information		Level of detail not adequate given that (i) there is no input from Government



Feature of the M&E system	What to check	Quality / status	Answer
	depth/analysis appropriate vis-à-vis the country office and government information and management needs?	-	with regard to the information needs generated by the CPAP M&E system; (ii) the mechanisms that should enable sharing the information generated are not operational.
Information flows	Does the system define who should report to whom?	○	Only partially with respect to activities and inputs. The sequence of information flows is not explicitly set out in any document.
	Does the information get to the right persons timely and efficiently?	○	Partially. No information is received (because it is not generated) at the level of outputs and outcomes of the country programme; and at the level of inputs and activities it is received but not always with the desired frequency because sometimes the AWPMT is submitted at more-than-three month intervals (every six months or annually in some cases).
	Are there appropriate templates to report the information?	○	The forms used to report information with regard to inputs, activities and outputs at the level of the AWP (not at the aggregate level) are adequate and have recently been significantly improved. There are no forms for reporting on outputs at the aggregate level.
	Does the system provide feedback to local counterparts?	○	There is no evidence-based feedback with regard to government partners within the framework of the M&E system of the CPAP. Feedback is given to implementing partners on the basis of the AWPMT.
<b>Resources</b>			
Financial resources	Is there a budget available at the UNFPA country office for monitoring purposes?	-	There is no separate budget for M&E in the programme. The M&E items are associated with the AWPMTs (for DEX or NEX execution) and only include expenditure associated with compliance monitoring. There is no budget for results-based monitoring.
	Do relevant counterparts have budget allocations to implement the system?	-	Government partners, especially the VIPFE as the National Coordinating Body of the CPAP, suffer from a lack of resources – both human and financial – to assume their roles within the system. Not all sectorial partners (Ministries) have specific budget allocations for monitoring the part of the system they should be monitoring (outcomes).
Human resources	Is there a person in charge of the entire system within the country office?	○	The country office has an M&E focal point; a position filled by a Programme Assistant who can dedicate 10% of his time to focal point functions. There is no full-time M&E officer.

Feature of the M&E system	What to check	Quality / status	Answer
	Are monitoring responsibilities clearly allocated to each staff?	-	There is no clear, formal allocation of M&E responsibilities. The job description of the M&E focal point does not include a description of his tasks as an M&E focal point. Apart from compliance monitoring tasks, technical staff in the country office does not have clear M&E functions/roles allocated.
	Does the staff have the appropriate capacity to implement M&E tasks?	-	Existing capacity is insufficient to implement a results-based monitoring and management system in accordance with the prerogatives of the Strategic Plan. The provisions of the Plan (paragraphs 87 and 88) with regard to continuous training and learning and increasing the capacity of UNFPA are not being implemented. There are no major problems with regard to compliance monitoring; however, staffs are not being trained in the use of M&E tools, and this is affecting the quality and optimal use of these tools.
	Does the system capitalize on local capacity to collect relevant information?	○	There are structural weaknesses with regard to the collection of information in the country in general, and this makes it difficult to make use of such capacities. Having said that, the fact that the CPAP M&E system does not actively involve Government partners makes it difficult to make the best use of existing capacity (however limited this may be). On the other hand, the new format of the AWPMT is a significant step forward, although there is no explicit strategy for building local capacity.
	Does the system build local capacity to collect and use relevant information?	○	It does so at the level of inputs (budgetary monitoring) and activities but not at the level of programme outputs and outcomes; and it does so indirectly by involving implementing partners in drawing up reports. There is no capacity building for government partners.
<b>Indicators</b>			
Feasibility of the objectives	Are the outputs and outcomes – associated to the indicators-attainable?	-	Several of the outputs contained in the Results Framework and the M&E Framework are formulated in terms of outcomes of the country programme and not outputs attributable to UNFPA.
Quality of the indicators	Are indicators clearly formulated for the most part?	+	88% of indicators analysed in the revised M&E Framework are clearly formulated
	Are indicators relevant for the most part?	+	78% of indicators analysed in the revised M&E Framework are relevant.
	Are indicators specific for the most	+	89% of indicators analysed in the revised M&E Framework are relevant.

Feature of the M&E system	What to check	Quality / status	Answer
	part?		
	Are indicators operational for the most part?	-	Practically none of the M&E Framework indicators are operational; that is, none can be used in practice to measure the level of achievement of outputs and outcomes of the country programme.
The role of evaluations in the system			
Integration into the system	Are evaluations, well planned and selected so as to respond to the needs of the country office and UNFPA?	-	Evaluations do not follow an organized, planned process. The Office has adopted a reactive rather than a proactive attitude to the few evaluations conducted to date. There have been no evaluations of either the outputs or the outcomes of the country programme. The only exception has been the mid-term review (MTR) of the CPAP, which has directly contributed to the office's strategic/diagnostic institutional review process.
	Are evaluations findings properly channelled into management and decision processes?	-	Only in the case of the MTR. The fact that there is no structured planning process with regard to evaluations means that the results of these evaluations are not incorporated into decision-making processes. The two internal evaluations within thematic axes– both mid-terms – were carried out with delays, and this affected the possibility of using the results of these evaluations.
	Are the results of evaluations used to update the CPAP results framework?	-	Only in the case of the MTR and only to a certain degree. There was a review of the Results Framework and the M&E Framework but it only affected indicators (programme outputs and outcomes were not reformulated). Moreover, this review was not binding (the frameworks were not officially revised); it was an internal exercise.
Alignment	Are evaluations designed and its findings shared with relevant national stakeholders?	○	National partners take part in the evaluations related to the country programme (MTR and this Country Programme Evaluation): they provide inputs to the terms of reference and the results of the evaluation are shared with them – a reference group was established for this evaluation. This having been said, the role of some key partners (VIPFE, for example) in the design of the evaluations remains minimal.

Feature of the M&E system	What to check	Quality / status	Answer
Monitoring of risks and assumptions <sup>12</sup>			
Assumptions	Has the country office correctly identified the main assumptions affecting the country programme?	+	The country office regularly monitors assumptions through the functions of the Resident Representative and the advocacy activities carried out by the country office management team. Analysis of risks takes place, at the internal level, in monthly management meetings.
	Is the country office able to obtain accurate and timely information on changes in those assumptions?	+	Yes; thanks to the good relationship with Government partners and other development agencies in the country, and the current good positioning of the country office in the country at an institutional level.
Risks	Has the country office correctly identified the main risks affecting the country programme?	+	Risk monitoring also takes place through the functions of the Resident Representative and advocacy activities carried out by the country office management team. Risk analysis takes place, at the internal level, in monthly management meetings.
	Is the country office able to obtain accurate and timely information on changes in those risks?	+	Yes; thanks to good relationships with Government partners and other development agencies in the country, and the current good positioning of the country office in the country at an institutional level.
Formalization	Is the monitoring of risks and assumptions formalized and recorded in written form?	-	There is no tool / document formalising monitoring of external factors that affect / could affect the country programme. This impedes (i) a structured management and monitoring of these factors; (ii) sharing and transferring information in a systematic fashion; and (iii) objective external evaluations of the level of quality and monitoring of external factors.

<sup>12</sup> Assumptions are aspects needed for the satisfactory implementation of the programme, and risks key aspects that may put in danger its satisfactory implementation. Both stay outside the direct control of UNFPA.

## Tool B – CPAP indicator quality assessment grid

Optional

### What is it and when to use it?

The evaluator in charge of the assessment of the country office M&E system should focus the analysis on three items:

- the quality of the system;
- the quality of the indicators and;
- the country office support to the national M&E systems.

The indicator quality assessment grid is a tool designed to assist evaluators analysing the second item: the quality of the CPAP output and outcome indicators.

The main reference document evaluators should use to complete the grid is the CPAP Results Framework. Evaluators should also refer to the CPAP M&E Framework<sup>13</sup> and the M&E Plan when filling the quality criteria.

The quality assessment grid has been designed as an internal tool for the evaluators' use only and should not be regarded as an instrument for a performance audit on the quality of the indicators.

Evaluators can adapt the format of the grid by adding new criteria if they deem it relevant. Removing criteria is not advisable, as it would hinder comparisons over time. The use of the grid is optional but it is mandatory to address the quality of the indicators when assessing the *monitoring of output and outcomes* component of the country office M&E system.

### Why use it?

The rationale of the tool is to provide a structured and systemised format for analysing the quality of indicators, as well as to assess whether they are operational.<sup>14</sup>

The results of the analysis performed in the indicator quality assessment grid have several uses:

- The results of the grid will be used as inputs to the Action Plan for the improvement of the M&E system (Tool C).
- The grid should also assist evaluators in producing relevant, practical and useful recommendations for improving indicators in the Action Plan (tool C).
- The grid allows for tracking progress on the improvements of the quality of indicators over time. Country office management, and CO M&E officer, can compare the results of the grid with previous ones in order to assess progress or lack thereof, and provide practical suggestions/take action to solve the problem.

### How to use it?

The tool has two main parts: the grid and the cumulative score table, the two tables below. Note that these two tables have been split for illustrative purposes and that in the *indicator quality assessment grid* (Tool B, an Excel spread sheet) both tables are in the same document.

<sup>13</sup> It is also referred to as CPAP Planning & Tracking Tool.

<sup>14</sup> See section 2.3.3, Box 27: *Why is important to assess the quality of the indicators?*

The *grid* has two sections: the first one (white) describes the basic information contained in the CPAP i.e. the formulation of outputs, outcomes, their associated indicators, and baselines and targets for each indicator. The second section (grey) contains the quality criteria applied to assess the indicators.

**Table 3: Indicator quality assessment grid**

CPAP Description			QUALITY ASSESSMENT CRITERIA							
Indicator	Baseline	Target	Clear	Relevant	Specific	Operational				
						Baseline available	End line available	Target available	Means of verification	Values collected and reported
<b>PROGRAMMATIC AREA X</b>										
Outcome										
Output 1										
...										
<b>PROGRAMMATIC AREA Y</b>										
Outcome										
Output 1										
...										
<b>PROGRAMMATIC AREA Z</b>										
Outcome										
Output 1										
...										

Evaluators can easily complete the CPAP description section by using the information contained in the CPAP and in the CPAP M&E Plan (usually attached to the CPAP).

➔ **Tip:** *This section of the grid can be completed during the design phase and will provide the evaluator with a first overview of the indicators’ weaknesses and strengths. This may be a good starting point to begin the preparation of the specific issues to be addressed in the M&E interviews during the field phase.*

There are many **quality criteria** that indicators may be assessed against. The grid does not cover all of them but, instead, focuses on four: **clear, relevant, specific** as well and **operational**, which is broken down in a series of five additional criteria.

Whether an indicator is clear, relevant and specific is associated with the way in which the indicator has been formulated. If these pre-requirements are not met (e.g. an indicator that has been formulated in an ambiguous way, is not relevant, or not specific) then the indicator will not be useful.

On the other hand, a clear, relevant and specific indicator that is not operational is useless. The operational criterion refers to the functionality of the indicator, that is, whether it can be effectively used and applied for its purpose: measuring the degree of achievement of output and outcomes. Whether an indicator is operational depends, in turn, on a series of aspects: an available baseline, an available end line (current values), specified targets, means for verification, and indicators values being collected and reported. An indicator cannot be fully operational unless it presents all these features simultaneously.

The following table presents brief definitions for all the indicators used in the grid:

**Table 4: Definitions for all the indicators**

<b>Clear</b>
<b>Definition:</b> <i>an indicator is clear when it is understandable and contains the key information.</i> <b>Particular aspects:</b> <i>an indicator is understandable when it is non-ambiguous, its formulation does not lead to confusion and cannot be misinterpreted. It can be formulated as a qualitative or quantitative variable enabling the measurement of achievements in terms of inputs, outputs and outcomes. Key information refers to core aspects such as the geographical coverage and the target population the indicator is associated with.</i>
<b>Relevant</b>
<b>Definition:</b> <i>an indicator is relevant when it is appropriate to the output/outcome that it intends to measure. In other words, it is relevant when it is directly related to, and provides information on the achievement of the output/outcome.</i> <b>Particular aspects:</b> <i>it is difficult to find indicators that are not relevant at all (this would mean no connection between the indicator and the output/outcome it intends to measure). What matters is the degree of relevance.</i>
<b>Specific</b>
<b>Definition:</b> <i>an indicator is specific in relation to the output/outcome it intends to measure when it provides precise, concise, and distinct information about the degree of achievement of that output/outcome. The opposite of a specific indicator is a broad indicator that measures the output/outcome that is intended to measure as well as other outputs or outcomes.</i> <b>Particular aspects:</b> <i>as with relevance, specificity is a matter of degree. It is not easy to find indicators that are not specific at all - i.e., so generic that they do not serve the purpose of measuring - at least to some extent - the output/outcome they are associated with. Generally, indicators will be specific, reasonably specific or not specific enough.</i>
<b>Operational</b>
<b>Definition:</b> <i>an operational indicator is an indicator that can be practically and readily used; it is an indicator that is fit for proper functioning. An indicator is not operational when it lacks any of the five elements below.</i> <b>Particular aspects:</b> <i>a pre-condition for an indicator to be operational is that it is measurable. An indicator that is not measurable cannot be operational because it cannot have a baseline, an end line, any means of verification, it will not allow determining targets, and it will be impossible to collect and report on its values. Checking first if the indicator is measurable can give you a first signal of whether it will be operational or not.</i>
<b>Baseline available</b>
<b>Definition:</b> <i>a baseline corresponds to the initial values of the indicator, or the starting point. When there is no baseline, indicators cannot measure progress or degree of achievement because there is no reference point for comparison. The only exception being a 'zero baseline', that is, when the initial value of the indicator is zero.</i>
<b>End line available</b>
<b>Definition:</b> <i>The end line of an indicator designates the value of that indicator at the end of the period being measured.</i> <b>Particular aspects:</b> <i>the degree of achievement at a given point in time takes place by comparing the value of the indicator at that point (end line) with the target value, having taken into account the starting point (baseline). Without an end line, it is not possible to measure progress or the degree of achievement of outputs and outcomes. Note that CPAP M&amp;E Frameworks usually include an <i>achievements</i> column for each indicator. This column has to be filled every year, which means that in the UNFPA context, end lines may have to be available not only at the end of the programme but also yearly.</i>
<b>Target available</b>
<b>Definition:</b> <i>a target is the expected value of the indicator at a given point in time, usually the end of the country programme. When there is no target, the indicator no longer supports judgments because the actual value (end line) cannot be compared to the expected value (target).</i>

**Means of verification available**

**Definition:** *means of verification are the sources of the data / information that provide the actual values of the indicator at a given point(s) in time. They tell us where we should look to find out the values of the indicator. Particular aspects:* availability of the means of verification refers to whether or not they are accessible – the country office has access to them directly or indirectly.

**Values collected and reported**

**Definition:** *this criterion looks at whether the values of the indicator (end lines values) are being collected and made readily accessible for its users. It looks at whether the data for the current values of the indicator is readily available for the country office at the time of assessing the degree of achievement of outputs/outcomes. If values are not collected and reported, then indicators cannot inform decision-making.*

**How to complete the assessment grid?**

As previously mentioned, the first section of grid is merely descriptive (CPAP description) and evaluators need to fill in the cells with the data available in the CPAP Results Framework and in the M&E Framework. The second part of the grid, the quality assessment criteria part, requires a judgment to be made by the evaluators. Evaluators should fill in the cells with “1” (positive answer), “0” (negative answer), or “NA” (non applicable) to the questions:

- Is the indicator relevant (enough)? Is the indicator specific (enough)?
- Is there a baseline available? Is there an end line available?<sup>15</sup>
- Is there a target available for the indicator?
- Are there means for verification available for the indicator?
- Are the indicator values collected and reported?

**When to grade “1” and when to grade “0”?**

Evaluators should bear in mind that the objective of the grid is to have an overview of the quality of the indicators, identify weaknesses and suggest improvements. The table is not intended for an in-depth and detailed analysis of the indicators. In this regard a “0” indicates that there are problems, weaknesses or flaws with the criterion, whereas a “1” indicates that aspect of the indicator is reasonably good and is acceptable.

It is thus advisable that the evaluator does not enter into too much detail of the quality aspects associated to each criterion when choosing between a “1” and a “0”. For example, when assessing if targets are available, the evaluator may find out that targets are available but they are not realistic at all. The way to proceed would be to score “1” because targets are available and keep that qualitative aspect (unrealistic target) as a potential qualitative finding. If, by the time the grid is completed, the evaluator realises that available but unrealistic targets are a recurrent issue, s/he should register that as a finding that may be presented in the final debriefing to the CO.

The non-applicable (NA) score is generally used in two cases:

- When the evaluator considers that there is not enough information to make the judgment.
- When indicators are formulated in a very confusing way (unclear) making it virtually impossible to assess if they are relevant and/or specific.

In the template, “1” and “0” are automatically summed and presented in the cumulative score table, which presents the totals both in absolute number and in percentage. The table below presents an example of a completed cumulative score table.<sup>16</sup>

**Table 5: Cumulative score table**

<sup>15</sup> Another way to put this question would be: are current values for the indicator available?

<sup>16</sup> The difference between the totals (42 and 37) is due to five “non applicable” in *relevant* and *specific*.



		QUALITY ASSESSMENT CRITERIA							
		Clear formulation	Relevant	Specific	Operational				
					Baseline available	End line available	Target available	Means of verification	Values collected and reported
#	# of yes (1)	37	29	33	13	7	13	10	9
	# of no (0)	5	8	4	29	35	29	32	33
	Total	42	37	37	42	42	42	42	42
%	# of yes (1)	88%	78%	89%	31%	17%	31%	24%	21%
	# of no (0)	12%	22%	11%	69%	83%	69%	76%	79%
	Total	100%	100%	100%	100%	100%	100%	100%	100%

## Tool C – Action Plan for the improvement of the M&E system

Optional

### What is it and why use it?

The action plan is a document that presents all the recommendations associated with the assessment of the M&E system:

- It increases the likelihood that the country takes the necessary steps to improve the quality of the M&E system;
- It makes it possible to assess progress on the improvement of the system in a more structured, systematised and detailed manner.

The core objective of the plan is to lay the foundations for building up and/or strengthening the results-oriented monitoring component of country office M&E systems. Of the four components of country office M&E systems, this is the one that requires the most significant improvements, given both its strategic relevance and the current poor quality and operational status of result-oriented monitoring systems.

### When to use it?

The plan should be drawn up when the number of recommendations for the M&E system is too large to include them all in detail in the final report, and most importantly, when the senior management and the M&E officer/ focal point express willingness for having such plan.

### How to use it?

The plan has two main sections: a description of the actions for improvement organised by priority level and a form facilitating the follow-up of the actions.

The actions, which describe what should be done in order to make tangible improvements in the system, are divided in three categories:

Type of action	Description
Priority 1	<b>Crucial and urgent aspects</b> (requiring immediate implementation). This type corresponds to aspects that require immediate implementation because they constitute quintessential elements for building up or strengthening the system, and particularly, the results-oriented monitoring component of the system. Priority 1 actions are usually preconditions for the remaining actions to be able to be implemented (especially priority 2 actions).
Priority 2	<b>Aspects to be implemented in the short -term</b> These types of actions encompass aspects that, although crucial, can be implemented in the short-term either because they are inserted in processes that will take place in the near future or because they imply processes or tasks that can be carried out quickly.
Priority 3	<b>Important aspects</b> This type of actions includes elements which are not directly needed to build a results-oriented monitoring system does not depend directly on such actions.

The Action Plan focuses on the results-oriented monitoring part of the system; however, it will not always incorporate all the elements that are required to implement a fully-fledged results-oriented system, especially when the baseline for such a system in the country office is rather low. It would be unreasonable to expect a fully functioning result-oriented system to be designed and implemented in a five-year time span in such cases. It is for this reason that the plan focuses exclusively on the most crucial and important aspects.

The plan should be drawn up on the basis of the actions recommended for each priority category. The sequence is presented below, where the text corresponding to illustrative examples is designated in *italics*:

### **Priority 1 actions**

(Crucial and urgent aspects requiring immediate implementation)

<b>Action 1.1</b>	This box should contain a brief formulation of the action (recommendation) - <i>e.g., formalize the mandate and attribution of responsibilities on results-based monitoring.</i>
-------------------	--

The remaining narrative text under the summary box will describe the action in detail. For example:

*The country office should immediately proceed to formalize the results-oriented monitoring function. For that purpose, the following tasks are suggested:*

*a) Insert the M&E officer position in the organizational structure of the office. It is highly recommended for this position to link directly to senior management. The person responsible for M&E should ideally report to the Resident Representative and, her/his position should not be lower than programme officer.*

*b) Adjust the terms of reference / job description of the current staff so that they incorporate the results-oriented monitoring roles and functions. These should include tasks associated with retrieving output and outcome data, tasks associated with annual revisions of the values of output indicators in the CPAP's M&E Framework; and tasks related to operating and maintaining the information management system linked to results-oriented monitoring.*

It is worth mentioning that within each priority area, actions should be presented on the basis of their relative importance. Therefore action 1.1 should be relatively more crucial and urgent than action 1.2.

<b>Action 1.2</b>	Brief formulation of the action (recommendation)
-------------------	--

...

### **Priority 2 actions**

(Aspects to be implemented in the short –term)

<b>Action 2.1</b>	<i>Improve the quality of the forthcoming CPAP Results and Resources Framework and CPAP M&amp;E Framework by means of incorporating quality assurance mechanisms when designing and formulating them.</i>
-------------------	---

*In order to improve the quality of the next CPAP Results and Resources and M&E Frameworks, the country office should:*

*a) Ensure the use of ex-ante quality assurance tools. In order to do so the country office could request methodological support from the regional office and/or from headquarters. Such support could encompass either the provision of methodological tools or feedback (technical assistance) on the frameworks once they have been drawn up. Another option would be to hire national consultants specialised in the design of M&E systems. These consultants would provide advice during the design of the aforementioned frameworks.*

b) Ensure that the design and formulation of outcomes, outputs and their indicators is an inclusive process, that is:

- A process that counts on the participation of all the relevant technical staff in the country office, who should provide, above all, inputs on the formulation of outputs and their associated indicators.
- A process that factors in the inputs of governmental counterparts when designing and formulating outcomes and outcome indicators, and implementing partners when designing and formulating outputs and output indicators.

**Action 2.2** Brief formulation of the action (recommendation)

...

**Priority 3 actions**  
(Important aspects)

**Action 3.1** Promote the establishment of a CPAP joint revision mechanism with the Government

The Department for Public Investment and External Funding (VIPFE) at the Ministry of Planning should lead the joint review of the CPAP. However, this is not happening due to lack of human resources, technical capacity and inadequate financial allocations to conduct monitoring activities.

In this context, it would be advisable for UNFPA to take the initiative of setting up an annual portfolio review meeting with the VIPFE. This review, apart from financial issues (amounts committed and paid out), should also undertake joint analyses of the achievements using M&E Framework indicators as a reference. For this to happen, the country office should formalize the mandate and attribution of responsibilities on results-based monitoring (action 1.1 above) and improve the quality of the M&E Framework (action 2.1)

**Action 3.2** Brief formulation of the action (recommendation)

...

The **follow up form** of the action plan for the improvement of the M&E system could have the following format:

Action	Description of the action	Who is responsible	Completion date	Current status	Comments on deviations
Action 1.1	Brief description of the action to be carried out as formulated in the body of the Action Plan for improvement.	Name of the person responsible for leading the action.	Deadline by which the action should have been completed.	Date of the entry and brief description of the status of the action by that date.	To be completed when the degree of progress is not satisfactory or when the actions go beyond the completion date.
Action 1.2					
...					
Action 2.1					
...					
Action 3.1					
...					



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