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INTRODUCTION

The purpose of the SRF Global Indicators Manual is to provide guidelines for the pooling and reporting of activities funded by the Sahel Regional Fund. The manual is intended for use by implementing partners.

This manual contains indicator reference sheets for all SRF outcome indicators, guidance on applicability criteria for each indicator. Each sheet in this document describes the key terms for each indicator, how the indicator should be calculated, how disaggregation should be reported, how data should be collected, and any additional external resources that may clarify how to use the indicator in practice.

This manual has been developed using existing resources and does not claim any rights to them:

- ECHO PM KOI
- USAID-BHA indicator handbook
- Global Cluster humanitarian indicator registry
- DRC global strategic indicators, to name a few.

But depending on the type of intervention, this could be refined based on partners feedback on feasibility or completeness of this indicator reference sheet.

Partners are encouraged to develop similar sheets for any performance indicators they wish to add. But the SRF reserves the right to ask partners to include or modify performance indicators based on relevance and/or the need for harmonization among partners.

Indicator list

Project Outcome Indicator

- Number and proportion of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner
- Number of individuals reporting protection violations and/or acute humanitarian needs who receive the SRF minimum multi-sectoral assistance package
- Proportion of individuals reporting protection violations and/or acute humanitarian needs who have access to resources to increase their capacity to protect and start rebuilding their livelihood
- Proportion of assisted household with a reduced Protection-based Coping Strategy Index

Indicator Type	Project Outcome	Sector / Category	Protection
Number and proportion of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner			
Applicability	Mandatory		
Indicator description			
<p>Definition: This is a DG ECHO indicator aiming to ensure that sufficient attention is given to protection mainstreaming to ensure corrective measures are identified and implemented when required during the action.</p> <p>Protection Mainstreaming is the process of incorporating protection principles and promoting meaningful access, safety, and dignity in humanitarian aid. The indicator upfolds the four following elements that must be ensured in all humanitarian activities:</p> <p>Prioritize safety and dignity, and avoid causing harm (SDH): Safety and dignity to be defined and qualified in each context based on the elements identified in the risk analysis – this could be improved freedom of movement; reduced level of violence; better access to services, livelihoods, etc. This requires a solid baseline around questions best qualifying safety and dignity in that particular context to be established at the start of the intervention and measured again at the end of the intervention.</p> <p>Meaningful Access (MEA): ensure people’s access to assistance and services – in proportion to need and without any barriers (e.g., discrimination).</p> <p>Accountability (ACC): set-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints.</p> <p>Participation and empowerment (PEM): support the development of self-protection capacities and assist people to claim their rights.</p>			

The purpose of this indicator is to facilitate the operationalization of protection mainstreaming and provide a way to measure the identification, implementation, and monitoring of required corrective actions/measures. This implies that the difference between the value at the beginning and at the end of the action should not be the focus. Instead, sufficient attention should be given to all four elements of protection mainstreaming throughout the implementation of the action and corrective actions/measures identified and implemented. The overall goal is to have a positive impact on the way the assistance is delivered during the action.

Unit of Measure: Proportion (Of beneficiaries)

Calculation: Refer to the guidance and survey tool at: www.dgecho-partners-helpdesk.eu/download/referencedocumentfile/204

Just take in account the following points:

- Using the compiled data, the indicator value is calculated as follow:
 - Remove all “NO ANSWER” responses from the analysis (i.e., exclude them from the denominator).
 - Sum up the number of respondents who chose “YES COMPLETELY” and “MOSTLY YES” for all questions but MEA 2
 - For MEA 2, sum up the number of respondents who chose “NOT REALLY” and “NOT AT ALL”
 - For each question, calculate the % (# of relevant responses for each sub-question / # of respondents excluding “NOANSWER”)
 - Calculate the average of the percentage for the eight mandatory questions to get the indicator value at the national level
- The indicator value should not be computed by averaging the values of the various measurement done throughout the project.
- Direct participants under 5 years old should not be included in the measurement of this indicator.

Direction of Change: +

Additional Dimensions: NA

Disaggregation: Provide absolute numbers by age, sex, status (Refugee, IDP, returnee and host community) disability (Washington Group indicators) and other marginalized groups (51% women and girls, 60% under 18, 5% with disability/other marginalized group). Category for marginalized group to be defined.

Indicator referenced elsewhere (details):

DATA COLLECTION

Method: Beneficiaries survey using one-on-one interviews.

Source: Survey tool. The tool is referenced in the link in Calculation section.

Frequency of Collection: Depend on the type of intervention but should be conducted continuously. At least 3 times during the project and can be conducted during Post Distribution Monitoring (PDM).

Frequency of Reporting: Annual

Additional Information

The overall disaggregated number should demonstrate that at least 51% of beneficiaries should be women & girls have been reached. Amongst the total reach, at least 60% will be under eighteen years old and at least 5% of the total reach will be people with disability/difficulties and from other marginalized groups.

Indicator Type	Project Outcome	Sector / Category	Protection
Number of individuals reporting protection violations and/or acute humanitarian needs who receive multi-sectoral assistance package			
Applicability	Mandatory		
Indicator description			
Definition: Number of persons targeted based on their acute needs and/or as survivors of protection violations who receive an appropriate response (direct assistance or referrals) based on the minimum package define by SRF (food security, nutrition, health, and protection). An appropriate response is defined as the provision of comprehensive services/assistance (at minimum the SRF minimum package of assistance based on the need) based on a thorough analysis of the risks faced by persons and needs to support the targeting. Relevant SOPs and functional Referral Mechanism should be in place and the individuals reported only once (people centred approach) Describe what services (nutrition, food/NFi, Health, MHPSS, protection (legal or psychosocial first aid etc.) provided. If action includes prevention activities, please present it as a separate custom indicator to reflect this			
Unit of Measure: Number (of individuals)			
Calculation: This is a count of the number of unique individuals reporting protection violations who received minimum multisectoral assistance each year of the project.			
Direction of Change: +			
Additional Dimensions: The overall disaggregated number should demonstrate that at least 51% of beneficiaries reached are women & girls. Amongst the total reach, at least 60% should be under eighteen years old and at least 5% of the total reach should be people with disability/difficulties and from other marginalized groups.			
Disaggregation: age, sex, status (Refugee, IDP, returnee and host community) disability (Washington Group indicators) and other marginalized groups Also provide a breakdown per services/assistance provided and the modality (either in kind, cash or through inter-personal/ community support). The breakdown by services/assistance provided will be used to inform VfM indicator 4.4 (Program Cost Effectiveness).			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Routine Monitoring			
Source: Registration records			
Frequency of Collection: Ongoing/Weekly/Monthly basis			
Frequency of Reporting: Quarterly, Annual, Interim and Final			
Additional Information			
Demonstrate equity: Assess to what extend grantee reach those in greatest need, save lives, and ensure no-one is left behind= Ratio of people with disability/marginalized groups accessing access to early recovery assistance against people without stigmatization.			

Indicator Type	Project Outcome	Sector / Category	Economic Recovery
Proportion of individuals reporting protection violations and/or acute humanitarian needs who have access to resources to increase their capacity to protect and start rebuilding their livelihood			
Applicability	Mandatory if applicable		
Indicator description			
<p>Definition: This indicator report on individual reporting protection violation and/or acute humanitarian who have receive primary services (previous indicator) and who based on needs, availability and capacity received economic recovery services, resources or assistance to protect or start rebuilding their livelihood.</p> <p>Resources and capacity (e.g., digital financial inclusion, literacy/numeracy, market support etc...) that enable people to protect and/or rebuild their livelihood assets include seeds, livestock, tools, business grant etc. Any kind of transfer modality (in-kind, voucher, cash) and combination thereof designed with sectoral objectives to enable the restoration/protection/access of/to livelihood assets. This should support the potential contribution of cash and voucher assistance to longer-term livelihoods. Household surveys (including income and expenditure data) could be used to identify the percentage of households that saved money, protected and/or invested in productive assets or other investments that contribute to longer-term livelihoods.</p>			
Unit of Measure: Percentage (Of individuals)			
Calculation: Divide the number of people receiving protection and/or humanitarian assistance who receiving livelihoods assistance (basis for sustainable livelihoods) by the total number of individuals reporting protection violations and/or acute humanitarian needs who receive the minimum multi-sectoral assistance package.			
Direction of Change: +			
Additional Dimensions: The breakdown of number of services/assistances provided will provide data to inform VfM indicator 4.4 (Program cost effectiveness).			
<p>Disaggregation: by age (youth and adults), sex, status (Refugee, IDP, returnee and host community), disability (Washington Group Indicators) and other marginalized groups (60% youth, 5% with disability/marginalized groups)</p> <p>Also provide the absolute number with services/assistance received.</p>			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Routine Monitoring			
Source: Monitoring and registration records			
Frequency of Collection: Ongoing/Weekly/Monthly basis			
Frequency of Reporting: Quarterly, Annual, Interim and Final			
Additional Information			

Demonstrate equity: Assess to what extent grantee reach those in greatest need, save lives, and ensure no-one is left behind= Ratio of people with disability/marginalized groups accessing access to early recovery assistance against people without stigmatization.

Indicator Type	Project Outcome	Sector / Category	Protection
Proportion of assisted household with a reduced Protection-based Coping Strategy Index			
Applicability	Mandatory		
Indicator description			
<p>Definition: DRC has developed a pilot indicator to assess impact of the lack of food and livelihood on protection. This indicator is adapted to programs aiming at strengthening the protection environment and reducing the protection risks of individuals by strengthening their capacities through the economic environment and the livelihoods of vulnerable household at higher risk of protection incident.</p> <p>To do this, DRC has identified strategies that impact households' protection and can be addressed through economic and basic needs support. These strategies should be defined based on the protection monitoring data and on the analysis of protection cases. These strategies provide information on the protection risks in this specific area. Identifying and interpreting these negative strategies is essential to measure their severity and impact on the households' protection level.</p> <p>Protection risks are measured by the vulnerability of the person/ group, its exposure to threats and its capacity to prevent/mitigate and respond to it. Commonly DRC refers to the risk equation:</p> <p>RISK = (Threats X Vulnerability)/ Risk</p> <p>Protection incidents can be of the nature of a crisis (one identifiable "big" incident) or stress (multiple "small" incidents and pressures). There is a clear relation in protection between the two. People who experience more stress are more likely to experience a crisis (increased threat) as a victim or as a perpetrator.</p> <p>It classifies households according to the severity of the strategies used:</p> <ul style="list-style-type: none"> - Stress strategies refer to behaviours that have a potential negative impact on the protective environment of household members but are not behaviours with overly harmful consequences or lasting impact. - Crisis strategies have more harmful and sometimes irreversible consequences for household members, specifically vulnerable individuals such as children or women. - Emergency strategies also have very harmful consequences for vulnerable people within households, exposing them to very real and irreversible protection risks. <p>Those who do not use any of the surveyed strategies are counted in the "neutral" category.</p>			
Unit of Measure: Percentage (per household)			
Calculation: Refer to the guidance and analysis tool in annex			
Direction of Change: +			
Additional Dimensions: NA			

<p>Disaggregation: By Statut of the household and by gender of the head of house Provide absolute numbers by sex, status (Refugee, IDP, returnee and host community) disability (Washington Group indicators) and other marginalized groups</p>
<p>Indicator referenced elsewhere (details):</p>
<p>DATA COLLECTION</p>
<p>Method: Household survey using one-on-one interviews</p>
<p>Source: Survey tool</p>
<p>Frequency of Collection: Depend on the type of intervention but should be conducted at least at the beginning and end of the period; and also during PDM.</p>
<p>Frequency of Reporting: Annual</p>
<p>Additional Information</p>
<p>Revert to the DRC Technical sheet on calculation of PCSI attached in annex.</p> <p>The coping strategies should be contextualized at the inception of project activities through focus group discussions with key informants, ideally coupled with the baseline studies.</p>

Sector: Protection

Indicator Category: Outcome

- Proportion of individuals who have received an appropriate protection response
- Proportion of local protection mechanisms and local stakeholders reporting that they are engaged in the design and implementation of lasting and inclusive solutions to displacement related issues (51% women, 5% with disability/other marginalized group)
- Proportion of Response Action Plans developed jointly by frontline workers and local communities to prevent/mitigate protection risks

Indicator Type	Outcome	Sector / Category	Protection
Proportion of individuals who have received an appropriate protection response			
Applicability	Mandatory		
Indicator description			
Definition: This indicator covers response to people (adults and children) having been victims of all kinds of violence. Appropriate response is defined as the provision of comprehensive services/assistance based on a thorough protection analysis of the risks faced by persons. The protection outcome of the response must be well defined. Relevant SOPs (including functional Referral Mechanism) should be followed. In the project description, partners should describe the type of services foreseen (medical, MHPSS, legal, security, GBV, Child Protection etc.)			
Unit of Measure: Percentage (Of individuals)			
Calculation: Divide the number of individuals who received an appropriate protection response by the number of individuals of person in need of protection assistance identified over a year.			
Direction of Change: +			
Additional Dimensions:			
Disaggregation: Sex; Age; and disability			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Routine Monitoring			
Source: Activity records, attendance sheets			
Frequency of Collection: ongoing/rolling/monthly basis			
Frequency of Reporting: Quarterly, Annual, Interim and Final			
Additional Information			

Indicator Type	Outcome	Sector / Category	Protection
Proportion of local protection mechanisms and local stakeholders reporting that they are engaged in the design and implementation of lasting and inclusive solutions to displacement related issues			
Applicability	Mandatory		
Indicator description			
Definition: Engagement is defined as participation in project/activity design for the search of solutions (locally or in areas of origin) and risk mitigation strategy (including feedback and communications mechanisms) with the local protection mechanisms and local stakeholders). This indicator will assess the level of collaboration with local stakeholders and local protection system to assess the level of inclusion of local stakeholders and local protection systems in the SRF response. A mapping of local protection mechanism and stakeholders should be established and updated in each intervention area.			
Unit of Measure: Proportion (Of local protection mechanism and stakeholders)			
Calculation: Divide the number of local protection mechanisms and local stakeholders who report that they are engage in project design and implementation by the total number of local protection mechanisms and local stakeholders identified in the area.			
Direction of Change: +			
Additional Dimensions:			
Disaggregation: Sex; and local mechanisms representing marginalized group			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Stakeholder survey			
Source: baseline, midline and endline survey project survey report			
Frequency of Collection: baseline, midline and endline survey			
Frequency of Reporting: Interim and Final			
Additional Information			
1) Stakeholders survey included in project's baseline, midline and endline survey (including both beneficiaries, local stakeholders). The baseline value may/will be updated following the baseline survey. 2) Reports from participatory session, Feedback, and complaints mechanism; Protocols for feedback and complaints – including communication pathways to ensure communities are aware of programming changes; Mapping of non-formal authority, services providers and decision-making mechanisms within different minorities or population groups that might play a role.			

Indicator Type	Outcome	Sector / Category	Protection
Proportion of Response Action Plans developed jointly by frontline workers and local communities to prevent/mitigate protection risks			
Applicability	Mandatory		
Indicator description			
Definition: Community based protection systems prevent harm/rights violations and provide adequate mitigation measures/response to protection risks. This indicator will contribute to assess the risks addressed by a reduction of threats and vulnerabilities. Frontline workers: XXX Local communities: XXX			
Unit of Measure: Proportion (Of response action plan)			
Calculation: Divide the number response action plan developed jointly by frontline workers and local communities by the total number of action plan to prevent/mitigate protection risks developed.			
Direction of Change: +			
Additional Dimensions:			
Disaggregation: NA			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Routine monitoring			
Source: Project records/Response Action plans			
Frequency of Collection: ongoing/rolling/monthly basis			
Frequency of Reporting: Quarterly, Annual, Interim and Final			
Additional Information			

Sector: Food security

Category: Outcome

- Proportion of the target population with acceptable Food Consumption Score (FCS) after the response
- Mean Reduce Coping Strategies Index (rCSI) score

Indicator Type	Outcome	Sector / Category	Food Security
Proportion of the target population with acceptable Food Consumption Score (FCS) after the response			
Applicability	Mandatory if applicable (for project with activities on Food security, food assistance and multipurpose cash.)		
Indicator description			
<p>Definition: FCS measures dietary diversity, energy and macro and micro value of the food consumed at household level. FCS score calculated according to WFP methodology and definition of thresholds. 'Acceptable' is generally designated as a score of greater than 35¹. However, in the Sahel, Food security actors generally use a revised version of this standardize threshold to take into consideration the great consumption of oil and sugar among the poorest population (about 5 times a week). For those countries, the 'Acceptable' score will be greater than 42. Should be the outcome indicator for all general Humanitarian Food Assistance projects as per the sector good practice. This indicator will assess the extend the people centred approach will contribute to meet the multiple basic needs of the most vulnerable by different sectors. Note: a low transfer value (not meeting 100% of the Minimum Expenditure Basket (MEB) or MPC provided on short-term basis in emergency context will affect the achievement of this outcome.</p>			
Unit of Measure: Proportion (Of household)			
Calculation: Percentage of households in the "Acceptable" category: Divide the number of households in the survey with a score in the "Acceptable" range by total number of households in the survey.			
Direction of Change: +			
Additional Dimensions:			
Disaggregation: Sex;			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Beneficiary survey. It is advised to evaluate the same sample toward the intervention to see progression and the last annual value will be considered as final value ² .			
Source: Questionnaire			

¹ This is a reference value, but this can vary or not be relevant for all country. This target value will be discuss with consortium at the beginning of project during the validation on PTM.

² The method will depend on partner intervention approach; This will be discussed and agreed at the beginning of the project.

Frequency of Collection: Data will be collected at the baseline and endline and during the monthly /quarterly/biannual/annual beneficiary survey.

Frequency of Reporting: Data will be reported annually and at the end of the project.

Additional Information

For detail information see: World Food Program Vulnerability Analysis and Mapping (VAM) Unit. Food Consumption Analysis: Calculation and use of the food consumption score in food security analysis. 2008. Rome, Italy. Available online: https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp197216.pdf

Indicator Type	Outcome	Sector / Category	Food Security
Mean Reduced Coping Strategy Index (rCSI)			
Applicability	Mandatory if applicable (for project with activities on Food security, food assistance and multipurpose cash.)		
Indicator description			
Definition:			
Indicators used to show the difficulties households face in accessing food. The CSI is a proxy indicator who measures the:			
<ul style="list-style-type: none"> - frequency of each behaviour (i.e., how many days over the last 7 days the coping strategy was used by any member of the household) - and severity of behaviours (i.e., how serious the strategy is relative to other strategies) adopted by households to cope with a lack of food. 			
The rCSI indicators is used to show the difficulties households face in accessing food. The CSI measures: the frequency and severity of behaviours adopted by households to cope with a lack of food.			
The rCSI raw scores are calculated by multiplying the frequency with which a behaviour was used in the last 7 days by any member of the household by the severity weight, then summing the weighted scores for each coping strategy.			
Unit of Measure: Mean rCSI			
Calculation: The mean (or sample mean) is the mathematical average of the survey sample. To generate the mean, add all of the raw score values from all beneficiaries included in the survey then divide by the total number of beneficiaries included in the survey.			
Direction of Change: -			
Additional Dimensions: Partners should also calculate and present: Standard deviation, Confidence interval and median of the sample, for a better analysis of the reduction of the CSI.			
Disaggregation: Disaggregate data by sex of head of household			
Indicator referenced elsewhere (details):			
DATA COLLECTION			

Method: Beneficiary survey

Source: Questionnaire

Frequency of Collection: Data will be collected at the baseline, mid-term, endline and during PDM

Frequency of Reporting: quarterly, annual interim and end of project.

Additional Information

Refer to section 4.b of The Coping Strategies Index: Field Methods Manual 2nd Edition (January 2008) for guidance on how to develop and tabulate the reduced Coping Strategies Index. Note that the manual is designed to inform the development of the full, context-specific Coping Strategies Index, but it includes useful information on how to tabulate and analyze the reduced index, the rCSI. http://www.fsnnetwork.org/sites/default/files/coping_strategies_tool.pdf

Sector: Nutrition

Category: Outcome

- Number of children under 5 admitted/referred for SAM treatment, Recovery rates, default, death, relapse, and average length of stay for individuals admitted to Management of Acute Malnutrition sites
- Proportion of children 6-23 months of age who receive foods from 5 or more food groups

Indicator Type	Outcome	Sector / Category	Nutrition
Number of children under 5 admitted/referred for the treatment of Severe Acute Malnutrition, Recovery rates, default, death, re-lapse, and average length of stay			
Applicability	Mandatory if applicable (for intervention including Nutrition: Management of acute malnutrition)		
Indicator description			
<p>Definition: This indicator captures information about individuals admitted to supported Management of Acute Malnutrition sites.</p> <p>Admitted: the number of malnourished individuals that enter an acute malnutrition treatment center directly manage by a consortium member.</p> <p>Referred: the number of malnourished individuals that enter an acute malnutrition treatment center manage by another organisation or government entity.</p> <p>One should be selected in the title of the indicator base on the setting of the consortium.</p> <p>In addition to number of children under admitted for acute malnutrition treatment, information on the performance of therapeutic management activities to be collected:</p> <ul style="list-style-type: none"> - Recovery rate: Percent of individuals who have reached the discharge criteria of success defined for the program. - Defaulter rate: Percent of individuals who did not return for treatment two consecutive times. - Death rate: Percent of individuals who died while registered in a community-based management of acute malnutrition program. - Relapse rate: Percent of beneficiaries re-admitted to the program after having been successfully discharged as recovered within the last two months (This is a new episode of Severe Acute Malnutrition). - Length of stay: The number of days elapsed between admission and discharge. <p>Partners should include indicators in case of food supplementation and community mobilization activities.</p>			
Unit of Measure: Proportion (Of household)			
<p>Calculation: Number: This is a count of individuals admitted to supported acute malnutrition sites. Percent - Numerator:</p>			

- Recovery rate: Number of beneficiaries successfully discharged as recovered
- Defaulter rate: Number of defaulters unconfirmed + number of defaulters confirmed
- Death rate: Number of beneficiaries who died whilst registered in program
- Relapse rate: Number of beneficiaries who relapse
- Average Length of Stay - Sum of Individual Length of stay in days (promoted to OTP beneficiaries)

Denominator:

- Recovery rate, defaulter rate, and death rate - Total number discharged
- Relapse rate - Total admissions
- Average Length of Stay - Number of promoted to OTP beneficiaries for SC, Number of recovered beneficiaries for OTP and SFP

The denominator “total discharges” (X) for calculation is the number of recovered + death + defaulter unconfirmed + defaulter confirmed + non-response + medical referral + transfer to therapeutic program for SC).

Direction of Change: N/A

Additional Dimensions:

Disaggregation: Disaggregate numbers by Sex (Male, Female) and age (0-5 months, 6-23 months and 24-59 months)

Indicator referenced elsewhere (details):

DATA COLLECTION

Method: Routine monitoring

Source: CMAM register

Frequency of Collection: Ongoing/Weekly/Monthly basis

Frequency of Reporting: quarterly, annual interim and end of project

Additional Information

Indicator Type	Outcome	Sector / Category	Nutrition
Proportion of children 6-23 months of age who receive foods from 5 or more food groups			
Applicability	Mandatory if applicable (for intervention including Nutrition: Management of acute malnutrition)		
Indicator description			
<p>Definition:</p> <p>The minimum dietary diversity score for children 6-23 months of age (MDD) indicator is designed by the World Health Organization (WHO) to assess diet diversity as part of infant and young child feeding (IYCF) practices among children 6-23 months of age. Minimum dietary diversity indicator assesses the proportion of children 6-23 months of age who have consumed at least five out of eight pre-defined food groups the previous day and night. It is an indicator of a diet's micronutrient adequacy, an important dimension of its quality.</p> <p>Tabulation of the indicator requires that data on breastfeeding status be collected for children 6-23 months of age for the day and night preceding the survey. MDD measures the dietary diversity of both breastfed and non-breastfed children 6-23 months of age.</p> <p>Food Groups</p> <ol style="list-style-type: none"> 1. Breastmilk 2. Grains, roots, and tubers 3. Legumes and nuts 4. Dairy products (milk, yogurt, cheese) 5. Flesh foods (meat, fish, poultry, and liver/organ meats) 6. Eggs 7. Vitamin A-rich fruits and vegetables 8. Other fruits and vegetables 			
Unit of Measure: Proportion (Of children 6-23 months)			
<p>Calculation:</p> <p>The percent is derived by dividing the number of children 6–23 months of age who received foods from ≥5 food groups during the previous day by the number (sample-weighted if collected via survey) of children 6–23 months of age from whom data on breastfeeding and diet were collected.</p> <p>Numerator: Number of children 6–23 months of age who received foods from ≥4 food groups during the previous day</p> <p>Denominator: Number of children 6–23 months of age from whom data on breastfeeding and diet were collected</p>			
Direction of Change: +			
Additional Dimensions:			
Disaggregation: Disaggregate numbers by Sex (Male, Female)			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Beneficiary survey			

Source: Questionnaire
Frequency of Collection: Baseline, mid-term and endline
Frequency of Reporting: Interim and final report
Additional Information
- WHO/UNICEF (2021) Indicators for Assessing IYCF Practices (.pdf)

Sector: Health

- Number of supported individuals who received health care services
- Proportion of assisted individuals who have access to health care when they require it

Indicator Type	Outcome	Sector / Category	Health
Number of supported individuals who received health care services			
Applicability	Mandatory if applicable		
Indicator description			
Definition:			
<p>This indicator provides information on the beneficiary who, through the funded intervention, receives health services either directly, or through referral through the funded intervention.</p> <p>The indicator reports the number of individual not the number of services received.</p> <p>Health services can include preventive, curative, surgical or rehabilitative consultations such as health promotion activities, vaccination delivery, antenatal care including delivery, mental health services (<i>to be defined for health</i>), inpatient care and/or referrals.</p> <p>For this indicator, consultation conducted by community health workers at the household or community level.</p> <p>Depending on the project set-up, partners could be providing direct health services to individuals or refer/provide means for individual to access health services. One set should be select and report on.</p>			
Unit of Measure: Number (of Individuals)			
Calculation: Count the number of individuals accessing health services through the funded intervention			
Direction of Change: +			
Additional Dimensions:			
<p>Disaggregation: Sex (Male, Female), Age (<5 years, >5 years), Status (Refugee, IDP, returnee and host community), by vulnerability using the Washington group</p> <p>Administrative or health area</p> <p>Disaggregation by health service domain (community, primary, secondary); and major causes of morbidity (based on the local context - this should be decided beforehand and standardised between countries); administrative or health area and should be provided in a table/figure or annex in the semi-annual report.</p>			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Routine health facility reporting system			
Source: ongoing/rolling/monthly basis			
Frequency of Collection: Ongoing/Weekly/Monthly basis			
Frequency of Reporting: Quarterly, annual, interim and final report			
Additional Information			

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Indicator Type	Outcome	Sector / Category	Health
Proportion of SRF beneficiaries who have access to health care when they require it			
Applicability	Mandatory if applicable		
Indicator description			
Definition: This indicator will assess the extent to which people receiving assistance have access to health care within a people centred approach. This will ensure that beneficiaries, including the most vulnerable, have access to and are satisfied with services that meet multiple basic needs in different sectors, in this case health. Partners will have to develop the health care package that will be covered by the program either through direct assistance or referral.			
Unit of Measure: Proportion (Of Individuals)			
Calculation: Divide the number of assisted individuals over a year who say they have access to health care when they need, by the total number of individuals assisted surveyed.			
Direction of Change: +			
Additional Dimensions:			
Disaggregation: Sex (Male, Female), Status (Refugee, IDP, returnee and host community), by vulnerability using the Washington group, health service domain (community, primary, secondary, tertiary); type and/or major causes of morbidity (based on the local context - this should be decided beforehand and standardised between countries); administrative or health area			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Beneficiary survey			
Source: questionnaire			
Frequency of Collection: Baseline, mid-term, endline			
Frequency of Reporting: Quarterly, annual, interim and final report			
Additional Information			

Sector: WASH

Category: Outcome

- Proportion of households with access to sufficient and reliable safe water
- Proportion of targeted population who demonstrates adequate hygiene practices

Indicator Type	Outcome	Sector / Category	WASH
Proportion of households with access to sufficient and reliable safe water			
Applicability	Mandatory if applicable		
Indicator description			
Definition: For the purposes of this indicator, you should consider water use for domestic purposes, i.e. drinking, cooking, dishwashing and bathing. Laundry, sprinkling, gardening and livestock use are not taken into account.			
Access: The distance from any household to the nearest waterpoint. Sphere standard :<500 metres. This may be adjusted depending on the national standards and/or WASH cluster recommendations.			
Sufficient: Quantity of water that allows a household to meet the above daily water needs. It is expressed in Liters/person/day. The standard Sphere manual recommends ≥ 15 l/p/d. Although contexts vary, we recommend using this as a target or aligning with national standards or WASH Cluster recommendations. Indicate the source of your target. Percent of households with access to $\geq 7-15$ l/p/d			
Reliable safe water: Water that comes from a protected and/or treated water supply and/or is treated at household or point of use;			
Unit of Measure: Proportion (Of Household)			
Calculation: Divide the number of households with access to ≥ 15 l/p/d of reliable safe water by the total number of households surveyed			
Direction of Change: +			
Additional Dimensions:			
Disaggregation: by status, by vulnerability using the Washington group.			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Community survey			
Source: questionnaire			
Frequency of Collection: Baseline, mid-term, endline			
Frequency of Reporting: Semi-annual, interim and final report			
Additional Information			

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Indicator Type	Outcome	Sector / Category	WASH
Proportion of targeted population who demonstrates adequate hygiene practices			
Applicability	Mandatory if applicable		
Indicator description			
Definition: One of the indicators OR the average of the following indicators depending of the focus of the WASH intervention designed: (1). Proportion of affected households who correctly describe at least three measures to prevent WASH-related diseases (2). Proportion of targeted population washing hands with water and soap or substitute after contact with faeces and before contact with food and water Measure to prevent WASH related diseases: Handwashing with soap, use of toilets, collecting, transporting and storing drinking water or elimination of vector breeding and feeding sites. Washing hands: As in emergency situations it is often not feasible or appropriate to measure actual hand washing through observation of respondent demonstration. If not, possible we recommend in alternative to assess respondents' reports of having used soap or a substitute for hand washing at critical times in the past 24 hours is an alternative. Substitutes for soap are wood ash and clean soil or sand.			
Unit of Measure: Proportion (Of Household)			
Calculation: Number of people who correctly describe at least three measures to prevent WASH-related diseases or reporting having washed their hands with soap or substitute after contact with faeces and before contact with food and water by the total number of persons interviewed			
Direction of Change: +			
Additional Dimensions:			
Disaggregation: by status and vulnerabilities using the Washington group			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Community survey			
Source: questionnaire			
Frequency of Collection: Baseline, mid-term, endline			
Frequency of Reporting: Semi-annual, interim and final report			
Additional Information			

Sector: Accountability

Category: Outcome

- Proportion of supported sites with at least one functional FCRM access point in place and covering all program sectors/activities
- Proportion of complaints resolved and responded within 30 days of receipt

Indicator Type	Outcome	Sector / Category	Accountability
Proportion of supported sites with at least one functional FCRM access point in place and covering all program sectors/activities			
Applicability	Mandatory		
Indicator description			
Definition: The number of operational sites that have a functioning FCRM accessible to population (complaints can be received, recorded, managed, resolved, and responded to), and covering all activities taking place at each location. FCRM access points/channels can be physically present (complaint box, help desk) or virtual (hotline/SMS); however, there must be evidence the community is aware of the mechanisms (demonstrated through community perception data, awareness raising materials and/or activities, etc.).			
Unit of Measure: Proportion (Of sites)			
Calculation: Divide the number of sites with at least one FCRM access point accessible to community receiving goods or services by the total number of supported sites			
Direction of Change: +			
Additional Dimensions:			
Disaggregation: N/A			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Routine monitoring			
Source: Monitoring reports			
Frequency of Collection: Ongoing/Weekly/Monthly basis			
Frequency of Reporting: Quarterly, annual, interim and final report			
Additional Information			

Indicator Type	Outcome	Sector / Category	Accountability
Proportion of complaints resolved and responded within 30 days of receipt			
Applicability	Mandatory		
Indicator description			
Definition:			
<p>The number of complaints where the complainant (individual who raised a concern) has received response (only applicable to complaints with contact information).</p> <p>Depending on the categorisation made by partners, these will involve complaint related to program dissatisfaction (major and minor), staff's behaviour against beneficiaries and sensitive complaints.</p> <p>Responding to a complaint involves partners explaining the decisions made and/or actions taken to resolve the complaint, thus closing the communication loop.</p> <p>To respond to a complaint, partners must first have either made a decision or taken an action to address the complaint.</p>			
Unit of Measure: Proportion (Of complaints)			
Calculation: Divide the number of complaints, with contact information, that received response within 30 days of receipt by the total number of complaints with contact information raised.			
Direction of Change: +			
Additional Dimensions:			
Disaggregation: N/A			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Routine monitoring			
Source: Monitoring reports and complaint register			
Frequency of Collection: Ongoing/Weekly/Monthly basis			
Frequency of Reporting: Quarterly, annual, interim and final report			
Additional Information			

Sector: Cross-cutting (Cash and Voucher assistance value)

Category: Outcome and Output

- Total volume (Pound value) transferred through cash/vouchers
- Proportion of beneficiaries receiving cash/voucher assistance

Indicator Type	Output	Sector / Category	Cross-cutting
Total volume (Pound value) transferred through cash/voucher			
Applicability	Mandatory		
Indicator description			
Definition: As the recommended assistance modality by the SRF, cash assistance will be monitored in this funding. This indicator aims to evaluate the volume of assistance provided through this modality against the total direct assistance provided to beneficiaries. Though the cash is the preferred modality, due to diverse reason such as no market, restricted access, limited infrastructure to support cash modality, partners may choose voucher or a combination of both. The indicator will also capture the monetary value of voucher distributed. This indicator counts the transfer value only and exclude overhead/support costs.			
Unit of Measure: Amount (Of Pound)			
Calculation: Sum the total amount in Pound transferred to beneficiaries + the monetary value of voucher distributed for assistance.			
Direction of Change: +			
Additional Dimensions:			
Disaggregation: by cash and voucher			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Routine monitoring			
Source: Transfer voucher			
Frequency of Collection: Ongoing/Monthly basis			
Frequency of Reporting: Annual, interim and final report			
Additional Information			

Indicator Type	Outcome	Sector / Category	Cross-cutting
Proportion of beneficiaries receiving cash/voucher assistance			
Applicability	Mandatory		
Indicator description			
Definition: Providing cash to disaster-affected people is an effective, efficient and transparent way of delivering humanitarian assistance to the most vulnerable. It ensures that people have the freedom, dignity and independence to choose their own recovery. For this purpose, the SRF will like to know the proportion of beneficiaries receiving direct assistance, which were with Cash and Voucher. For the seek of this indicator, beneficiaries receiving direct assistance are all project beneficiaries excluding those assisted through information sharing activities.			
Unit of Measure: Proportion (Of beneficiaries)			
Calculation: Divide the total number of beneficiaries assisted through cash and voucher by the total number of directly assisted beneficiaries <i>Directly assisted beneficiaries are project assisted beneficiaries excluding those exclusively reached through information sharing activities.</i>			
Direction of Change: +			
Additional Dimensions:			
Disaggregation: for the indicator provide absolute number by: Female (Male, Female), age group (<18, >18) and by modality (Cash, Voucher).			
Indicator referenced elsewhere (details):			
DATA COLLECTION			
Method: Routine monitoring			
Source: Transfer voucher and beneficiaries list			
Frequency of Collection: Ongoing/Monthly basis			
Frequency of Reporting: Annual, interim and final report			
Additional Information			