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USAID Food for Peace

Indicators for Emergency Program Performance Indicator Reference Sheets

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Abbreviations and Acronyms

APS	Annual Program Statement
CBO	Community-based organization
CNA	Child no Adults
CSO	Civil society organizations
CU5	Children under five
EFSP	Emergency Food Security Program
EWR	Early warning and response
FCS	Food Consumption Score
FFP	USAID's Office of Food for Peace
FFPMIS	Food for Peace Management Information System
FNM	Adult Female no Adult Male
GAM	Global Acute Malnutrition
GMP	Growth monitoring and promotion
HHS	Household Hunger Scale
IP	Implementing Partner
MCHN	Maternal and child health and nutrition
MNF	Adult Male no Adult Female
M&F	Adult Male and Adult Female
NGO	Non-governmental organization
ODF	Open defecation free
PaBS	Participant-Based Survey
PBS	Population-Based Survey
PDM	Post-Distribution Monitoring
PIRS	Performance indicator reference sheet
R	Required
RiA	Required if applicable
rCSI	reduced Coping Strategies Index
SAPQ	Standard Annual Performance Questionnaire
SPS	Standard Program Structure
TPM	Third Party Monitoring
USAID	U.S. Agency for International Development
USD	U.S. Dollar
USG	U.S. Government
WASH	Water, sanitation, and hygiene
WFP	World Food Program

USAID Food for Peace Emergency Performance Indicator Reference Sheets

This document provides implementers of emergency food security programs with the information necessary to collect and tabulate data on FFP emergency indicators. Please refer to the current USAID Food for Peace (FFP) Annual Program Statement (APS) for the most up to date requirements for performance monitoring and evaluation of FFP Emergency Food Security Programs (EFSP).

FFP indicators are either *required* (R) or *required if applicable* (RiA). Potential awardees and partners should review the applicability criteria in Table I below to determine which indicators should be included.

Table I. FFP Emergency Food Security Program Indicators

FFP No.	SPS No.	INDICATOR	R / RiA	APPLICABILITY CRITERIA
EFSP 1	EG.3-2	Number of individuals participating in USG food security programs	R	All programs
EFSP 2	N/A	Percentage of households with poor, borderline, and adequate Food Consumption Score (FCS)	RiA	Programs 6 months or more in duration that provide in-kind, non-therapeutic food, cash or voucher transfers.
EFSP 3	N/A	Reduced Coping Strategies Index (rCSI)	RiA	Programs 12 or more months in duration that provide in-kind, non-therapeutic food, cash or voucher transfers.
EFSP 4	N/A	Prevalence of households with moderate or severe Household Hunger Scale (HHS) score	RiA	
EFSP 5	HL.9-1	Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported programs	RiA	Programs (of any duration) that target children under five with nutrition specific interventions including social and behavior change communication that promote essential infant and young child feeding behaviors.
EFSP 6	HL.9-3	Number of pregnant women reached with nutrition-specific interventions through USG-supported programs	RiA	Programs (of any duration) that target pregnant women with nutrition-specific interventions including counseling on maternal and/or child nutrition, multiple micronutrient supplementation, and direct food assistance of fortified/specialized food products.

FFP No.	SPS No.	INDICATOR	R / RiA	APPLICABILITY CRITERIA
EFSP 7	HL.9-2	Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs	RiA	Programs (of any duration) that target children under two with nutrition interventions at the community level.
EFSP 8	HL.9-4	Number of individuals receiving nutrition-related professional training through USG-supported programs	RiA	Programs (of any duration) that provide training on basic and applied nutrition-specific or nutrition-sensitive topics to health professionals, primary health care workers, community health workers, volunteers, policy-makers, researchers, students, and non-health personnel.
EFSP 9	N/A	Prevalence of global acute malnutrition (GAM)	RiA	Programs 12 or more months in duration with nutrition-specific intervention, nutrition objective, and dedicated budget to improving nutrition outcomes.

EFSP I. INDICATOR: Number of individuals participating in USG food security programs (R)

APPLICABILITY: Required for all FFP emergency programs.

FFP Indicator Number: FFP EFSP I
SPS No.: 3.2

DEFINITION:

This indicator is designed to capture the total number of individuals (without double counting) participating in the food security program. This indicator counts direct participants of Food for Peace funded programs, not indirect participants. Implementing Partners (IPs) should track the number of individual participants across different interventions within their own program and to report numbers of participants reached, not number of contacts with the program or program-supported actors.

This indicator counts, with some exceptions listed below, all the individuals participating in FFP nutrition, agriculture, income opportunities, disaster risk management, food systems, and resilience capacity strengthening, and agriculture and food system interventions, including:

- Adults and children that receive in-kind, non-therapeutic food, cash or voucher transfers from the program;
- Adults that programs or program-supported actors reach directly through nutrition-specific and community-level nutrition interventions, (e.g. parents and other caregivers participating in community mother groups, healthcare workers provided with in-service training on how to manage acute malnutrition), but not children reached with nutrition-specific or community-based interventions, who are counted under indicators EFSP6/HL.9-1 and EFSP8/HL.9-2;
- People reached by productive safety nets, community-based savings and micro-finance and diversified livelihood programs through our assistance;
- Members of households reached with household-level interventions (households with new access to basic water and/or sanitation as a result of the program, households receiving family-sized rations);
- People/households that receive agriculture support such as seed, training, and other interventions;
- People in civil society organizations, school management committees, teachers, and government whose skills and capacity have been strengthened by FFP-funded programs or program-supported actors; and
- School-aged children who are recipients of USG school feeding programs.

In cases where programs work with multiple individuals in a household, this indicator counts all program participants in the household, not all members of the household. However, in the case of water, sanitation services, agricultural input distribution, and family-sized rations, all members of the household gaining access to a water point, receiving the sanitation facility or food ration should be counted. An individual is a participant if s/he comes into direct contact with the set of interventions (goods or services) provided or facilitated by the program. The intervention needs to be significant, meaning that if the individual is merely contacted or touched by a program through brief attendance at a meeting or gathering, s/he should not be counted as a participant. An intervention is significant if one can reasonably expect, and hold OUs and IMs responsible for achieving progress toward, changes in behaviors or other outcomes for these individuals based on the level of services and/or goods provided or accessed. Producers with increased access to

EFSP I. INDICATOR: Number of individuals participating in USG food security programs (R)

goods, services and markets for their products and who purchase from or sell to market actors that have been strengthened as a result of our programs are considered to have received a significant intervention.

UNIT:
Number (of people)

CALCULATIONS:
The partner will track participants by disaggregate groups (see below) and provide totals for each disaggregate value and sums for the program-level value.

For awards more than 12 months, participants should only be counted once in the LOA total if they participate for more than one year.

REQUIRED DISAGGREGATION:

Sex: Female, Male
Age Category: 15-29; 30+;

LEVEL: Output	CUMULATIVE/NON-CUMULATIVE: Non-cumulative	DIRECTION OF CHANGE: Higher is better
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MEASUREMENT NOTES

LEVEL OF COLLECTION:	Program-level, program participants
WHO COLLECTS DATA:	Implementing partner
DATA SOURCE:	Program records/program data, regular monitoring systems such as registration/attendance lists during programs or unique identifier cards.
FREQUENCY OF DATA COLLECTION:	[Ongoing or other frequency, as described in M&E Plan.]
DATA COLLECTION METHODS:	Data collection frequency depends on the methodology described in the M&E plan; reporting frequency is annual.

FURTHER GUIDANCE:

Feed the Future Indicator Handbook (March 2018) includes a detailed description of this indicator.

EFSP 2. INDICATOR: Percentage of households with poor, borderline, and adequate Food Consumption Score (FCS) (RiA)

APPLICABILITY: Programs 6 or more months in duration that provide in-kind, non-therapeutic food, cash or voucher transfers.

FFP Indicator Number: FFP EFSP 2

SPS No.: Not Applicable

DEFINITION:

The Food Consumption Score (FCS) is a composite score based on dietary diversity, food frequency, and the relative nutritional importance of different food groups. A questionnaire is used to ask respondents about the frequency of their households' consumption of nine food groups over the previous seven days. To calculate the FCS, the consumption frequencies are summed and multiplied by the standardized food group weight (see table below). Households are then be classified into three groups based on their weighted scores--poor, borderline, or acceptable--using the World Food Program's recommended cutoff points (or approved, country-specific cutoff points).

FCS Food Groups and Relative Weights

Group	Weight	Food Items
Main staples	2	Maize, rice, sorghum, other cereals; tubers; plantains
Pulses	3	Beans, peas, groundnuts and cashew nuts
Vegetables	1	Vegetables, and leaves
Fruit	1	Fruits
Meat / fish	4	Beef, goat, poultry, pork, eggs and fish
Milk	4	Milk, yogurt and other diary
Sugar	0.5	Sugar and sugar products, honey
Oil	0.5	Oils, fats and butter
Condiments	0	Spices, tea, coffee, salt, fish power, small amounts of milk for tea

UNIT

No.	Data Point	Direction of Change	Reporting Req.	Indicator Table	SAPQ
1	Percentage of households with FCS of 0-21 = Poor	-	Required	X	X
2	Percentage of households with FCS of 21.5-35 = Borderline	N/A	Required	X	X
3	Percentage of households with FCS of > 35 = Acceptable	+	Required	X	X
4	Total number of participant households	+	Required	X	X

CALCULATIONS

After raw scores are tabulated (per the WFP technical guidance), raw scores are translated into categories using standard (or country-specific cutoff points). Once these scores are tabulated, the data points below should be calculated using the formulas below.

EFSP 2. INDICATOR: Percentage of households with poor, borderline, and adequate Food Consumption Score (FCS) (RiA)

No.	Data Point	Calculation
1	Percentage of households with FCS of 0-21 = Poor	Divide the number of participant households with score of “poor” by total number of participant households.
2	Percentage of households with FCS of 21.5-35 = Borderline	Divide the number of participant households with score of “borderline” by total number of participant households.
3	Percentage of households with FCS of > 35 = Acceptable	Divide the number of participant households with score of “acceptable” by total number of participant households.
4	Total number of participant households	This is a sum of the total number of participant households.

RECOMMENDED DISAGGREGATION:

Recommended disaggregation by household composition: Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Male and Female Adults (M&F), Child no Adults (CNA). *Please note that additional FFP guidance on household composition disaggregation is forthcoming.*

LEVEL (OUTCOME/ OUTPUT): Outcome	CUMULATIVE / NON-CUMULATIVE: Non-cumulative	DIRECTION OF CHANGE: % in Poor category: lower is better % in Acceptable category: higher is better
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MEASUREMENT NOTES

LEVEL OF COLLECTION:	Program-level, program participants’ households
WHO COLLECTS DATA:	[Implementing partner or third party data collection firm]
DATA SOURCE:	Baseline and endline participant-based surveys
FREQUENCY OF DATA COLLECTION:	[At baseline and endline for awards 12 months or more, or as indicated in the award. Data collection every 6 months.]
DATA COLLECTION METHODS:	[This section should include any additional, relevant information on data collection such as collection instrument.]

FURTHER GUIDANCE:

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. The FCS tool and tool summaries are available on the USAID SPRING website: <https://www.spring-nutrition.org/publications/tool-summaries/food-consumption-analysis>

GUIDANCE ON COUNTRY ADAPTATION: The questionnaire should be adapted for each unique setting so that common, local foods are included in each food category in the questionnaire. Data collectors should refer to the current guidance (see above) to get ideas on how to adapt the questionnaire to the local context. The food groups, however, cannot be changed.

GUIDANCE ON HOUSEHOLD FOOD CONSUMPTION INCLUSION/EXCLUSION

EFSP 2. INDICATOR: Percentage of households with poor, borderline, and adequate Food Consumption Score (FCS) (RiA)

CRITERIA. The respondent should be instructed to include foods consumed by household members in the home or foods prepared in the home but consumed away from home (e.g. lunch prepared at home but consumed in the fields or at the place of employment). Generally, foods purchased and consumed outside the home are not included. While this may result in underrepresentation of dietary diversity of certain family members (e.g. day laborers who consume one or more meals or snacks away from home), the FCS is intended to reflect the average household dietary diversity of all members. As such, inclusion of foods purchased and consumed away from home may result in overestimation of the household-level food consumption patterns. However, in some rare circumstances, the survey implementers may decide to include those foods; in these instances, this should be clearly documented so subsequent surveys will use the same protocol and data may be interpreted corrected and compared.

EFSP 3. INDICATOR: Reduced Coping Strategies Index (rCSI) (RiA)

APPLICABILITY: Programs 12 or more months in duration that provide in-kind, non-therapeutic food, cash or voucher transfers.

FFP Indicator No: EFSP 3
SPS Indicator No.: Not Applicable

DEFINITION:

The rCSI is a proxy indicator of household food insecurity that is based on a list of behaviors (coping strategies). The index reflects both the *frequency* of each behavior (i.e. how many times the coping strategy was used by any member of the household) and *severity* (i.e. how serious the strategy). The rCSI is based on a list of five food-related coping strategies that the household used in the seven days prior to the survey. The rCSI raw scores are calculated by multiplying the frequency with which a behavior was used by a universally used severity weight, then summing the weighted scores for each coping strategy. The maximum raw score for the rCSI is 56, i.e. a household that used all five strategies every day for the last 7 days would have a raw score of 56.

Coping Strategies	Severity Weight
“In the previous 7 days, did you..._____?”	
1. Rely on less preferred and less expensive foods	1
2. Borrow food or rely on help from friends or relatives	2
3. Limit portion size at mealtime	1
4. Restrict consumption by adults in order for small children to eat	3
5. Reduce number of meals eaten in a day	1

UNIT

No.	Data Point	Direction	Reporting Req.	Indicator Table	SAPQ
1.	Mean	-	Required	X	X
2.	Standard deviation	N/A	Required	X	
3.	Confidence interval (95%)	N/A	Required	X	X
4.	Total number of participant households	+	Required	X	X
5.	Median	N/A	Recommended	X	

CALCULATIONS:

No.	Data Point	Calculation
1.	Mean	The mean (sample mean) is the mathematical average of all participant households included in the survey sample. The mean is calculated by summing the raw scores for all participant households included in the sample and then dividing by the total number of participant households included in the sample.
2.	Standard	The standard deviation is a measure of variation or dispersion in a

	deviation	dataset. Partners are encouraged to use a software program to calculate the standard deviation of the sample.
3.	Confidence interval (95%)	The confidence interval is a range of numbers within which we believe the true population parameter falls. It is calculated by finding the upper and lower limits of the true population parameter. Partners are encouraged to use a software program to calculate the confidence interval at the 95% confidence level. <i>Take care to use the correct formula to calculate the confidence interval for a mean (not proportion), and determine whether the population variance is known or unknown.</i>
4.	Total number of participant households	This is a sum of the total number of participant households.
5.	Median	This is the “middle” number in a sorted list of numbers. Partners are encouraged to use a software program to identify the median.

RECOMMENDED DISAGGREGATION:

Recommended disaggregation by household composition: Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Male and Female Adults (M&F), Child no Adults (CNA). *Please note that additional FFP guidance on household composition disaggregation is forthcoming.*

LEVEL (OUTCOME/OUTPUT): Outcome	CUMULATIVE/NON-CUMULATIVE: Non-cumulative	DIRECTION OF CHANGE: Mean: lower is better
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MEASUREMENT NOTES

LEVEL OF COLLECTION:	Program-level, program participant’s households
WHO COLLECTS DATA:	[Implementing partner or third party data collection firm]
DATA SOURCE:	Baseline and endline participant-based surveys
FREQUENCY OF DATA COLLECTION:	[At baseline and endline for awards 12 months or more, or as indicated in the award. Data collection every 6 months.]
DATA COLLECTION METHODS:	[This section should include any additional, relevant information on data collection such as collection instrument.]

FURTHER GUIDANCE:

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

EFSP 4. INDICATOR: Prevalence of households with moderate or severe hunger (Household Hunger Scale, HHS) (RiA)

APPLICABILITY: Programs 12 or more months in duration that provide in-kind, non-therapeutic food, cash or voucher transfers.

FFP Indicator Number: FFP EFSP 4
SPS Indicator No.: N/A

DEFINITION:

The HHS is a food deprivation scale that measures the percent of households experiencing hunger. To collect data for this indicator, the person in the household in charge of food preparation is asked about the frequency with which three events were experienced by any household member in the last four weeks:

1. No food at all in the house
2. Went to bed hungry
3. Went all day and night without eating

If the event is reported as having not been experienced in the last four weeks, the response is coded as “never” (value = 0). If the event is reported as having been experienced in the last four weeks, a frequency of occurrence question is asked to determine how often the event was experienced. For each frequency of occurrence question, the following responses are possible: “rarely” (value = 1), “sometimes” (value = 2), and “often” (value = 3). For tabulation purposes, the responses are then recoded into three frequency categories: “never” (new recoded value = 0), “rarely or sometimes” (new recoded value = 1), and “often” (new recoded value = 2). Values for the three questions are summed for each household, producing a HHS raw score ranging from 0 to 6. The raw scores are then tabulated into the following categories:

- HHS score 0-1 = little to no hunger
- HHS score 2-3 = moderate hunger
- HHS score 4-6 = severe hunger

FFP requires reporting of the percentage of households with a score of “moderate” to “severe” hunger, as indicated in the table below.

UNIT:

No.	Data Point	Direction of Change	Reporting Req.	Indicator Table	SAPQ
1	Percentage of households with Moderate to Severe HHS Score	-	Required	X	X
4	Total number of participant households	+	Required	X	X

CALCULATIONS:

No.	Data Point	Calculation
1	Percentage of households with Moderate to Severe HHS Score	Add up the number of households in the “moderate” and “severe” food security categories, then divide by total number of participant households.
2	Total number of participant households	This is a sum of the total number of participant households.

EFSP 4. INDICATOR: Prevalence of households with moderate or severe hunger (Household Hunger Scale, HHS) (RiA)

RECOMMENDED DISAGGREGATION:

Recommended disaggregation by household composition: Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Male and Female Adults (M&F), Child no Adults (CNA). *Please note that additional FFP guidance on household composition disaggregation is forthcoming.*

LEVEL (OUTPUT / OUTCOME / INPUT): Impact	CUMULATIVE/NON-CUMULATIVE: Non-cumulative	DIRECTION OF CHANGE: Lower is better
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MEASUREMENT NOTES

LEVEL OF COLLECTION:	Program-level, program participant's households
WHO COLLECTS DATA:	[Implementing partner or third party data collection firm]
DATA SOURCE:	Baseline and endline participant-based surveys
FREQUENCY OF DATA COLLECTION:	[At baseline and endline for awards 12 months or more, or as indicated in the award. Data collection every 6 months.]
DATA COLLECTION METHODS:	[This section should include any additional, relevant information on data collection such as collection instrument.]

FURTHER GUIDANCE:

The *Household Hunger Scale (HHS): Indicator Definition and Measurement Guide (2011)* provides operational guidance for the collection and tabulation of the HHS. This and related guidance are available online at <https://www.fantaproject.org/monitoring-and-evaluation/household-hunger-scale-hhs>

EFSP 5. INDICATOR: Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported programs (RiA)

APPLICABILITY: Programs (of any duration) that target children under five with nutrition specific interventions including social and behavior change communication that promote essential infant and young child feeding behaviors.

FFP Indicator Number: FFP EFSP 5
SPS Indicator Number: HL.9-1

DEFINITION:

Children under 5: Children under 5 years are those 0-59 months of age. They are often targeted by US-supported programs with nutrition objectives.

Reached by nutrition-specific interventions: A child can be counted as reached if s/he receives one or more of the following nutrition-specific interventions directly or through the mother/caretaker:

1. Behavior change communication (BCC) interventions that promote essential infant and young child feeding behaviors including:
 - Immediate, exclusive, and continued breastfeeding
 - Appropriate, adequate and safe complementary foods from 6 to 24 months of age
2. Vitamin A supplementation in the past 6 months
3. Zinc supplementation during episodes of diarrhea
4. Multiple Micronutrient Powder (MNP) supplementation
5. Treatment of severe acute malnutrition
6. Treatment of moderate acute malnutrition
7. Direct food assistance of fortified/specialized food products (i.e. CSB+, Super cereal Plus, RUTF, RUSF, etc.)

Projects that support Growth Monitoring & Promotion (GMP) interventions should report children reached under the BCC disaggregate (see in the table under “Calculations” below).

Children can be double-counted across the intervention disaggregates if they receive more than one intervention, but a unique number of children reached must be entered into the sex disaggregates. In order to avoid double counting across interventions, the implementing partner should follow a two-step process:

1. First, count each child by the type of intervention. For example a child whose mother receives counseling on exclusive breastfeeding and who also receives vitamin A during a child health day should be counted once under each intervention;
2. Second, eliminate double counting when estimating the total number of children under-5 reached and to disaggregate by sex. The partner may develop a system to track individual children using unique identifiers or estimate the overlap between the different types of interventions and subtract it from the total.

In Community Management of Acute Malnutrition (CMAM) programs, some children who are discharged as “cured” may relapse and be readmitted at a later date. Due to limitations in tracking such children, there may be some double counting of children who were treated for severe and/or moderate acute malnutrition more than once during the same year.

EFSP 5. INDICATOR: Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported programs (RiA)

UNIT:

Number (people)

No.	Data Point	Direction of Change	Reporting Req.	Indicator Table	SAPQ
1a	Total number of children under five (0-59 months) reached with nutrition-specific interventions	+	Required	X	X
1b	Total number of male children under five reached with nutrition-specific interventions	+	Required	X	X
1c	Total number of female children under five reached with nutrition-specific interventions	+	Required	X	X
2a	Total number of children under five reached through parents/caretakers who received behavior change communication interventions that promote essential infant and young child feeding behaviors	+	Required	X	X
2b	Total number of children under 5 who received vitamin A supplementation in the past 6 months	+	Required	X	X
2c	Total number of children under five who received zinc supplementation during episode of diarrhea	+	Required	X	X
2d	Total number of children under five who received Multiple Micronutrient Powder (MNP) supplementation	+	Required	X	X
2e	Total number of children under five who were admitted for treatment of severe acute malnutrition	+	Required	X	X
2f	Total number of children under five who admitted for treatment of moderate acute malnutrition	+	Required	X	X
2g	Total number of children under five who received direct food assistance	+	Required	X	X

CALCULATIONS:

No.	Data Point	Direction of Change
1a	Total number of children under five (0-59 months) reached with nutrition-specific interventions	This is the sum of all children under five reached with nutrition-specific interventions. Children who received multiple interventions should <u>not</u> be double-counted.
1b	Total number of male children under five reached with nutrition-specific	Children should <u>not</u> be double-counted under this disaggregation, i.e. a unique number of

EFSP 5. INDICATOR: Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported programs (RiA)

	interventions	children must be entered into these disaggregates such that $1a = 1b + 1c$
1c	Total number of female children under five reached with nutrition-specific interventions	
2a	Total number of children under five reached through parents/caretakers who received behavior change communication interventions that promote essential infant and young child feeding behaviors	<p>These disaggregate values should include the sum of all children under five reached through each type of intervention.</p> <p>Children who received multiple interventions <u>should</u> be double-counted across these disaggregates.</p> <p>Projects that support Growth Monitoring & Promotion (GMP) interventions should report children reached under the BCC disaggregate (2a).</p>
2b	Total number of children under 5 who received vitamin A supplementation in the past 6 months	
2c	Total number of children under five who received zinc supplementation during episode of diarrhea	
2d	Total number of children under five who received Multiple Micronutrient Powder (MNP) supplementation	
2e	Total number of children under five who were admitted for treatment of severe acute malnutrition	
2f	Total number of children under five who admitted for treatment of moderate acute malnutrition	
2g	Total number of children under five who received direct food assistance	

REQUIRED DISAGGREGATION:

Sex: Male, Female

Intervention:

- parents/caretakers received behavior change communication interventions that promote essential infant and young child feeding behaviors
- received vitamin A supplementation in the past 6 months
- received zinc supplementation during episode of diarrhea
- received Multiple Micronutrient Powder (MNP) supplementation
- admitted for treatment of severe acute malnutrition
- admitted for treatment of moderate acute malnutrition
- received direct food assistance

LEVEL (OUTPUT / OUTCOME / INPUT): Output	CUMULATIVE/NON-CUMULATIVE: Non-cumulative	DIRECTION OF CHANGE (+/-): Higher is better
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EFSP 5. INDICATOR: Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported programs (RiA)

MEASUREMENT NOTES

LEVEL OF COLLECTION:	Program-level, program participants
WHO COLLECTS DATA:	Implementing partner
DATA SOURCE:	Program records, program data, regular monitoring systems such as registration/attendance lists during programs or unique identifier cards; OR participant- or population-based surveys. If the implementing partner has a list of participants, data may be collected through a participant-based survey and indicator values computed as sample-weighted totals. The data disaggregation by type of intervention can also be collected using participant-based surveys if the implementing partner has a good estimate of the total number of children reached but not a list of specific participants.
FREQUENCY OF DATA COLLECTION:	[Data collection frequency depends on the methodology described in the M&E plan. Reporting frequency is annual.]
DATA COLLECTION METHODS:	[This section should include any additional, relevant information on data collection such as collection instrument.]
FURTHER GUIDANCE: <i>Feed the Future Indicator Handbook</i> (March 2018) includes a detailed description of this indicator.	

EFSP 6. INDICATOR: Number of pregnant women reached with nutrition-specific interventions through USG-supported programs (RiA)

APPLICABILITY: Programs (of any duration) that target pregnant women with nutrition-specific interventions including counseling on maternal and/or child nutrition, multiple micronutrient supplementation, and direct food assistance of fortified/specialized food products.

FFP Indicator Number: FFP EFSP 6
SPS Indicator Number: HL.9-3

DEFINITION:

Pregnant women: This indicator captures the reach of programs that are targeted toward women during pregnancy, intended to contribute to the health of both the mother and the child, and to positive birth outcomes. A separate indicator will count the number of children under 2 reached by USG-supported programs (indicator EFSP 7 *Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs*).

Nutrition-specific interventions: A pregnant woman can be counted as reached if she receives one or more of the following interventions:

1. Iron and folic acid supplementation
2. Counseling on maternal and/or child nutrition
3. Calcium supplementation
4. Multiple micronutrient supplementation
5. Direct food assistance of fortified/specialized food products (i.e. CSB+, Super cereal Plus, RUTF, RUSF, etc.)

Nutrition interventions for women are often delivered at the facility level, included in the package of antenatal care, but they may also be delivered through community-level platforms, such as care groups or community health extension programs.

Iron and folic acid (IFA) supplementation is a commonly implemented intervention for pregnant women, often with broad coverage. Ideally, however, pregnant women should receive nutrition interventions beyond IFA, within a comprehensive ANC program informed by the local epidemiology of nutrient deficiencies. A woman is considered “reached” with IFA if she receives the IFA according to national guidelines regardless of the number of days she adheres. If a woman only receives Iron or only Folic Acid, she would not count as reached.

If the IP contributed to “supply” side programs (e.g. procuring the commodity), then the women reached through these interventions can be counted as reached. If the programs are only “demand” creation (e.g. awareness raising), then they should not be counted under this indicator.

The nutrition interventions during pregnancy listed above affect neonatal health outcomes such as low birth weight, small for gestational age, preterm birth, and cretinism. Nevertheless, pregnant women reached by these interventions should be counted under this indicator, and not counted as a “child reached” under the Nutrition indicators: *EFSP 5 (1) Number of children under 5 (0-59 months) reached with nutrition-specific interventions through USG-supported programs; and EFSP 7 (2) Number of children under 2 (0-23 months) reached with community-level nutrition interventions through USG-supported programs*.

Women can be double-counted across the intervention disaggregates if they receive more than one intervention, but a unique number of women reached must be entered into the age disaggregates. In

EFSP 6. INDICATOR: Number of pregnant women reached with nutrition-specific interventions through USG-supported programs (RiA)

order to avoid double counting across interventions, the implementing partner should follow a two-step process:

1. First, count each pregnant woman by the type of intervention. For example a woman who receives IFA and who also receives nutrition counseling should be counted twice, once under each intervention;
2. Second, eliminate double counting when estimating the total number of pregnant women reached and to disaggregate by age group. The partner should estimate the overlap between the different types of interventions. For example, if 100 women receive comprehensive facility-based ANC care and 20 of those women are also participants in a community-based nutrition SBCC program, the total number of pregnant women reported in aggregate is only 100, not 120.

UNIT:

Number (people)

No.	Data Point	Direction of Change	Reporting Req.	Indicator Table	SAPQ
1a	Total number of pregnant women reached	+	Required	X	X
1b	Total number of pregnant women < 19 years of age reached	+	Required	X	X
1c	Total number of pregnant women > or = 19 years of age reached	+	Required	X	X
2a	Total number of pregnant women receiving iron and folic acid supplementation	+	Required	X	X
2b	Total number of pregnant women receiving counseling on maternal and/or child nutrition	+	Required	X	X
2c	Total number of women receiving calcium supplementation	+	Required	X	X
2d	Total number of women receiving multiple micronutrient supplementation	+	Required	X	X
2e	Total number of women receiving direct food assistance of fortified/specialized food products	+	Required	X	X

CALCULATIONS:

No.	Data Point	Direction of Change
1a	Total number of pregnant women reached	This is the sum of all pregnant women reached. Individuals who received multiple interventions should <u>not</u> be double-counted.
1b	Total number of pregnant women < 19 years of age reached	Individuals should <u>not</u> be double-counted under this disaggregation, i.e. a unique number of women must be entered into these disaggregates such that $1a = 1b + 1c$
1c	Total number of pregnant women > or = 19 years of age reached	
2a	Total number of pregnant women receiving iron and folic acid	These disaggregate values should include the sum of all pregnant women reached through

EFSP 6. INDICATOR: Number of pregnant women reached with nutrition-specific interventions through USG-supported programs (RiA)

	supplementation	each type of intervention. Individuals who received multiple interventions <u>should</u> be double-counted across these disaggregates.
2b	Total number of pregnant women receiving counseling on maternal and/or child nutrition	
2c	Total number of women receiving calcium supplementation	
2d	Total number of women receiving multiple micronutrient supplementation	
2e	Total number of women receiving direct food assistance of fortified/specialized food products	

REQUIRED DISAGGREGATION:

Age: <19, 19+ years of age

Intervention:

- Number of women receiving iron and folic acid supplementation
- Number of women receiving counseling on maternal and/or child nutrition
- Number of women receiving calcium supplementation
- Number of women receiving multiple micronutrient supplementation
- Number of women receiving direct food assistance of fortified/specialized food products

LEVEL (OUTPUT / OUTCOME / IMPACT): Output	CUMULATIVE / NON-CUMULATIVE: Non-cumulative	DIRECTION OF CHANGE: Higher is better
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MEASUREMENT NOTES

LEVEL OF COLLECTION:	Program-level, program participants
WHO COLLECTS DATA:	Implementing partner
DATA SOURCE:	Program records, program data, regular monitoring.
FREQUENCY OF DATA COLLECTION:	[Data collection frequency depends on the methodology described in the M&E plan.]
DATA COLLECTION METHODS:	[This section should include any additional, relevant information on data collection.]

FURTHER GUIDANCE:

Feed the Future Indicator Handbook (March 2018) includes a detailed description of this indicator.

EFSP 7. INDICATOR: Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs (RiA)

APPLICABILITY: Programs (of any duration) that target children under two with nutrition interventions at the community level.

FFP Indicator Number: FFP EFSP 7

SPS Indicator Number: HL.9-2

DEFINITION:

Children under 2: This indicator captures the children reached from birth to 23 months, and a separate indicator will count the number of pregnant women reached by USG-supported programs (EFSP 6). Children are counted as reached if their mother/caregiver participated in a community-level nutrition program.

Community-level nutrition interventions: Community-level nutrition programs are implemented on an ongoing basis at the community level and involve multiple, repeated contacts with pregnant women, mothers, and/or caregivers of children. At a minimum, ‘repeated contact’ means two or more community-level interactions during the reporting year. However, an IP does not need to track the number of contacts and can estimate this based on the nature of the intervention. For example, a mother group approach typically includes multiple repeated contacts. Community-level nutrition programs should always include social and behavior change communication interventions focused on key maternal and infant and young child nutrition practices. Common strategies to deliver community-level interventions include The Care Group Model, Mothers’ Support Groups, Husbands’ Groups (École des Maris), and PD Hearth for malnourished children.

Community-level nutrition programs should coordinate with public health and nutrition campaigns such as child health days and similar population-level outreach programs conducted at a national (usually) or subnational level at different points in the year. Population-level campaigns may focus on delivering a single intervention, but most commonly deliver a package of interventions such as vitamin A supplements, de-worming tablets, and routine immunization, and may include screening for acute malnutrition, growth monitoring, and distribution of insecticide-treated mosquito nets.

Facility-level Interventions that are brought to the community-level may be counted as community-level interventions if these involve multiple, repeated contacts with the target population (e.g. services provided by community-based health extension agents, mobile health posts).

Children under 2 reached only by population-level campaigns, and those reached solely through community drama, comedy, or video shows, should not be counted under this indicator. However, projects should still use mass communication interventions like dramas to reinforce SBCC messages.

Children count as “reached” if their mother/caregiver participated in the community-level nutrition program. If, after birth, the child benefits from the intervention, then the child should be counted—regardless of the primary recipient of the information, counseling, or intervention. For example, if a project provides counseling on complementary feeding, then the child should be counted as reached.

Children reached by community-level nutrition programs should be counted only once per reporting year, regardless of the number of contacts with the child.

EFSP 7. INDICATOR: Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs (RiA)

UNIT:
Number (people)

No.	Data Point	Direction of Change	Reporting Req.	Indicator Table	SAPQ
Ia	Total number of children under two reached with community-level nutrition interventions through USG-supported programs	+	Required	X	X
Ib	Total number of male children under two reached with community-level nutrition interventions through USG-supported programs	+	Required	X	X
Ic	Total number of female children under two reached with community-level nutrition interventions through USG-supported programs	+	Required	X	X

CALCULATIONS:

No.	Data Point	Direction of Change
Ia	Total number of children under two reached with community-level nutrition interventions through USG-supported programs	This is the sum of all children under two reached with nutrition-specific interventions. Children who received multiple interventions should <u>not</u> be double-counted.
Ib	Total number of male children under two reached with community-level nutrition interventions through USG-supported programs	Children should <u>not</u> be double-counted under this disaggregation, i.e. a unique number of children must be entered into these disaggregates such that $Ia = Ib + Ic$
Ic	Total number of female children under two reached with community-level nutrition interventions through USG-supported programs	

REQUIRED DISAGGREGATION:

Sex: Male, Female

LEVEL (OUTPUT / OUTCOME / IMPACT): Output	CUMULATIVE / NON-CUMULATIVE: Non-cumulative	DIRECTION OF CHANGE: Higher is better
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MEASUREMENT NOTES

LEVEL OF COLLECTION:	Program-level, program participants
WHO COLLECTS DATA:	Implementing partner
DATA SOURCE:	Program records, program data, regular monitoring.

EFSP 7. INDICATOR: Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs (RiA)

FREQUENCY OF DATA COLLECTION:

[Data collection frequency depends on the methodology described in the M&E plan.]

DATA COLLECTION METHODS:

[This section should include any additional, relevant information on data collection.]

FURTHER GUIDANCE:

Feed the Future Indicator Handbook (March 2018) includes a detailed description of this indicator.

EFSP 8. INDICATOR: Number of individuals receiving nutrition-related professional training through USG-supported programs (RiA)

APPLICABILITY: Programs (of any duration) that provide training on basic and applied nutrition-specific or nutrition-sensitive topics to health professionals, primary health care workers, community health workers, volunteers, policy-makers, researchers, students, and non-health personnel.

FFP Indicator Number: FFP EFSP 8
SPS Indicator Number: HL.9-2

DEFINITION:

Individuals: The indicator includes health professionals, primary health care workers, community health workers, volunteers, policy-makers, researchers, students, and non-health personnel (e.g. agriculture extension workers) who receive training. This indicator does not include direct community-level beneficiaries such as mothers receiving counseling on maternal, infant, and young child nutrition.

Nutrition-related: Individuals should be trained in basic and applied nutrition-specific or nutrition-sensitive topics in academic, pre- and in-service venues.

Professional training: This indicator captures the number of individuals to whom significant knowledge or skills have been imparted through interactions that are intentional, structured, and designed for this purpose. There is no pre-defined minimum or maximum length of time for the training; what is key is that the training reflects a planned, structured curriculum designed to strengthen nutrition capacities, and there is a reasonable expectation that the training recipient will acquire new knowledge or skills that s/he could translate into action.

IPs should count an individual only once, regardless of the number of trainings received during the reporting year and whether the trainings covered different topics. If an individual is trained again during a following year, s/he can be counted again for that year. Do not count sensitization meetings or one-off informational trainings. In-country and off-shore training are included. Training should include a nutrition-specific or nutrition-sensitive focus as defined in the USAID multi-sectoral nutrition strategy and any updated implementation guidance documents. Implementing agencies may encourage partner professional institutions (e.g. health facilities, agriculture extension offices, Universities, Ministries) to maintain a list of employees and trainings received.

UNIT:

Number (people)

No.	Data Point	Direction of Change	Reporting Req.	Indicator Table	SAPQ
Ia	Total number of individuals receiving nutrition-related professional training through USG-supported programs	+	Required	X	X
Ib	Total number of male individuals receiving nutrition-related professional training through USG-supported programs	+	Required	X	X

Ic	Total number of female individuals receiving nutrition-related professional training through USG-supported programs	+	Required	X	X
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CALCULATIONS:

No.	Data Point	Calculation
Ia	Total number of individuals receiving nutrition-related professional training through USG-supported programs	This is the sum of all individuals reached. Individuals who received multiple interventions should <u>not</u> be double-counted.
Ib	Total number of male individuals receiving nutrition-related professional training through USG-supported programs	Individuals should <u>not</u> be double-counted under this disaggregation, i.e. a unique number of individuals must be entered into these disaggregates such that $Ia = Ib + Ic$
Ic	Total number of female individuals receiving nutrition-related professional training through USG-supported programs	

REQUIRED DISAGGREGATION:

Sex: Male, Female

LEVEL (OUTPUT / OUTCOME / IMPACT): Output	CUMULATIVE / NON-CUMULATIVE: Non-cumulative	DIRECTION OF CHANGE: Higher is better
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MEASUREMENT NOTES

LEVEL OF COLLECTION:	Program-level, program participants
WHO COLLECTS DATA:	Implementing partner
DATA SOURCE:	Program records, program data, regular monitoring.
FREQUENCY OF DATA COLLECTION:	[Data collection frequency depends on the methodology described in the M&E plan.]
DATA COLLECTION METHODS:	[This section should include any additional, relevant information on data collection.]

FURTHER GUIDANCE:

Feed the Future Indicator Handbook (March 2018) includes a detailed description of this indicator.

EFSP 9. INDICATOR: Prevalence of global acute malnutrition (GAM) (RiA)

APPLICABILITY: Programs 12 or more months in duration with nutrition-specific intervention, nutrition objective, and dedicated budget to improving nutrition outcomes.

FFP Indicator Number: FFP EFSP 9
SPS Indicator No.: N/A

DEFINITION:

This indicator measures the total prevalence of all wasting (i.e. both moderate and severe wasting combined as defined by a weight-for-height Z score < -2) and children with edema.

The numerator for the indicator is the sum of the sample-weighted number of children 0-59 months in the sample with a weight-for-height Z score < -2 and children age 0-59 months with edema. The denominator is the sample-weighted number of children 0-59 months in the sample with weight-for-height Z score data.

Depending on the sampling design, which should be articulated in the M&E Plan and in the PIRS under “Measurement Notes,” this indicator may include the estimated population of children under five (0-59 months) in the FFP emergency food security program area if using a population-based survey (PBS), or total number of children under five (0-59 months) in households participating in the program if using a participant-based survey (PaBS).

UNIT:

No.	Data Point	Direction of Change	Reporting Req.	Indicator Table	SAPQ
1a	Percentage of children with a weight-for-height Z score below -2 standard deviation and/or with edema under five (0-59 months)	-	Required	X	X
1b	Total estimated population of children under five (0-59 months) in the FFP emergency food security program area or population-based survey (PBS), or total number of children under five (0-59 months) in households participating in the program for participant-based survey (PaBS)	N/A	Required	X	X
2a	Percentage of female children under five (0-59 months) with a weight-for-height Z score below -2 standard deviation and/or with edema	-	Required	X	X
2b	Total estimated population of female children under five in the FFP emergency food security program area (for PBS), or total number of female children under five (0-59 months) in households participating in the program (for PaBS)	N/A	Required	X	X
2c	Percentage of male children under five (0-59 months) with a weight-for-height Z score	-	Required	X	X

EFSP 9. INDICATOR: Prevalence of global acute malnutrition (GAM) (RiA)

	below -2 standard deviation and/or with edema				
2d	Total estimated population of male children under five in the FFP emergency food security program area (for PBS), or total number of male children under five (0-59 months) in households participating in the program (for PaBS)	N/A	Required	X	X
3a	Percentage of children 0-23 months with a weight-for-height Z score below -2 standard deviation and/or with edema	-	Required	X	X
3b	Total estimated population of children 0-23 months in the FFP emergency food security program area (for PBS), or total number of children 0-23 months in households participating in the program (for PaBS)	N/A	Required	X	X
3c	Percentage of children 24-59 months with a weight-for-height Z score below -2 standard deviation and/or with edema	-	Required	X	X
3d	Total estimated population of children 24-59 months in the FFP emergency food security program area (for PBS), or total number of children 24-59 months in households participating in the program (for PaBS)	N/A	Required	X	X

CALCULATIONS:

No.	Data Point	Calculation
1a	Percentage of children with a weight-for-height Z score below -2 standard deviation and/or with edema under five (0-59 months)	Divide the number of children with a weight-for-height Z score below -2 standard deviation and/or with edema under five (0-59 months) by the total estimated number of children age 0-59 months in the FFP emergency food security program area (for PBS), or number of children age 0-59 months in the participating households (for PaBS).
1b	Total estimated population of children under five (0-59 months) in the FFP emergency food security program area	This is a sum of the total estimated number of children age 0-59 months in the FFP emergency food security program area (for PBS), or number of children age 0-59 months in the participating households (for PaBS).
2a	Percentage of female children under five (0-59 months) with a weight-for-height Z score below -2 standard deviation and/or with edema	Divide the number of female children with a weight-for-height Z score below -2 standard deviation and/or with edema under five (0-59 months) by the total estimated population of female children age 0-59 months in the FFP emergency food security program area (for PBS), or number of female children age 0-59 months in the participating households (for PaBS)

EFSP 9. INDICATOR: Prevalence of global acute malnutrition (GAM) (RiA)

2b	Total estimated population of female children under five in the FFP emergency food security program area	This is a sum of the total number of female children age 0-59 months in the FFP emergency food security program area (for PBS), or number of female children age 0-59 months in the participating households (for PaBS)
2c	Percentage of male children under five (0-59 months) with a weight-for-height Z score below -2 standard deviation and/or with edema	Divide the number of male children with a weight-for-height Z score below -2 standard deviation and/or with edema under five (0-59 months) by the total estimated number of male children age 0-59 months in the FFP emergency food security program area (for PBS), or number of male children age 0-59 months in the participating households (for PaBS)
2d	Total estimated population of male children under five in the FFP emergency food security program area	This is a sum of the total number of male children age 0-59 months in the FFP emergency food security program area (for PBS), or number of female children age 0-59 months in the participating households (for PaBS)
3a	Percentage of children 0-23 months with a weight-for-height Z score below -2 standard deviation and/or with edema	Divide the number of children age 0-23 months with a weight-for-height Z score below -2 standard deviation and/or with edema by the total estimated number of children age 0-23 months in the FFP emergency food security program area (for PBS), or number of children age 0-23 months in the participating households (for PaBS).
3b	Total estimated population of children 0-23 months in the FFP emergency food security program area	This is a sum of the total number of children age 0-23 months in the
3c	Percentage of children 24-59 months with a weight-for-height Z score below -2 standard deviation and/or with edema	Divide the number of children age 24-59 months with a weight-for-height Z score below -2 standard deviation and/or with edema by the total number of children age 24-59 months in the FFP emergency food security program area (for PBS), or number of children age 24-59 months in the participating households (for PaBS).
3d	Total estimated population of children 24-59 months in the FFP emergency food security program area	This is a sum of the total number of children aged 24-59 months in the FFP emergency food security program area (for PBS), or number of children age 24-59 months in the participating households (for PaBS)

REQUIRED DISAGGREGATION:

Sex: Male, Female

Age: 0-23 month, 24-59 months

LEVEL (OUTPUT / OUTCOME / IMPACT): Outcome	CUMULATIVE / NON-CUMULATIVE: Non-cumulative	DIRECTION OF CHANGE: Lower is better
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MEASUREMENT NOTES

LEVEL OF COLLECTION:	Program-level, program participants
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EFSP 9. INDICATOR: Prevalence of global acute malnutrition (GAM) (RiA)	
WHO COLLECTS DATA:	[Implementing partner or third party data collection firm]
DATA SOURCE:	Primary data: baseline and endline surveys. Data for this indicator are collected from a random sample of children under five years of age in the target population. While FFP recommends collecting data for GAM through a population-based survey, FFP will accept participant-based survey design if the applicant plans to conduct a PaBS for cost and logistical purposes. <u>The sampling design should be well articulated in the M&E Plan and relevant details should be included in the “Data Collection Methods” section below.</u>
FREQUENCY OF DATA COLLECTION:	Baseline and endline
DATA COLLECTION METHODS:	[This section should include any additional, relevant information on data collection such as collection instrument.]
FURTHER GUIDANCE:	
Background information on the World Health Organization Child Growth Standards is available online at https://www.who.int/childgrowth/standards/en/	