



PHOTO CREDIT: USAID

**USAID BUREAU FOR HUMANITARIAN ASSISTANCE**  
**INDICATOR HANDBOOK FOR EMERGENCY ACTIVITIES**  
July 2020

## TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS	2
INTRODUCTION	5
HOW THIS HANDBOOK IS ORGANIZED	5
INDICATOR NUMBERS	6
APPLICABILITY CRITERIA	7
KEY TERMS AND DEFINITIONS	8
DISAGGREGATION AND REPORTING	11
DATA COLLECTION METHODS	11
LIFE OF AWARD (LOA) VALUES	13
PERFORMANCE INDICATOR REFERENCE SHEETS - FOOD SECURITY	15
PERFORMANCE INDICATOR REFERENCE SHEETS - BY SECTOR	29
AGRICULTURE	29
DISASTER RISK REDUCTION POLICY AND PRACTICE	78
ECONOMIC RECOVERY AND MARKET SYSTEMS	110
FOOD ASSISTANCE	133
HEALTH	143
HUMANITARIAN COORDINATION AND INFORMATION MANAGEMENT, AND ASSESSMENTS	198
HUMANITARIAN POLICY, STUDIES, ANALYSIS, OR APPLICATIONS	222
LOGISTICS	223
MULTIPURPOSE CASH ASSISTANCE	234
MONITORING AND EVALUATION	258
NUTRITION	259
PROTECTION	289
SHELTER AND SETTLEMENTS	300
NATURAL HAZARDS AND TECHNOLOGICAL RISKS	328
WATER, SANITATION, AND HYGIENE	345
PERFORMANCE INDICATOR REFERENCE SHEETS - KEYWORD INDICATORS	441
PERFORMANCE INDICATOR REFERENCE SHEET TEMPLATE FOR CUSTOM INDICATORS	448

## ACRONYMS AND ABBREVIATIONS

ANC	Antenatal Care
ARI	Acute Respiratory Infection
BCC	Behaviour Change Communications
BEMONC	Basic Emergency Obstetric and Newborn Care
BHA	Bureau for Humanitarian Assistance
CAHW	Community-Based Animal Health Worker
CALP	Cash Learning Partnership
CBO	Community-Based Organization
CFR	Case Fatality Ratio
CFW	Cash for Work
CHW	Community Health Worker
CMAM	Community Management of Acute Malnutrition
CMR	Clinical Management of Rape
CNA	Child No Adult
CSB+	Corn Soy Blend Plus
DHS	Demographic and Health Survey
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
EML	Essential Medicines List
EMONC	Emergency Obstetric and Neonatal Care
EPI	Expanded Program of Immunizations
ERMS	Economic Recovery and Market Systems
EWARN/S	Early Warning and Response Network/Systems
FBF	Fortified Blended Food
FCS	Food Consumption Score
FGD	Focus Group Discussion
FNM	Female No Male
FRC	Free Residual Chlorine
F&M	Female and Male
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GIS	Geographic Information System
GMP	Growth monitoring and promotion
HA	Humanitarian Assistance
HCIMA	Humanitarian Coordination, Information Management, and Assessments
HF	Health Facility
HH	Household
HHS	Household Hunger Scale

HHWT	Household Water Treatment
HP	Humanitarian Partner
HPSAA	Humanitarian Policy, Studies, Analysis, or Applications
HVCA	Hazard, Vulnerability and Risk Capacity Assessment
IDP	Internally displaced person
IEC	Information, Education, Communication
IFA	Iron and Folic Acid
IMCNI	Integrated Management of Childhood and Neonatal Illness
IP	Implementing Partner
IPC	Infection Prevention and Control
ITM	Insect-Treated Materials
ITPS	Insect-Treated Plastic Sheeting
ITT	Indicator Tracking Table
IYCF	Infant and Young Children Feeding
KAP	Knowledge, Attitude and Practice
KG	Kilogram
KII	Key Informant Interview
LCS	Livelihood Coping Strategy
LLIN	Long-lasting insecticide-treated net
LNS	Lipid-based Nutrient Supplement
LOA	Life of Award
MAM	Moderate Acute Malnutrition
MDD-C	Minimum Dietary Diversity - Children
MDD-W	Minimum Dietary Diversity - Women
M&E	Monitoring and Evaluation
MEB	Minimum Expenditure Basket
MFI	Microfinance Institution
MHM	Menstrual Hygiene Management
MISP	Minimum Initial Service Package
MNF	Male No Female
MNP	Multiple Micronutrient Powder
MOH	Ministry of Health
MPCA	Multipurpose Cash Assistance
MSE	Micro and Small Enterprise
MT	Metric Ton
MUAC	Mid-Upper Arm Circumference
M&E	Monitoring and Evaluation
NCD	Non-Communicable Disease
NFI	Non-Food Item
NGO	Non-governmental organization

ODF	Open Defecation Free
ORI	Outbreak Response Immunizations
ORS	Oral Rehydration Salts
OTP	Outpatient Therapeutic Feeding Program
PDM	Post-Distribution Monitoring
PHC	Primary Health Care
PIO	Public International Organization
PIRS	Performance Indicator Reference Sheet
PLW	Pregnant and Lactating Women
PNC	Postnatal Care
POU	Point of Use
R	Required
RH	Reproductive Health
RiA	Required if Applicable
rCSI	Reduced Coping Strategies Index
ROSCA	Rotating Credit and Savings Association
RUSF	Ready-To-Use Supplementary Food
RUTF	Ready-To-Use Therapeutic Food
S&S	Shelter and Settlements
SBC	Social Behavior Change
SC	Stabilization Center
SDB	Safe and Dignified Burial
SFP	Supplementary Feeding Program
SILC	Savings and Internal Lending Communities
SIS	Supplemental Immunization Activities
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SPS	Standardized Program Structure
STI	Sexually Transmitted Infection
TB	Tuberculosis
TPM	Third party monitoring
VIP	Ventilated Improved Pit Latrine
VSLA	Village Savings and Loan Association
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization
WHZ	Weight-for-height z score
WSP	Water Safety Plan

## INTRODUCTION

The USAID Bureau for Humanitarian Assistance *Indicator Handbook for Emergency Activities* provides guidelines for tabulating and reporting on emergency activities funded by the USAID Bureau for Humanitarian Assistance. The handbook is intended to be used by applicants and implementing partners.

This handbook contains performance indicator reference sheets (PIRS) for all BHA indicators, guidance on applicability criteria for each indicator, and guidance on what partners should include in custom indicator PIRs. Each PIR describes: key terms in each indicator; how the indicator should be calculated; how disaggregates should be reported; how the data should be collected; and any additional, external resources that may be useful for understanding how to use the indicator in practice.

## HOW THIS HANDBOOK IS ORGANIZED

This handbook contains 5 sections. This introductory section, **Section 1**, provides important information about how to use this handbook and how common terms used across many PIRs are defined.

Sections 2 through 4 include the PIRs for all BHA indicators and summary tables that explain which indicators should be used in each sub-sector or for activities with a Food Security goal/purpose. **Section 2** includes a summary table of indicators that partners should use for activities with a Food Security goal or purpose, as well as PIRs for 4 indicators. **Section 3** includes 15 sub-sections—one for each of the BHA sectors—which are organized alphabetically from Agriculture to WASH. **Section 4** includes PIRs for Keyword indicators that are not affiliated with a specific sector.

Several BHA indicators are used in several sub-sectors and/or Food Security. These indicators are listed under each sub-sector summary table, along with their applicability criteria and preferred method of data collection. The full reference sheet for each indicator, by contrast, only appears once in the handbook: it is located in the section/sub-section where that indicator is most likely to be used/referenced most often by partners. Partners should use the summary tables at the beginning of each chapter to toggle to the correct page(s) where the PIR is located, i.e., using the hyperlink or page number in the summary table.

Table I summarizes the total number of unique PIRSs that appear in each sub-sector, as well as the total number of indicators included under that sub-sector. (Note that Food Security and Keywords are not sub-sectors, but rather stand-alone sections in this handbook.)

**Table I. List of Indicator Totals by Sector**

<b>Sector/Sub-Sector*</b>	<b>Unique # of PIRS within Section</b>	<b>Total # of Indicators</b>
<a href="#">Food Security</a>	4	4
<a href="#">Agriculture</a>	24	27
<a href="#">Disaster Risk Reduction Policy and Practice</a>	16	16
<a href="#">Economic Recovery and Market Systems</a>	12	12
<a href="#">Food Assistance</a>	4	18
<a href="#">Health</a>	27	28
<a href="#">Humanitarian Coordination, Information Management, &amp; Assessments</a>	13	13
<a href="#">Humanitarian Policy, Studies, Analysis, or Applications (HPSAA)</a>	**	**
<a href="#">Logistics</a>	4	4
<a href="#">Monitoring and Evaluation (M&amp;E)</a>	**	**
<a href="#">Multipurpose Cash Assistance</a>	10	12
<a href="#">Nutrition</a>	13	13
<a href="#">Protection</a>	6	6***
<a href="#">Shelter and Settlements</a>	13	13
<a href="#">Natural Hazards and Technological Risks</a>	8	8
<a href="#">Water, Sanitation, and Hygiene</a>	42	42
<a href="#">Keywords: Cash and Vouchers</a>	3	3
<b>Totals</b>	<b>199</b>	<b>219</b>

\*Note that Food Security and Keyword are not sectors, but partners should refer to the section summary tables for specific indicator requirements.

\*\*Note that there are no standard BHA indicators for the HPSAA or M&E sectors, however, partners should refer to those sections' respective summary tables for sector-specific indicator requirements.

\*\*\*The Protection sector requires additional, custom indicators in addition to the 6 "Required" indicators.

Finally, **Section 5** includes an annotated PIRS template that partners should use when creating custom indicator PIRSs. Partners are encouraged to use the PIRS template provided in this handbook, but may use other formats as long as the required information is included.

## INDICATOR NUMBERS

Each BHA indicator has a unique, alphanumeric identifier. All Food Security indicators are identified by “FS” plus a number (i.e., FS1, FS2, FS3). All sector indicators are identified by a single letter plus a number (e.g., Health indicators are H1, H2, H3). Keyword indicators are identified by the letter “K” followed by a number. Table 2 outlines the lettering system used to identify BHA indicators.

**Table 2. Alphabetic Numbering System for BHA Indicators**

FS	Food Security
A	Agriculture
D	Disaster Risk Reduction Policy and Practice
E	Economic Recovery and Market Systems
F	Food Assistance
H	Health
I	Humanitarian Coordination, Information Management, & Assessments
L	Logistics
M	Multipurpose Cash Assistance
N	Nutrition
P	Protection
S	Shelter and Settlements
T	Natural Hazards and Technological Risks
W	Water, Sanitation, and Hygiene
K	Keywords: Cash and Vouchers

Note: The sectors Humanitarian Policy, Studies, Analysis, or Applications (HPSAA) and Monitoring and Evaluation (M&E) are not included above as all of the required indicators for those sectors are custom.

Partners should use the letter “C” to designate custom indicators within their Indicator Tracking Table. For example, if a partner uses three custom indicators, they should number these as “C1, C2, and C3,” respectively. The partner should create a PIRS for each custom indicator, and include the unique indicator number at the top of the PIRS. Section 5 includes an annotated PIRS template that partners should use when creating custom indicator PIRSs.

## APPLICABILITY CRITERIA

Each PIRS, and the summary table at the top of each section, identifies the applicability criteria for each indicator or sub-sector. Most sectors designate indicators as either required (R) or Required if Applicable (RiA). Required indicators must be collected and reported on within that sector or sub-sector. Required if Applicable indicators must only be collected and reported on if the applicability criteria articulated in the PIRS is met.

Some sub-sectors use a different system for applicability criteria whereby partners need to pick a Required, Required if Applicable, and either “Select 2” or “Select 3.” In these sectors and sub-sectors, partners must collect (1) the Required indicator(s); (2) any applicable RiA indicators; and (3) and a maximum of 3 additional indicators, as indicated in the summary table. Optional indicators are at the discretion of the partners to select, and are not required. Partners should refer to the summary table at the beginning of each section to understand applicability criteria that are specific to that sector or sub-sector.

## KEY TERMS AND DEFINITIONS

The following terms and definitions appear in many of the PIRS in this handbook. These definitions should be carried over into any custom PIRS that applicants/partners create. If a partner wishes to change the definition of any of the following terms, they should include the modified definition within the PIRS and highlight any sections or text that has been modified.

Partners should refer to [USAID’s Automated Directive System Chapter 201](#) for in-depth definitions and examples of how implementing partners should use terms such as activity, program, and project. Additionally, partners should refer to the BHA Application Guidelines for definitions of key terms not included below (e.g., Purpose, Sub-Purpose, Intermediate Outcome, Output, Outcome, Assumptions, Baseline, Endline, Final Evaluation, Data/Source Methods).

### ***Technical Note: USAID and BHA Terminology***

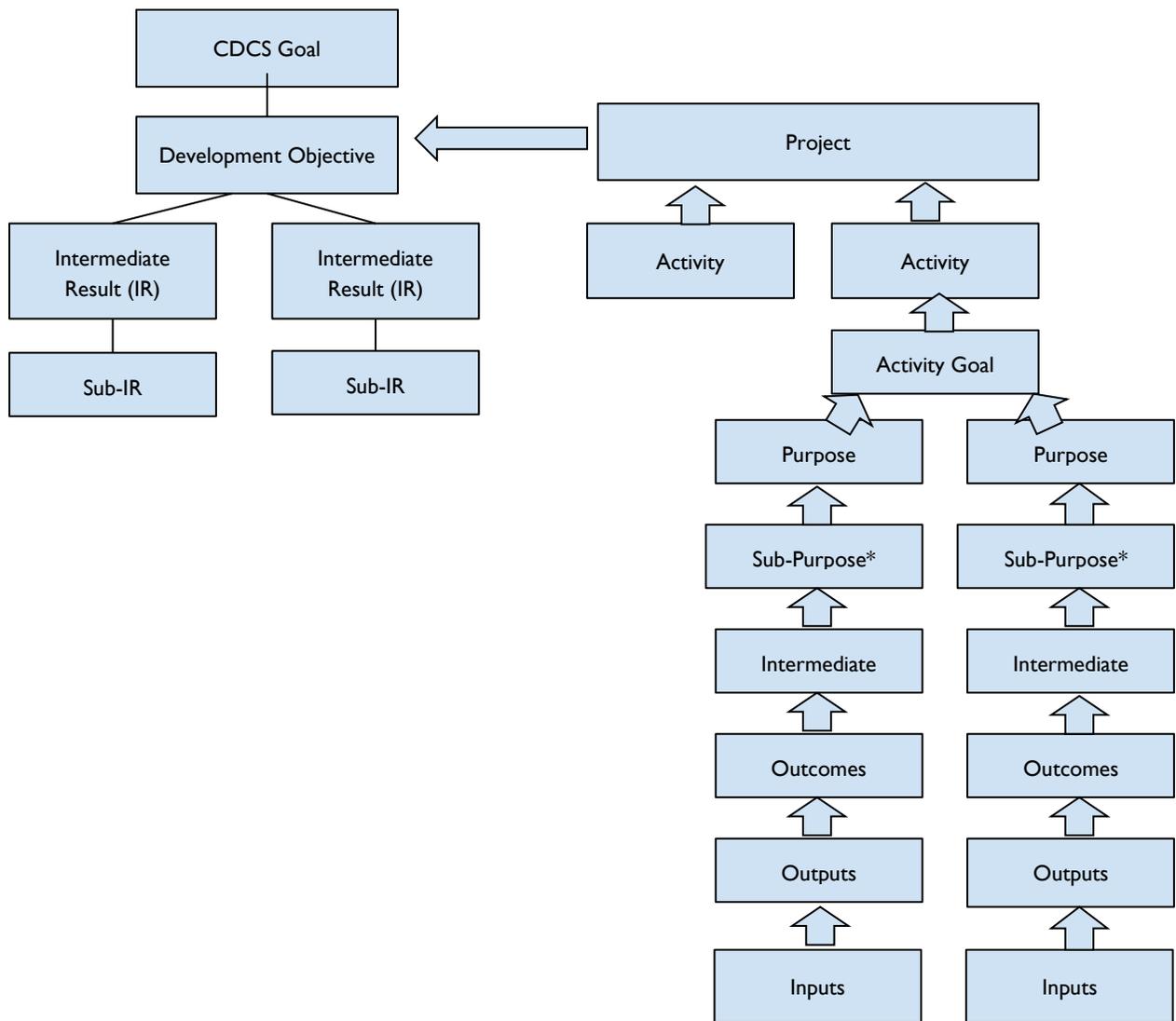
*Note that the [USAID’s Automated Directive System Chapter 201](#) defines how the terms program, project, and activity should be used. In short, a **program** includes projects and activities that are aligned with a USAID Mission Country Development Cooperation Strategy (CDCS) Development Objective. **Projects** are groups of activities or other awards that are*

*designed to achieve intermediate results within a USAID Mission CDCS or USAID Bureau results framework. Projects, in other words, are made up of individual activities or awards, which are implemented by implementing partners, e.g., private voluntary organizations.*

***Activities** are awarded to implementing partners using grants, cooperative agreements, bilateral agreements, contracts or other mechanisms. Each activity carries out an **intervention** or set of interventions. Implementing agencies will apply for activities under the BHA application guideline to carry out a set of interventions for emergency response (e.g., delivery of food assistance, training of community health workers). Each activity should have a clearly articulated theory of change indicator tracking table, as outlined in the BHA Guidelines, which articulates how **output** and **outcome** indicators will be used to track performance toward an activity's stated Goal, Purpose(s), Sub-Purpose(s)\*, Intermediate Outcome(s)\*, Outcomes, and Outputs. (\*Note that these components are optional.)*

*Figure 1 provides a graphic representation of these key terms.*

**Figure I. Graphic of USAID and BHA Terminology**



**Activity:** An activity has a defined timeline and budget and carries out an intervention, or set of interventions, typically through a contract, grant, or cooperative agreement.

**Beneficiaries** are individuals, households, communities, institutions, or groups that receive significant goods, services, and/or other support as a direct result of activity interventions (e.g., resource transfers, water-point rehabilitation, etc.) An individual beneficiary is counted if s/he comes into direct contact with the activity’s intervention. The intervention needs to be significant, meaning that if the individual is merely contacted or touched by an activity through brief attendance at a meeting or gathering, s/he should not be counted. An intervention is significant if one can reasonably expect, and hold the implementing partner 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. *Note that some indicators refer to people or entities that are not direct recipients of BHA assistance (i.e., beneficiaries) but may still be counted under that indicator. Partners should read each PIRS closely to understand which people, households, or other entities should be counted under the indicator, and who/which should not be counted.*

**Community** is generally defined as a group of households that: have a defined geographic area; are linked by social, economic, and/or cultural ties; and share a common leadership or governmental structure. Communities in which BHA activities operate are often at the lower end of the governmental/administrative spectrum (e.g., towns, villages, hamlets, neighborhoods). An IDP camp (or its sub-divisions in the case of large camps) is considered a community. Since the meaning of a community is highly contextual, partners should adapt this definition to the activity setting and ensure that definition is applied consistently throughout the life of the activity. Partners should customize

**Gendered Household Type** refers to the individual members of a household. All household-level indicators must be disaggregated by type using the following categories: Adult Female & Adult Male (F&M), Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Child No Adults (CNA). The exact age cutoff for defining “child” should be based on what is used by the national statistical service in each country or USAID Mission.

- F&M - At least one adult female and at least one adult male
- FNM - At least one adult female and no adult males
- MNF - At least one adult male and no adult females
- CNA - Only children and no adults

**Household** is a person or group of persons that usually live and eat together, i.e., from the same pot. This can include living in shared space (a physical structure or compound) and sharing critical resources such as water, hygiene/sanitation facilities, or food preparation areas.

**Intervention:** A discrete action or effort resulting in or contributing to the achievement of an output or outcome in support of the activity. For example, an agricultural training and a seasonal seed distribution would constitute two interventions that are part of an activity.

**Program:** A program is aligned with USAID's Country Development Cooperation Strategy (CDCS) Development Objective (DO) and includes all projects and activities that are associated with a particular DO.

**Project:** A group of activities or awards that are designed to achieve a particular purpose (typically at the intermediate result level) of a USAID Mission CDCS or USAID bureau strategic results framework. A “project” comprises activities.

**Rural and Urban/Peri-urban:** The definition of "rural" and "urban/peri-urban" should be the definition used by the national statistical service in each country context or USAID Mission. Typically, rural areas are characterized by lower population densities and greater reliance on agriculture for food consumption and livelihoods whereas urban/peri-urban areas are characterized by higher population densities and a wider range of livelihood opportunities.

## **DISAGGREGATION AND REPORTING**

Disaggregation requirements are clearly defined in the “Disaggregate By” section of each BHA PIRS.

For most **individual-level indicators**, BHA requires disaggregation by sex, with the following categories: female, male. Many individual-level indicators also require disaggregates by age, as articulated in the PIRS. Disability status is an optional disaggregation for individual-level indicators; you are encouraged to do so when feasible and appropriate.

Some **household-level indicators** include required or recommended disaggregation using the following categories: Adult Female & Adult Male (F&M); Adult Female No Adult Male (FNM); Adult Male No Adult Female (MNF); Child No Adult (CNA). Implementing partners may include additional household or family classification types as appropriate and relevant given the operational, security, and cultural context (e.g. polygamous, et cetera). *Note that BHA does not use the “female-headed” or “male-headed” designations.*

Disaggregation requirements for non-people indicators are clearly articulated in the PIRS. Partners should use these standard disaggregations unless there is a clear and justifiable reason for not doing so.

Additional levels of disaggregation should be considered for all BHA and custom indicators if/when these disaggregations will support performance monitoring.

Some indicators may have more than one disaggregation (sex and age) or for a disaggregation to be disaggregated, or “nested” up to three different levels (e.g., disaggregating by health condition by sex within age groups). The “Disaggregate by” section of the PIRS articulates how nested disaggregates should be reported.

## **DATA COLLECTION METHODS**

The three most common methods for data collection are: routine monitoring; beneficiary-based surveys; and population-based surveys. Each sub-sector summary table of indicators indicates the preferred method, and the PIRS includes information about which method BHA prefers, and if there are less preferred methods that may be used in some circumstances.

**Routine Monitoring** can include a variety of methods and tools, but typically involves regular data collection from all or some participants over a defined period of time. These include but are not limited to:

- Direct observation (e.g., staff use checklists to systematically record observations about practices or conditions on the ground during a field visit).
- Compiling sign-in sheets or other trackers from trainings.
- Document review/audit (e.g., reviewing water user committee documents).
- Pre and post knowledge tests from training activities to measure knowledge retention.
- Diaries, whereby activity beneficiaries, community mobilizers, or frontline staff/volunteers are trained and given a notebook to record practices in writing or pictures; these data are typically verified by activity staff then copied to the activity database.
- In rare circumstances it may be appropriate to hold regular focus groups to monitor conditions on the ground. For example, the indicator “Percent of water user committees created and/or trained by the WASH activity that are active at least three (3) months after training” would only be possible if focus group discussions from the active water user committees were held.
- A survey to test for water quality at water access points constructed under the activity with BHA funds.

*Note that **Post-Distribution Monitoring** is a form of monitoring that may involve either routine monitoring methods or beneficiary-based survey methods.*

**Beneficiary-Based Surveys** use questionnaires to gather information from a probability sample of individual beneficiaries or beneficiary households. A probability sample ensures that every individual or household from the entire pool of beneficiaries has an equal likelihood of being selected in the sample. The sampling frame only includes beneficiaries and the sampling design should ensure that a minimum number of individuals or households are included in the survey to ensure results of the survey are representative of the entire cohort of beneficiaries with the desired level of precision. When possible and appropriate, BHA typically recommends beneficiary-based surveys rather than population-based surveys. Finally, some partners collect baseline data during the registration process using a systematic sampling method, such as conducting the full baseline survey with every Xth person to complete the registration process.

*Note that some beneficiary-based surveys may in fact constitute the entire cohort (or population) of people or households in a given area, e.g., an IDP camp. This is referred to in the PIRs as a “beneficiary based survey” or “beneficiary/population based survey” since all members of the population/cohort are beneficiaries.*

*Note that direct observation may be a useful method for verification of data during beneficiary-based surveys, e.g., verification of latrines.*

**Population-Based Surveys** use questionnaires to gather information from a probability sample of all individuals or households in a given area, typically the entire area of implementation for an activity. A probability sample ensures that every individual or household from the entire survey population (i.e., all people or all households in the area of implementation)

regardless of their participation in activity interventions has an equal likelihood of being selected in the sample. The sampling frame includes all individuals or households in the area and the sampling design should ensure that a minimum number of required individuals or households are included in the survey to ensure results of the survey are representative of the entire cohort of beneficiaries with the desired level of precision. BHA only recommends using population-based surveys when the interventions can potentially benefit the entire population and indicator estimates cannot be generated based on beneficiary-based survey data.

***Technical Note: Weighting Data from Surveys***

*To obtain precise estimates that accurately represent the characteristics of the cohort/population from which data*

A **census** typically involves using a checklist or questionnaire to gather information from or about all entities (e.g., people, households) within a given activity or intervention. BHA rarely recommends using a census to gather information from large cohorts of beneficiaries or beneficiary households. However, some partners choose to collect baseline data as part of the registration process, which is considered a census (since data are collected from every individual or household).

## **LIFE OF AWARD (LOA) VALUES**

The life of award (LOA) section of each PIRS describes how the final value(s) for that indicator will be tabulated. In general, LOA values are determined using the following approaches based on how the indicator is reported and how data are collected:

- For “count” indicators of individuals or other entities collected using routine monitoring methods, the LOA value is the unique value of individuals, households, or communities counted over the entire life of the award without double counting. For non-individual-level indicators (e.g., metric tons of commodities, campaigns, drills, strategies, plans, assessments, ), the LOA value typically is the cumulative values (sum) across the reporting years.
- For “percent” indicators (i.e., “percent of ...”) collected using routine monitoring methods, the LOA value is typically the sum of all numerator values divided by the sum of all denominator values collected over the entire life of the award.
- For all indicators collected using beneficiary-based or population-based surveys, the LOA value should be the value collected during the last survey.

Activities are strongly encouraged to maintain a relational database as part of routine monitoring throughout the activity to record participation by or interactions with individuals, households, groups, communities, or other entities. For example, the database should be used to track unique individuals who participate in trainings, including the dates and duration of trainings. This will enable the partner to generate a LOA count of unique individuals who received any training throughout the award without double counting.

## I. PERFORMANCE INDICATOR REFERENCE SHEETS - FOOD SECURITY

#	Indicator	Preferred Data Collection Method	Applicability Criteria	Page #
FS1	<a href="#">Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS)</a>	Beneficiary Survey	<p><b>For Activities with a Food Security Goal/Purpose:</b>            RiA: Required for all activities with a food security purpose in the activity ITT.</p> <p><b>For Food Assistance Activities:</b> RiA: Required for all activities with a food assistance intervention.</p> <p><b>For MPCA Activities:</b> Required - Select 3: Required for activities that include food costs as part of the transfer value.</p>	16
FS2	<a href="#">Mean and median Reduced Coping Strategies Index (rCSI)</a>	Beneficiary Survey	<p><b>For Activities with a Food Security Goal/Purpose:</b>            RiA: Required for all activities with a food security purpose in the activity ITT.</p> <p><b>For Food Assistance Activities:</b> RiA: Required for all food assistance interventions</p> <p><b>For MPCA Activities:</b> Recommended for long-term interventions that include food costs as part of the transfer value and more than six months of transfers per household</p>	20
FS3	<a href="#">Percent of households with moderate and severe Household Hunger Scale (HHS) scores</a>	Beneficiary Survey	<p><b>For Activities with a Food Security Goal/Purpose:</b>            RiA: Required for all activities with a food security purpose in the activity ITT.</p> <p><b>For Food Assistance Activities:</b> RiA: Required for all activities that include food assistance interventions</p>	23
FS4	<a href="#">Number of individuals (beneficiaries) participating in BHA food security activities</a>	Routine Monitoring	<p><b>For Activities with a Food Security Goal/Purpose:</b>            RiA: Required for all activities with a food security purpose in the activity ITT.</p> <p><b>For All Activities:</b> RiA: Required for activities that contribute to any aspects of food-security even if the explicit purpose is not articulated as food security</p>	26

## FSI: Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS)

<b>APPLICABILITY</b>	<p><b>For Activities with a Food Security Goal/Purpose:</b> RiA: Required for all activities with a food security purpose in the activity ITT.</p> <p><b>For Food Assistance Activities:</b> RiA: Required for all activities with a food assistance intervention.</p> <p><b>For MPCA Activities:</b> Required - Select 3: Required for activities that include food costs as part of the transfer value.</p>
<b>TYPE</b>	Outcome
<b>PURPOSE</b>	Food Security
<b>SECTOR</b>	Food Assistance, Multipurpose Cash
<b>SUB-SECTOR</b>	Conditional Food Assistance, Unconditional Food Assistance, Cooked Meals, and Multipurpose Cash

### INDICATOR DESCRIPTION

#### 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. It is a proxy indicator for food intake. 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 classified into three groups based on their weighted scores—poor, borderline, or acceptable—using the World Food Program recommended cutoff points (or approved, country-specific cutoff points if these have been established).

The FCS is calculated using nine standard food groups and weights, as indicated in the table below.

#### FCS Food Groups and Relative Weights

Group	Weight	Food Items
Main staples	2	Maize, rice, sorghum, other cereals; plantains, sweet potatoes, other tubers
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 dairy
Sugar	0.5	Sugar and sugar products, honey
Oil	0.5	Oils, butter, and other fats
Condiments	0	Spices, tea, coffee, salt, fish power, small amounts of milk for tea

**Country adaptation:** The FCS questionnaire module should be adapted for each unique setting so that common, local foods are included in each food category in the questionnaire. The food groups, however, cannot be changed.

**Food inclusion and exclusion 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). In rare cases, however, food purchased and consumed away from home may be included in the FCS questionnaire; this may be appropriate in country contexts where all or the majority of meals are consumed away from home by some or all household members. **Clearly document in the PIRS which consumption patterns are included or excluded so subsequent surveys will use the same protocol and data may be interpreted, corrected, and compared.**

Implementing partners should coordinate any adaptations of the FCS with other implementing partners in the country and/or region.

**Unit of Measure:**

- Percent (of households in each FCS category)
- Mean
- Median
- Number (of households in the survey sample)

**Calculation:**

**% of Households In Poor, Borderline, and Acceptable Categories:**

After raw scores are tabulated (per the WFP technical guidance referenced at the end of this PIRS), raw scores are translated into categories using standard (or country-specific) cutoff points: raw scores of 0-21 are typically classified as “poor;” 21.5-35 as “borderline;” and over 35 as “acceptable.” However, **in countries where the international humanitarian community, national government, or other widely recognized entity has identified different thresholds for these cutoff points, implementing partners should use those country-specific cutoff points.**

The final PIRS should include a specific reference to the cutoff point values (e.g., “raw scores of 0-28 are classified as poor”) as well as any reference materials that indicate where the country-specific thresholds have been identified. This may include, for example, Food Security Cluster country-specific guidance. Refer to p. 11 and 22 of the WFP’s *Food Consumption Analysis: Calculation and use of the food consumption score in food security analysis* (2008) for additional guidance and information on modification of the standard cutoff points for the FCS categories.

To find the percent of households in each of the categories below, do the following:

- Percent of households in the “Poor” category: Divide the number of households in the survey with a score in the “Poor” range by total number of households in the survey.
- Percent of households in the “Borderline” category: Divide the number of households in the survey with a score in the “Borderline” range by total number of households in the survey.
- Percent 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.

**Mean:** 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. Basic statistical software can be used to calculate the mean.

**Median:** The median is a measure of central tendency. To find the median, arrange the observations in order from least to greatest value. If there is an odd number of observations, the median is the middle value. If there is an even number of observations, the median is the average of the two middle values. Basic statistical software can be used to calculate the median.

**How to count LOA:** LOA for percent of households with Poor, Borderline, and Acceptable scores depends on the duration of the activities. For activities less than 12 months, use the last available beneficiary survey value; for activities 12 months or more, use the endline survey value.

**Direction of change:**

Percent in Poor category: -

Percent in Acceptable category: +

FCS score mean and median: +

**Disaggregate By:**

Overall

1. Percent of households with “Poor” FCS scores
2. Percent of households with “Borderline” FCS scores
3. Percent of households with “Acceptable” FCS scores
4. Mean FCS score for all households
5. Median FCS score for all households
6. Confidence Interval (95%) for all households
7. Total number of beneficiary households targeted by the activity

### Gendered Household Type

8. Mean FCS score of F&M households
9. Median FCS score for F&M households
10. Total number of F&M households in the survey
11. Mean FCS score of FNM households
12. Median FCS score for FNM households
13. Total number of FNM households in the survey
14. Mean FCS score of MNF households
15. Median FCS score for MNF households
16. Total number of MNF households in the survey
17. Mean FCS score of CNA households
18. Median FCS score for CNA households
19. Total number of CNA households in the survey

### **DATA COLLECTION**

**Method:** Beneficiary Survey

**Source:** Questionnaire

**Who Collects:** Implementing partner staff or enumerator

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Required at baseline and endline for awards 12 months or more, or as indicated in the award. Any additional data collection efforts that include this indicator, e.g. for post-distribution monitoring, should be described here. Data will be collected at the baseline and endline and during the monthly/quarterly/biannual/annual beneficiary survey. Data will be reported annually and at the end of the activity.

**Baseline Value Info:** Baseline value will be derived from the baseline survey.

### **ADDITIONAL INFORMATION**

- 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](https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp197216.pdf)
- The FCS tool and tool summaries are available on the USAID SPRING website: <https://www.spring-nutrition.org/publications/tool-summaries/food-consumption-analysis>

## FS2: Mean and median Reduced Coping Strategy Index (rCSI) score

<b>APPLICABILITY</b>	<p><b>For Activities with a Food Security Goal/Purpose:</b> RiA: Required for all activities with a food security purpose in the activity ITT.</p> <p><b>For Food Assistance Activities:</b> RiA: Required for all food assistance interventions</p> <p><b>For MPCA Activities:</b> Recommended for long-term interventions that include food costs as part of the transfer value and more than six months of transfers per household</p>
<b>TYPE</b>	Outcome
<b>PURPOSE</b>	Food Security
<b>SECTOR</b>	Food Assistance, Multipurpose Cash
<b>SUB-SECTOR</b>	Conditional Food Assistance, Unconditional Food Assistance, Cooked Meals, and Multipurpose Cash

### INDICATOR DESCRIPTION

**Definition:**

The rCSI is a proxy indicator of household food insecurity that is based on a list of behaviors (coping strategies) that people do to manage their food insecurity situation. The index reflects both the *frequency* of each behavior (i.e., how many days over the last 7 days the coping strategy was used by any member of the household) and *severity* (i.e., how serious the strategy is relative to other strategies). The rCSI is based on a list of five food-related coping strategies outlined below.

The rCSI raw scores are calculated by multiplying the frequency with which a behavior 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. 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. The rCSI survey module is often administered incorrectly, so partners should adhere to the table below, which reflects the most current guidance on the correct way to administer the survey questionnaire and tabulate scores:

(Repeat the introductory phrase for each of the strategies below)	Frequency (# of Days out of 7)	Severity Weight	Weighted Score (Frequency x weight)
“In the previous 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to _____?”			
I. 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 the number of meals eaten in a day		1	
<b>TOTAL HOUSEHOLD SCORE</b>	Sum the subtotals		

**Units of Measure:**

- Mean rCSI score
- Median rCSI score
- Standard Deviation of mean
- Confidence Interval for mean

**Calculation:**

**Mean:** 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.

**Standard Deviation:** The standard deviation is a measure of variation or dispersion in a dataset. Basic statistical software can be used to calculate the standard deviation.

**Confidence Interval:** The confidence interval is a range of numbers within which the true population parameter falls; in this case, the confidence interval gives us an estimated range for the true rCSI mean. The confidence interval is calculated by finding the upper and lower limits of the true population parameter. Basic statistical software can be used to calculate the confidence interval at the 95% level. Note that the confidence interval should only be reported if data are collected using a sample (not a census).

**Median:** The median is a measure of central tendency. To find the median, arrange the observations in order from least to greatest value. If there are an odd number of observations, the median is the middle value. If there is an even number of observations, the median is the average of the two middle values. Basic statistical software can be used to calculate the median.

**How to count LOA:** LOA for rCSI mean and median value(s) depends on the duration of the activities. For activities less than 12 months, use the last available participant-based survey value; for activities 12 months or more, use the endline survey value.

**Direction of change:** For mean and median: -

**Disaggregate By:**Overall

1. Mean rCSI score for all beneficiary households
2. Confidence Interval (95%) of rCSI scores for all beneficiary households
3. Median rCSI score for all beneficiary households
4. Total number of beneficiary households in the survey

Gendered Household Type

5. Mean rCSI score for F&M households
6. Median rCSI score for F&M households
7. Total number of F&M households in the survey
8. Mean rCSI score for FNM households
9. Median rCSI score for FNM households
10. Total number of FNM households in the survey
11. Mean rCSI score for MNF households
12. Median rCSI score for MNF households
13. Total number of MNF households in the survey
14. Mean rCSI score for CNA households
15. Median rCSI score for CNA households
16. Total number of CNA households in the survey

**DATA COLLECTION****Method:** Beneficiary Survey**Source:** Questionnaire**Who Collects:** Implementing partner staff or enumerator**From Whom:** Beneficiary households**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline and during the monthly/quarterly/biannual/annual beneficiary survey. Data will be reported annually and at the end of the activity.**Baseline Value Info:** Baseline value will be derived from the baseline survey.**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](http://www.fsnnetwork.org/sites/default/files/coping_strategies_tool.pdf)

### FS3: Percent of households with moderate and severe Household Hunger Scale (HHS) scores

<b>APPLICABILITY</b>	<p><b>For Activities with a Food Security Goal/Purpose:</b> RiA: Required for all activities with a food security purpose in the LogFrame/ITT.</p> <p><b>For Food Assistance Activities:</b> RiA: Required for all activities that include food assistance interventions</p>
<b>TYPE</b>	Outcome
<b>PURPOSE</b>	Food Security
<b>SECTOR</b>	Food Assistance
<b>SUB-SECTOR</b>	Conditional Food Assistance, Unconditional Food Assistance, and Cooked Meals

#### INDICATOR DESCRIPTION

**Definition:**

The Household Hunger Score (HHS) is an index that is a proxy for food insecurity. To collect data for this indicator, the survey respondent—ideally the person in the beneficiary 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 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

**Unit of Measure:** Percent (of households)

**Calculation:**

To calculate the percent of households in the “moderate” category:

Add up the number of beneficiary households in the survey in the “moderate” category (with scores of 2 or 3) and then divide that sum by the total number of beneficiary households in the survey.

Numerator: The number of beneficiary households in the survey with “moderate” food security HHS scores.

Denominator: The number of beneficiary households in the survey.

To calculate the percent of households in the “severe” category:

Add up the number of beneficiary households in the survey in the “severe” category (with scores of 4, 5, or 6) and then divide that sum by the total number of beneficiary households in the survey.

Numerator: The number of beneficiary households in the survey with “severe” food security HHS scores.

Denominator: The number of beneficiary households in the survey.

**How to count LOA:** For activities less than 12 months, use the last available beneficiary-based survey value; for activities 12 months or more, use the endline survey value.

**Direction of change:** -

**Disaggregate By:**

Overall

1. Percent of households with Moderate HHS Score
2. Percent of households with Severe HHS Score
3. Total number of households in the beneficiary survey

Gendered Household Type

4. Percent of F&M households with Moderate HHS Score
5. Percent of F&M households with Severe HHS Score
6. Total number of F&M households in the beneficiary survey
7. Percent of FNM households with Moderate HHS Score
8. Percent of FNM households with Severe HHS Score
9. Total number of FNM households in the beneficiary survey
10. Percent of MNF households with Moderate HHS Score
11. Percent of MNF households with Severe HHS Score
12. Total number of MNF households in the beneficiary survey
13. Percent of CNA households with Moderate HHS Score
14. Percent of CNA households with Severe HHS Score
15. Total number of CNA households in the beneficiary survey

**DATA COLLECTION**

**Method:** Beneficiary Survey

**Source:** Questionnaire

<b>Who Collects:</b> Implementing partner or enumerator
<b>From Whom:</b> Beneficiary Survey
<b>Frequency of Collection and Reporting:</b> Data will be collected at the baseline and endline and during the monthly/quarterly/biannual/annual beneficiary survey. Data will be reported annually and at the end of the activity.
<b>Baseline Value Info:</b> Baseline value will be derived from the baseline survey in [Month, Year].
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>The Household Hunger Scale (HHS): Indicator Definition and Measurement Guide (2011) provides operational guidance for the collection and tabulation of the HHS. Refer to <a href="https://www.fantaproject.org/monitoring-and-evaluation/household-hunger-scale-hhs">https://www.fantaproject.org/monitoring-and-evaluation/household-hunger-scale-hhs</a></li> </ul>

## FS4: Number of individuals (beneficiaries) participating in BHA food security activities

<b>APPLICABILITY</b>	<p><b>For Activities with a Food Security Goal/Purpose:</b> RiA: Required for all activities with a food security purpose in the activity ITT.</p> <p><b>For All Activities:</b> RiA: Required for activities that contribute to any aspects of food-security even if the explicit purpose is not articulated as food security</p>
<b>TYPE</b>	Output
<b>PURPOSE</b>	Food Security
<b>SECTOR</b>	Food Assistance
<b>SUB-SECTOR</b>	N/A
INDICATOR DESCRIPTION	
<p><b>Definition:</b></p> <p>This indicator captures the total unique number of individual beneficiaries (without double counting) participating in BHA food security activities, i.e., activities with a food security goal or purpose. Implementing partners should track the number of individual direct beneficiaries across different interventions within their own activity and report numbers of direct beneficiaries reached, not number of contacts with the activity or activity-supported actors.</p> <p>In addition, individual beneficiaries participating in interventions that indirectly contribute to improvement of food security conditions should be included in this indicator, i.e. even if the activity's purpose is something other than food security. These may include interventions that aim to improve: food availability; food safety; food access; utilization of food; and reliability or stability of access to food over time. Examples of such interventions include but are not limited to:</p> <ol style="list-style-type: none"> <li>a) People reached by community-based savings and loan and diversified livelihood activities through BHA assistance.</li> <li>b) Household-level water, sanitation, and hygiene interventions that improve access to safe drinking water and/or sanitation. (In these activities, every household member should be counted under this indicator.)</li> <li>c) Household-level food assistance, i.e. if households receive family-sized rations. (In these activities, every household member should be counted under this indicator.)</li> <li>d) Provision of training, resources, or other services to farmers or other agriculture producers (e.g. irrigation training, agricultural financing, and distribution of drought-tolerant seeds).</li> <li>e) Individual-level food assistance, including adults and children that receive in-kind, non-therapeutic food, cash or voucher transfers to buy food from the activity.</li> <li>f) Nutrition-specific interventions that directly target adults (e.g. parents and other caregivers participating in community care groups).</li> </ol>	

An individual is counted if s/he comes into direct contact with the activity's intervention. The intervention needs to be significant, meaning that if the individual is merely contacted or touched by an activity through brief attendance at a meeting or gathering, s/he should not be counted. An intervention is significant if one can reasonably expect, and hold the implementing partner responsible for achieving progress toward, changes in behaviors or other outcomes for these individual beneficiaries based on the level of services and/or goods provided or accessed.

In cases where several individual beneficiaries in a household are direct beneficiaries of individual-level interventions, this indicator counts all activity beneficiaries in the household, not all household members. For example, if an adult female household member is a direct beneficiary of the BHA activity-supported savings group and her son is a direct beneficiary of the activity-supported agricultural skills training program, then only these two members of the household would be counted under this indicator. However, in cases where the activity provides services or improves access to resources/services that support all members of the household, then all household members should be included under this indicator. Examples of such interventions include: improvements to access to water, sanitation services, agricultural input distribution, and family-sized ration distribution.

**Unit of Measure:** Number (of beneficiaries)

**Calculation:** This is a count of the total number of unique individual beneficiaries participating in the BHA food security activity.

**How to count LOA:** A count of all unique individual beneficiaries who participate in interventions offered by a food security activity or directly benefit from the food security interventions. An individual will not be double counted even if an individual participates in multiple interventions.

Implementing partners are strongly encouraged to maintain a database as part of routine monitoring throughout the activity to record participation by individual beneficiaries and household members.

**Direction of change:** +

**Disaggregate By:**

Sex and Age

1. Number of female beneficiaries 19 years old or younger participating in BHA food security activities
2. Number of female beneficiaries 20 to 29 years old participating in BHA food security activities
3. Number of female beneficiaries 30+ participating in BHA food security activities
4. Number of male beneficiaries 19 years old or younger participating in BHA food security activities
5. Number of male beneficiaries 20 to 29 years old participating in BHA food security activities
6. Number of male beneficiaries 30+ participating in BHA food security activities

## DATA COLLECTION

<b>Method:</b> Routine Monitoring
<b>Source:</b> Activity records/data, monitoring form/checklist, registration/attendance records, unique identifier cards
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Activity beneficiaries or staff who manage food security interventions
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis as described in the M&E plan. Data will be reported semi-annually and at the end of the activity.
<b>Baseline Value Info:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>Adapted from EG.3-2</li> </ul>

## 2. PERFORMANCE INDICATOR REFERENCE SHEETS - BY SECTOR

### AGRICULTURE

#	Indicator	Preferred Data Collection Method	Applicability Criteria	Page #
<b>Improving Agricultural Production</b>				
A1	<a href="#">Number of individuals (beneficiaries) directly benefiting from improving agricultural production</a>	Routine Monitoring	Required	31
A2	<a href="#">Number of hectares under improved management practices or technologies with BHA assistance</a>	Beneficiary Survey		33
A3	<a href="#">Number of individuals (beneficiaries) who have applied improved management practices or technologies with BHA assistance</a>	Routine Monitoring		35
A4	<a href="#">Number of beneficiary households using improved post-harvest storage practices</a>	Beneficiary Survey		38
A5	<a href="#">Percent of households with access to sufficient seed to plant</a>	Beneficiary Survey, Routine Monitoring	Optional	40
<b>Seed System Security</b>				
A6	<a href="#">Number of individuals (beneficiaries) directly benefiting from seed systems/agricultural input activities</a>	Routine Monitoring	Required	42
A5	<a href="#">Percent of households with access to sufficient seed to plant</a>	Beneficiary Survey, Routine Monitoring		40
A4	<a href="#">Number of beneficiary households using improved post-harvest storage practices</a>	Beneficiary Survey		38
<b>Irrigation</b>				
A7	<a href="#">Number of hectares under irrigation resulting from irrigation interventions</a>	Beneficiary Survey	Required	44
A8	<a href="#">Number of individuals (beneficiaries) directly benefiting from irrigation interventions</a>	Routine Monitoring		46
A9	<a href="#">Length of irrigation system implemented from irrigation interventions</a>	Routine Monitoring		49
<b>Pest and Pesticides</b>				
A10	<a href="#">Number and percent of hectares protected against disease or pest attacks</a>	Beneficiary Survey, Routine Monitoring	Required	49
A11	<a href="#">Number of individuals (beneficiaries) trained in appropriate crop protection practices</a>	Routine Monitoring		51
A12	<a href="#">Percent of individuals (beneficiaries) who received training practicing who are practicing appropriate crop protection procedures</a>	Beneficiary Survey, Routine Monitoring		53
A6	<a href="#">Number of individuals (beneficiaries) directly benefiting from seed systems/agricultural input activities</a>	Beneficiary Survey		42

Livestock				
A13	<a href="#">Number of individuals (beneficiaries) benefiting from livestock activities</a>	Routine Monitoring	Required	55
A14	<a href="#">Number of animals benefiting from livestock activities</a>	Routine Monitoring		56
A15	<a href="#">Number of animals owned per individual</a>	Beneficiary Survey, Routine Monitoring		58
A16	<a href="#">Number of individuals (beneficiaries) trained in livestock</a>	Routine Monitoring	Optional	60
Fisheries and Aquaculture				
A17	<a href="#">Number of individuals (beneficiaries) benefiting from fisheries/aquaculture activities</a>	Routine Monitoring	Required	62
A18	<a href="#">Number of fisheries/aquaculture productive assets reconstructed/repared</a>	Routine Monitoring		64
A19	<a href="#">Number of kilograms of aquatic resources harvested</a>	Beneficiary Survey, Routine Monitoring		66
A20	<a href="#">Number of individuals (beneficiaries) trained in fisheries/aquaculture</a>	Routine Monitoring	Optional	68
Veterinary Pharmaceuticals and Medical Commodities				
A21	<a href="#">Number of animals treated or vaccinated</a>	Routine Monitoring	Required	70
A22	<a href="#">Number of animal disease outbreaks</a>	Stakeholder, Beneficiary Survey		72
A23	<a href="#">Number of veterinary facilities out of stock of any of the veterinary medical commodity tracer products, for longer than one week</a>	Routine Monitoring		74
A24	<a href="#">Number of individuals (beneficiaries) trained in veterinary medical commodity supply chain management</a>	Routine Monitoring	Optional	76

## AI: Number of individuals (beneficiaries) directly benefiting from improving agricultural production

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Improving Agricultural Production
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            The number of individual beneficiaries (real or close estimate) of BHA-funded activities to improve agricultural production and food security. This includes the family members of those individual beneficiaries who are directly involved in the agricultural production and/or food security activities. Interventions may include but are not limited to training activities, demonstration plots, field days, information campaigns, provisions of inputs related to improving agricultural production or food security.</p>	
<p><b>Unit of Measure:</b> Number (of individual beneficiaries)</p>	
<p><b>Calculation:</b> A count of the number of individual beneficiaries who improve agricultural production and food security, including family members of individual beneficiaries.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA should be the unique number of individual beneficiaries who improved agricultural production and their family members.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b>            Sex: female, male</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Routine Monitoring</p>	
<p><b>Source:</b> Attendance/registration records</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Implementing partner staff who manage the intervention documentation</p>	

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value will be zero.

**ADDITIONAL INFORMATION**

- N/A

**A2: Number of hectares under improved management practices or technologies with BHA assistance**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Improving Agricultural Production
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            This indicator measures the area, in hectares, on which BHA-promoted improved management practices or technologies were applied during the reporting year managed or cultivated by producers participating in a BHA-funded activity.</p> <p>“Improved management practices or technologies” are those promoted by the activity as a way to increase producer’s productivity, resilience, and/or address biotic and abiotic production constraints.</p> <p>“Management practices” included under this indicator refer to agriculture-related technologies in sectors such as cultivation of food, including those that address climate change adaptation and mitigation. “Improved management practices or technologies” are those promoted by the activity as a way to increase producer’s productivity, resilience, and/or address biotic and abiotic production constraints. Count the hectare each time for each technology and/or management practices promoted by the activity applied by the producer.</p> <p>This is a snapshot indicator which is designed to capture application on hectares only for the reporting year. Hectares where a BHA activity-promoted management practice was applied before the intervention constitute the baseline. Hectares where the BHA activity-promoted management practice is applied during the activity period get counted and in any subsequent years where that technology is applied.</p>	
<p><b>Unit of Measure:</b> Number (of hectares)</p>	
<p><b>Calculation:</b> This is a count of the number of hectares under improved management practices or technologies.</p>	
<p><b>How to count LOA:</b> LOA counts should be the same as the endline results, i.e., total number of hectares of land under improved management practices or technologies with BHA assistance reported by the endline.</p>	
<p><b>Direction of change:</b> +</p>	

<b>Disaggregated By:</b> N/A
<b>DATA COLLECTION</b>
<b>Method:</b> Beneficiary Survey
<b>Source:</b> Questionnaire
<b>Who Collects:</b> Implementing partner staff or enumerators
<b>From Whom:</b> Direct beneficiary households
<b>Frequency of Collection and Reporting:</b> Baseline and endline
<b>Baseline Value Info:</b> Baseline value will be determined during baseline data collection (pre-intervention).
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>Adapted from EG.3.2-25</li> </ul>

### A3: Number of individuals who have applied improved management practices or technologies with BHA assistance

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Improving Agricultural Production

#### INDICATOR DESCRIPTION

##### Definition:

This indicator measures the total number of individual activity beneficiaries in the BHA-funded activity who have applied improved management practices and/or technologies promoted by the BHA-funded activity anywhere within the food and agriculture system during the reporting year. These individuals must be direct beneficiaries of the activity and may include:

- Farmers, and other primary sector producers of food and nonfood crops, agro-forestry products, apiaries, and natural resource-based products, including non-timber forest products such as fruits, seeds, and resins;
- Individuals in the private sector, such as entrepreneurs, input suppliers, traders, processors, manufacturers, distributors, service providers, and wholesalers and retailers;
- Individuals in government, such as policy makers, extension workers and natural resource managers; and
- Individuals in civil society, such as researchers or academics and non-governmental and community organization staff.

“Improved management practices or technologies” are those promoted by the activity as a way to increase producer’s productivity, resilience, and/or address biotic and abiotic production constraints. The improved management practices and technologies are agriculture related, including those that address climate change adaptation or climate change mitigation. Implementing partners promoting one or a package of specific management practices and technologies report practices under categories of types of improved management practices or technologies. The indicator should count those specific practices promoted by the activities, not any improved practice.

This indicator endeavors to capture the individual beneficiaries who have made the decision to apply a particular management practice or technology, not those who have had to do so as a condition of an obligation.

It is common for BHA-funded activities to promote more than one improved technology or management practice to farmers and other individuals, This indicator allows the tracking of the total number of participants that apply any improved management practice or technology during the

reporting year and the tracking of the total number of participants that apply practices or technologies in specific management practice and technology type categories.

- Count the beneficiaries if they have applied a management practice or technology promoted with BHA assistance at least once in the reporting year. Count the producer beneficiaries who applied improved management practices or technologies regardless of the size of the plot on which practices were applied.
- Count each beneficiary only once per year in the applicable sex disaggregate category to track the number of individuals applying BHA-promoted management practice or technology type. If more than one participant in a household is applying improved technologies, count each participant in the household who does so.
- Count each individual once per management practice or technology type once per year under the appropriate management practice/technology type disaggregate. Individuals can be counted under a number of different management practices/technology types in a reporting year. For example:
  - If a beneficiary applied more than one improved technology type during the reporting year, count the participant under each technology type applied.
  - If an activity is promoting a technology for multiple benefits, the participant applying the technology may be reported under each relevant Management practice/technology type category. For example, a farmer who is using drought tolerant seeds could be reported under Crop genetics and Climate adaptation/climate risk management depending for what purpose(s) or benefit(s) the activity is being promoted to participant farmers.
  - Count a beneficiary once per reporting year regardless of how many times she/he applied an improved practice/technology type. For example, a farmer has access to irrigation through the BHA-funded activity and can now cultivate a second crop during the dry season in addition to the rainy season. Whether the farmer applies BHA-promoted improved seed to her plot during one season and not the other, or in both the rainy and dry season, she would only be counted once in the Crop Genetics category under the Management practice/technology type disaggregate (and once under the Irrigation category.)
  - Count a beneficiary once per practice/technology type category regardless of how many specific practices/technologies under that technology type category she/he applied. For example, an activity is promoting improved plant spacing and planting on ridges. A participant applies both practices. S/he would only be counted once under the Cultural practices technology type category.

If a lead farmer cultivates a plot used for training, e.g., a demonstration plot used for Farmer Field Days or Farmer Field School, the lead farmer should be counted as a beneficiary applying improved practices/technologies for this indicator.

This is a snapshot indicator, which is designed to capture farmer applications only for the reporting year. If an activity is a follow on of a previously funded BHA activity, individuals who applied the selected

<p>management practice before this award constitute the baseline. Individuals that continue to apply the BHA activity-promoted management practice during the activity period get counted for applying the technology even if they weren't directly touched by the intervention in the reporting year (if the IP continues to track information on former participants). However, this also means that yearly totals can NOT be summed to count application by unique individuals over the life of the activity.</p>
<p><b>Unit of Measure:</b> Number (of individuals)</p>
<p><b>Calculation:</b> This is a count of the total number of beneficiaries who have applied activity promoted improved management practices or technologies</p>
<p><b>How to count LOA:</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting, who applied the practice/technology.</p>
<p><b>Direction of change:</b> +</p>
<p><b>Disaggregated By:</b> Sex: female, male</p>
<p><b>DATA COLLECTION</b></p>
<p><b>Method:</b> Routine Monitoring</p>
<p><b>Source:</b> Questionnaire, Diary, or Tracking record</p>
<p><b>Who Collects:</b> Implementing partner staff</p>
<p><b>From Whom:</b> Direct beneficiaries</p>
<p><b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported semi-annually, annually and at the end of the activity.</p>
<p><b>Baseline Value Info:</b> Baseline value is zero.</p>
<p><b>ADDITIONAL INFORMATION</b></p>
<ul style="list-style-type: none"> <li>Adapted from EG.3.2-24</li> </ul>

**A4: Number of beneficiary households using improved post harvest storage practices.**

<b>APPLICABILITY</b>	Improved Agricultural Production: Required Seed System Security: Required Pests and Pesticides: Required
<b>TYPE</b>	Outcome (baseline needed)
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Improving Agricultural Production Seed System Security Pests and Pesticides

**INDICATOR DESCRIPTION**

**Definition:**

This indicator measures the number of beneficiary households using improved post harvest storage technologies. Improved post harvest storage technologies include hermetic storage technologies and may include post harvest technology which enhances the performance of existing storage technologies.

**Unit of Measure:** Number (of households)

**Calculation:** This is a count of the number of households using improved post harvest storage technologies attributable to BHA funding under the reporting period.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of households, without double counting, who used improved post harvest storage practices.

**Direction of Change:** +

**Disaggregated By:**

Gendered Household Type: F&M, FNM, MNF, CNA

**DATA COLLECTION**

**Method:** Beneficiary Survey or Routine Monitoring

**Source:** Both baseline and post activity implementation data should be collected to record the number of households using improved of post-harvest loss practices/technologies.

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Direct beneficiary households

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline. Data will be reported annually and at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline data collection.

**ADDITIONAL INFORMATION**

- N/A

## A5: Percent of households with access to sufficient seed to plant

<b>APPLICABILITY</b>	Improving Agricultural Production: Optional Seed System Security: Required
<b>TYPE</b>	Output or Outcome
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Improving Agricultural Production Seed Systems Security
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator is intended to capture what proportion of farmers in a given catchment area (i.e., target area of a BHA activity intervention) have access to sufficient seed to plant. This indicator should ideally reflect the full range of channels through which farmers procure seed to meet their household needs, which may include, receipt of BHA-distributed seed.</p> <p>A household has “access to sufficient seed to plant” when the household either: has seed in hand (i.e., own stocks) or has the ability or means to get it elsewhere (e.g., from neighbors, market, agro-dealers) in a timely manner to plant the household’s normal intended planting area.</p> <p>“Sufficient” seed is captured through farmer self-reporting of the minimum amount of seed required to plant her/his normal intended planting area.</p> <p>Conceptually, seed access is foundational but not necessarily sufficient to achieve seed security, as indicated in the FOA Seed Security conceptual framework. As such, this measure may be used as a rough proxy for overall seed security at the household level.</p>	
<p><b>Unit of Measure:</b> Percent (of households)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of households in the survey reporting access to sufficient seed to plant by the total number of households in the survey.</p> <p>Numerator: Number of households in the survey reporting access to sufficient seed to plant Denominator: Total number of households in the survey</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values will be generated from the endline survey.</p>	
<p><b>Direction of Change:</b> +</p>	

**Disaggregated By:** N/A

*Note that partners may wish to disaggregate by the type of seed (e.g., maize, beans, cassave) since seed access may vary widely depending on the operational context.*

### DATA COLLECTION

**Method:** Population-based survey of farming households

**Source:** Questionnaire

**Who Collects:** Implementing partner staff, enumerators, or third-party firm

**From Whom:** Farming households in the activity implementation area

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

### ADDITIONAL INFORMATION

- For additional information refer to the FAO (2015) [Household Seed Security Concepts and Indicators](#) guide.
- [Seedsystem.org](#), a collaboration of national and international organizations that aims to improve seed security in vulnerable and high-stress areas of the world, and supported by USAID, provides additional resources and guidance on seed security and assessment tools.

## A6: Number of individuals directly benefiting from seed systems/agricultural input activities

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Seed System Security
INDICATOR DESCRIPTION	
<b>Definition:</b>	This indicator measures the number of individuals who directly benefit from seed system strengthening activities as well as members in their immediate household assumed to benefit from improved livelihoods and additional food security as a result of improvements in seed system security.
<b>Unit of Measure:</b>	Number (of individuals)
<b>Calculation:</b>	This is a count of the number of households directly benefiting from seed systems/agricultural input activities multiplied by the average number of individuals in a household in the target area.
<b>How to Count Life of Award (LOA):</b>	LOA values are the cumulative reported values at the end of the award counting only the unique number of individuals directly benefiting from seed systems/agricultural input activities (including immediate members of their households).
<b>Direction of Change:</b>	+
<b>Disaggregated By:</b>	Sex: female, male
DATA COLLECTION	
<b>Method:</b>	Routine Monitoring
<b>Source:</b>	Attendance/registration records
<b>Who Collects:</b>	Implementing partner staff
<b>From Whom:</b>	Implementing partner staff who manage the intervention documentation.
<b>Frequency of Collection and Reporting:</b>	Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.
<b>Baseline Value Information:</b>	Baseline value will be zero.

**ADDITIONAL INFORMATION**

- N/A

## A7: Number of hectares under irrigation resulting from irrigation interventions

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Irrigation
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> The number of hectares that receive water through any means of irrigation or controlled amount of water to plants at regular intervals through BHA-provided funding for irrigation support.	
<b>Unit of Measure:</b> Number (of hectares)	
<b>Calculation:</b> A count of the number of hectares under irrigation.	
<b>How to Count Life of Award (LOA):</b> LOA values are the sum of all “new” disaggregate values.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Type of Irrigation: Drip, Surface, Sprinkler; Irrigation Schemes  Duration: New, Continuing The hectares of land developed in the current reporting year should be reported under “New”. The hectares of land developed/supported in the previous year and continue to benefit in the reporting year should be counted under “Continuing.” No land under irrigation should be counted under both “Continuing” and “New.”	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring surveys using physical measurement of the size of land under irrigation.	
<b>Source:</b> Questionnaire, Maps, GPS perimeter walks of fields irrigated	
<b>Who Collects:</b> Implementing Partner staff	
<b>From Whom:</b> Direct beneficiaries, farmers	
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.	
<b>Baseline Value Information:</b> Baseline value is zero.	

**ADDITIONAL INFORMATION**

- N/A

<b>A8: Number of individuals directly benefiting from irrigation interventions</b>	
<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Irrigation
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> The total number of individuals and their household members who have been assisted with BHA-funded irrigation programming.	
<b>Unit of Measure:</b> Number (of individuals)	
<b>Calculation:</b> This is a count of the number of individuals directly benefiting from the irrigated land subject to BHA irrigation interventions multiplied by the average household size in the target community.	
<b>How to Count Life of Award (LOA):</b> LOA should be the unique number of individuals directly benefiting from the irrigated land supported with BHA funding.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> N/A	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring	
<b>Source:</b> Monitoring checklist/form	
<b>Who Collects:</b> Implementing Partner staff	
<b>From Whom:</b> Direct beneficiaries	
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity	
<b>Baseline Value Information:</b> Baseline value is zero.	
<b>ADDITIONAL INFORMATION</b>	
<ul style="list-style-type: none"> <li>• N/A</li> </ul>	

**A9: Length of irrigation system implemented from irrigation interventions.**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Irrigation
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> Length is defined as the sum of the measurements of all irrigation canals, irrigation pipes, drip tapes, etc. funded through the BHA intervention. This should include any new infrastructure installed together with any former irrigation systems renovated.	
<b>Unit of Measure:</b> Number (of kilometers)	
<b>Calculation:</b> This is a count of kilometers of irrigation systems (new and renovated).	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only new and renovated irrigation systems (in kilometers)	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Duration: New, Continuing  The length of the irrigation system developed or rehabilitated in the current reporting year should be reported under “New”. The length of the irrigation system developed or rehabilitated in the previous year should be counted under “Continuing.” No length of the irrigation system should be counted under both “Continuing” and “New.”	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring Measure the lengths of irrigation with measuring tapes, GPS walks, maps.	
<b>Source:</b> Maps, GPS data; activity records	
<b>Who Collects:</b> Implementing Partner staff	
<b>From Whom:</b> Implementing partner staff conducting assessments and/or local key informants	
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.	

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**AI0: Number and percent of hectares protected against disease or pest attacks**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Pests and Pesticides
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> This indicator measures activity-supported crop fields that were not damaged or significantly affected by pest and/or disease attacks. This indicator should be used during outbreaks to measure which fields that were treated remained unaffected by the outbreak due to the BHA-funded prevention measures. Areas protected against disease or pests are those that did not suffer crop losses from the outbreak.	
<b>Unit of Measure:</b> <ul style="list-style-type: none"><li>● Number (of hectares)</li><li>● Percent</li></ul>	
<b>Calculation:</b> Number: This is a count of the number of hectares of treated crops that were treated in the intervention area and not affected by disease or pest attacks  Percent: The percent is derived by dividing the number of hectares of treated crops that were treated in the intervention area and not affected by disease or pest attacks by the total hectares of crops treated in the intervention areas.  Numerator: Total number of hectares of treated crops that were not affected by disease or pest attacks Denominator: Total hectares of crops treated in the intervention areas	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the number of hectares protected against disease or pest attacks.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> N/A	
<b>DATA COLLECTION</b>	
<b>Method:</b> Beneficiary Survey or Routine Monitoring Direct inspection, beneficiary notes, MoA/Gov data	
<b>Source:</b> Field assessment and/or survey data; beneficiary notes; MoA/Gov data; activity records	

**Who Collects:** Implementing partner staff

**From Whom:** Direct beneficiaries, beneficiary households

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value determined during baseline data collection.

**ADDITIONAL INFORMATION**

- N/A

## A11: Number of individuals trained in appropriate crop protection practices

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Pests and Pesticides

### INDICATOR DESCRIPTION

**Definition:**

This indicator counts the number of individual beneficiaries who directly received BHA-funded training on crop protection practices.

“Crop protection practices” refer to management and control of disease and pests, such as: identification, remove and/or kill pests and diseases manually and/or using natural control tools, e.g., botanical pesticides, in crop fields or storage facilities, or Integrated Pest Management (IPM).

Training is defined as sessions in which participants are educated according to a defined curriculum and set learning objectives. Sessions that could be informative or educational, such as meetings, but do not have a defined curriculum or learning objectives are not counted as training. Only individuals who complete the entire training course are counted for this indicator.

*Partners are strongly encouraged to contextualize this PIRS to reflect which practices (and/or knowledge) will be covered in the training(s) under the activity.*

**Unit of Measure:** Number (of individuals)

**Calculation:** This is a count of the number of individuals who received training.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of individuals who received training.

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

### DATA COLLECTION

**Method:** Routine Monitoring

**Source:** Training records, e.g. attendance sheets

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff who manage the intervention documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline values are zero.

**ADDITIONAL INFORMATION**

- N/A

## AI2: Percent of individuals who received training that are practicing appropriate crop protection procedures

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Pests and Pesticides

### INDICATOR DESCRIPTION

**Definition:**

This indicator is a measure of training efficacy. It captures the proportion (percent) of individual beneficiaries trained in crop protection practices who are actually applying what they learned, i.e., the crop protection practices covered during the training, during the planting season following the training (and/or subsequent planting seasons).

“Crop protection practices” refer to management and control of disease and pests, such as: identification, remove and/or kill pests and diseases manually and/or using natural control tools, e.g., botanical pesticides, in crop fields or storage facilities or Integrated Pest Management (IPM).

Training is defined as sessions in which participants are educated according to a defined curriculum and set learning objectives. Sessions that could be informative or educational, such as meetings, but do not have a defined curriculum or learning objectives are not counted as training. Only individuals who complete the entire training course are counted for this indicator.

*Partners are strongly encouraged to contextualize this PIRS to reflect which practices (and/or knowledge) will be covered in the training(s) under the activity; and how, and when, these practices (and/or knowledge) will be observed, e.g., during the planting or harvest season following the training, to generate this indicator.*

**Unit of Measure:** Percent (of individuals)

**Calculation:** The percent is derived by dividing the number of individual beneficiaries who received training that are practicing appropriate crop protection procedures by the number of individual beneficiaries who received training

Numerator: The number of individual beneficiaries who received training that are practicing appropriate crop protection procedures.

Denominator: The number of individual beneficiaries who received training.

**How to Count Life of Award (LOA):**

For routine monitoring methods: LOA value should be generated from the last planting cycle in which these data were collected. For example, if an activity provided training at the beginning of a 12-month award and two crop cycles took place after the training, the LOA value should be the values generated from the second crop cycle. *Partners are strongly encouraged to contextualize this PIRS to articulate how and when the data will be collected, including how the LOA values will be determined.*

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

### DATA COLLECTION

**Method:** Survey using direct observations methods of training participants (i.e. individual beneficiaries who completed training)

**Source:** Direct observation checklist/form

**Who Collects:** Implementing partner staff or enumerator

**From Whom:** Individual beneficiaries who successfully completed the training. In other words, the sampling frame for this indicator is the cohort of beneficiaries who completed the training; this includes both the numerator and denominator (see “Calculation” above).

**Frequency of Collection and Reporting:** Data will be collected during the crop cycles following the trainings. Data will be reported on a semi-annual, annual and at the end of the activity. *Partners are strongly encouraged to contextualize this PIRS to articulate how and when the data will be collected.*

**Baseline Value Information:** Baseline value will be zero.

### ADDITIONAL INFORMATION

- N/A

<b>A13: Number of individuals benefiting from livestock activities</b>	
<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Livestock
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> This indicator counts the number of beneficiaries that receive goods, participate in, or otherwise are directly assisted by BHA-funded interventions that help them rear domesticated animals to produce commodities such as meat, milk, fiber, or traction. This does not include indirect beneficiaries such as household members or community members.	
<b>Unit of Measure:</b> Number (of beneficiaries)	
<b>Calculation:</b> This is a count of the number of beneficiaries benefiting from livestock activities.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries who benefited from livestock activities.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Sex: female, male	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring. Count and record the number of beneficiaries who directly received livestock related assistance or participated in livestock activities.	
<b>Source:</b> Beneficiary lists and/or ledgers, assessment and/or survey data, and activity records.	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Direct beneficiaries	
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.	
<b>Baseline Value Information:</b> Baseline value is zero.	
<b>ADDITIONAL INFORMATION</b>	
<ul style="list-style-type: none"> <li>• N/A</li> </ul>	

<b>A14: Number of animals benefiting from livestock activities</b>	
<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Livestock
<b>INDICATOR DESCRIPTION</b>	

<p><b>Definition:</b></p> <p>This indicator counts the number of domesticated animals that benefit as a result of their owners receiving goods, participating in, or otherwise being directly assisted by BHA-funded activity interventions.</p> <p>Animals that have benefited from a livestock activity are those that have been directly reached through the distribution of goods (e.g., feed), participated in an activity (e.g., an owner that has been trained in milk production during the dry season), or otherwise are directly assisted (e.g., chicken coop) by an activity.</p>
<p><b>Unit of Measure:</b> Number (of animals)</p>
<p><b>Calculation:</b> This is a count of the number of animals benefiting from livestock activities.</p>
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of animals that benefited from livestock activities.</p>
<p><b>Direction of Change:</b> +</p>
<p><b>Disaggregated By:</b></p> <p>Type:</p> <ul style="list-style-type: none"> <li>● Cattle and buffalo</li> <li>● Camelids (e.g., camels, llamas)</li> <li>● Goats and sheep</li> <li>● Poultry (e.g., chickens, ducks)</li> <li>● Horses, donkeys and mules</li> <li>● Swine (pigs)</li> <li>● Micro-stock (e.g., rabbits, guinea pigs, cane rats)</li> <li>● Bees (colony)</li> <li>● Farmed wildlife (e.g., zebra, eland)</li> <li>● Other</li> </ul>
<p><b>DATA COLLECTION</b></p>
<p><b>Method:</b> Routine Monitoring through primary data collection: Count, verify, and record the number of animals.</p>
<p><b>Source:</b> Distribution lists and/or ledgers, assessment and/or survey data, and activity records</p>
<p><b>Who Collects:</b> Implementing partner staff</p>
<p><b>From Whom:</b> Beneficiary households</p>
<p><b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.</p>
<p><b>Baseline Value Information:</b> Baseline value is zero.</p>
<p><b>ADDITIONAL INFORMATION</b></p>
<ul style="list-style-type: none"> <li>● N/A</li> </ul>

A15: Number of animals owned per individual	
<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Livestock
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  This indicator counts the number of domestic animals owned by beneficiaries who have directly benefited from BHA-funded livestock interventions. Animals are defined as any non-aquatic organism reared to produce commodities, including birds, mammals, reptiles, et cetera. An animal is considered owned if it is possessed by a person who has full claim to that animal.</p> <p>“Beneficiaries” refer to individuals who are direct recipients of BHA-funded livestock interventions or activities.</p> <p><i>Partners are strongly encouraged to contextualize this indicator to align with the activity’s technical approach. For example, activities that include animal husbandry as a means of generating income (i.e. a livelihood generation intervention) may want to include the total number of animals owned and sold over the course of a year or other period of time. Activities that aim to improve nutrition by increasing access to animal-based products such as dairy or eggs, by contrast, may only want to include the number of animals owned and kept, without counting those sold during the year.</i></p>	
<p><b>Unit of Measure:</b> Ratio (average)</p>	
<p><b>Calculation:</b> The average number of animals owned is determined by counting the number of animals owned by individual beneficiaries divided by the total number of beneficiaries.</p> <p>Numerator: The number of animals owned by individual beneficiaries  Denominator: The total number of beneficiaries.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA should be the average number of animals owned per individual over the life of the activity.</p> <p><i>Partners are strongly encouraged to contextualize this indicator, including how the LOA value will be calculated, to align with the activity’s technical approach and data collection approach.</i></p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b>  Type:</p> <ul style="list-style-type: none"> <li>● Cattle and buffalo</li> <li>● Camelids (e.g., camels, lamas)</li> <li>● Goats and sheep</li> <li>● Poultry (e.g., chickens, ducks)</li> <li>● Horses, donkeys and mules</li> <li>● Swine (pigs)</li> <li>● Micro-stock (e.g., rabbits, guinea pigs, cane rats)</li> </ul>	

- Bees (colony)
- Farmed wildlife (e.g., zebra, eland)
- Other

#### DATA COLLECTION

**Method:** Beneficiary Survey or Routine Monitoring. *Partners are strongly encouraged to contextualize this indicator, including how the data will be collected.*

**Source:** Questionnaire for beneficiary survey. Secondary data (official government statistics specific to area of intervention) when surveys are not feasible.

**Who Collects:** Implementing partner staff, enumerators, or third-party

**From Whom:** Beneficiary households or secondary datasets

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity. *Partners are strongly encouraged to contextualize this indicator, including how the data will be collected and reported.*

**Baseline Value Information:** Baseline value will be derived from the baseline data collection.

#### ADDITIONAL INFORMATION

- N/A

<b>A16: Number of individuals trained in livestock</b>	
<b>APPLICABILITY</b>	Optional
<b>TYPE</b>	Output
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Livestock
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> This indicator counts the number of individual beneficiaries who directly received BHA-funded training on livestock. This may include, but not necessarily be limited to the following topics: animal domestication domesticated animals raised to produce commodities such as meat, milk, fiber, and traction.  Training is defined as sessions in which participants are educated according to a defined curriculum and set learning objectives. Sessions that could be informative or educational, such as meetings, but do not have a defined curriculum or learning objectives are not counted as training. Only individual beneficiaries who complete the entire training course are counted for this indicator.	
<b>Unit of Measure:</b> Number (of individuals)	
<b>Calculation:</b> This is a count of the number of beneficiaries trained in livestock	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of individuals who directly received livestock training.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Sex: female, male	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring	
<b>Source:</b> Attendance/registration records	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Implementing partner staff who manage the intervention documentation	
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.	
<b>Baseline Value Information:</b> Baseline value will be zero.	
<b>ADDITIONAL INFORMATION</b>	
<ul style="list-style-type: none"> <li>• N/A</li> </ul>	

A17: Number of individuals benefiting from fisheries/aquaculture activities	
<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Fisheries and Aquaculture
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator counts the number of individual beneficiaries that receive goods, participate in, or otherwise are directly assisted by BHA-funded activity interventions that help them:</p> <ul style="list-style-type: none"> <li>● Catch</li> <li>● Harvest</li> <li>● Sustainably manage, or</li> <li>● Farm</li> </ul> <p>fish, crustaceans, mollusks, and other aquatic organisms in fresh or saltwater. This does not include indirect beneficiaries such as related household members or community members.</p>	
<b>Unit of Measure:</b> Number (of individual beneficiaries)	
<b>Calculation:</b> This is a count of individual beneficiaries. Each individual should only be counted once, regardless of the number of activities to which they are a beneficiary.	
<b>How to Count Life of Award (LOA):</b> LOA should be the unique number of beneficiaries who benefited from fisheries/aquaculture activities.	
<b>Direction of Change:</b> +	
<p><b>Disaggregated By:</b> Sex: female, male</p>	
DATA COLLECTION	
<b>Method:</b> Routine Monitoring	
<b>Source:</b> Beneficiary lists, and activity records	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Direct beneficiaries	
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.	

**Baseline Value Information:** Baseline value will be zero.

**ADDITIONAL INFORMATION**

- N/A

## AI8: Number of fisheries/aquaculture productive assets reconstructed/repaired

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Fisheries and Aquaculture
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator counts the number of infrastructure or material resources rebuilt to their original or higher standards; or restored to working order. Examples include: warehouse, pier, market, pond, or fish habitat. In the case of multiple repairs within a single asset (e.g., several docks within a single pier), the single asset is counted only once under this indicator. If several docks were repaired in a single pier, one productive asset is counted. The infrastructure or material resources must be for use by an individual or community for catching, harvesting, managing, increasing natural productivity, or farming fish, crustaceans, mollusks, and other aquatic organisms in fresh or saltwater.</p>	
<p><b>Unit of Measure:</b> Number (of assets)</p>	
<p><b>Calculation:</b> This is a count of the number of infrastructure or material resources reconstructed or repaired as a result of the activity.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA should be the total number of unique productive aquaculture assets that have been reconstructed or repaired throughout the life of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> Type:</p> <ul style="list-style-type: none"> <li>● Household fishing/aquaculture assets (e.g., pond, hydroponic system, drying rack)</li> <li>● Community marketing infrastructure and assets (e.g., warehouse, fish market, cleaning ground, cold storage)</li> <li>● Community fishing infrastructure and assets (e.g., pier, dock, boat)</li> <li>● Other</li> </ul>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring</p>	
<p><b>Source:</b> Lists, receipts, ledgers and/or activity records</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	

**From Whom:** Implementing partner staff who manage the intervention documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value will be zero.

**ADDITIONAL INFORMATION**

- N/A

## AI9: Number of kilograms of aquatic resources harvested

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Fisheries and Aquaculture
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  “Aquatic resources” refer to aquatic organisms, such as fish, crustaceans, mollusks, and any other animal that spends at least part of its time in water.</p> <p>“Harvested” refers to organisms that have been grown and gathered in the previous 30 days. This indicator measures the total quantity, in kilograms (kg), of aquatic organisms harvested in the previous 30 days.</p>	
<p><b>Unit of Measure:</b> Average (Number of kilograms per household per 30 days)</p>	
<p><b>Calculation:</b> The number of kilograms is calculated over a one-month period covering all BHA beneficiary households, or a representative sample, divided by the number of beneficiary households.</p> <p>Numerator: Quantity of aquatic organisms harvested in the past 30 days, among all beneficiaries, in kg  Denominator: Total number of beneficiary households</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b>  Type</p> <ul style="list-style-type: none"> <li>● Fish (e.g., cod, tilapia)</li> <li>● Cephalopods (e.g., squid, octopus)</li> <li>● Gastropods and bivalves (e.g., snail, clam)</li> <li>● Crustacean (e.g., lobster, shrimp)</li> <li>● Amphibian (e.g., salamanders, frogs)</li> <li>● Other</li> </ul>	
DATA COLLECTION	
<p><b>Method:</b> Beneficiary Survey, Routine Monitoring. When a beneficiary survey is not feasible, official statistics, activity documents or market records may be analyzed.</p>	

**Source:** Questionnaire if beneficiary survey. Secondary data (official government statistics specific to area of intervention) when surveys are not feasible.

**Who Collects:** Implementing partner staff, enumerators, or third-party

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

#### **ADDITIONAL INFORMATION**

- Reference resources, additional notes on applicability or rationale for the indicator, and/or any reporting notes.

## A20: Number of individuals trained in fisheries/aquaculture

<b>APPLICABILITY</b>	Optional
<b>TYPE</b>	Output
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Fisheries and Aquaculture
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator counts the individual beneficiaries who directly received BHA-funded education or instruction on topics having to do with catching, harvesting, sustainably managing or farming fish, crustaceans, mollusks, and other aquatic organisms in fresh or saltwater.</p> <p><b>Training</b> is defined as sessions in which participants are educated according to a defined curriculum and set learning objectives. Sessions that could be informative or educational, such as meetings, but do not have a defined curriculum or learning objectives, are not counted as training. Only individual beneficiaries who complete the entire training course are counted for this indicator.</p>	
<b>Unit of Measure:</b> Number (of individual beneficiaries)	
<b>Calculation:</b> This is a count of the number of individual beneficiaries who directly received BHA-funded training.	
<b>How to Count Life of Award (LOA):</b> LOA should be the unique number of individual beneficiaries who received BHA-funded training at least once from the activity.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Sex: female, male	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring	
<b>Source:</b> Attendance/registration records	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Implementing partner staff who manage the intervention documentation	
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.	

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## A21: Number of animals treated or vaccinated

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Veterinary Pharmaceuticals and other Medical Commodities
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> This indicator counts the number of domesticated animals that were directly given a pharmaceutical (e.g., antibiotic, acaricide) to cure a disease condition, or a vaccine to prevent a disease condition during a BHA-funded intervention not including indirect beneficiaries such as untreated herd members.	
<b>Unit of Measure:</b> Number (of animals)	
<b>Calculation:</b> This is a count of the number of animals treated or vaccinated.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of animals treated or vaccinated.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Type: <ul style="list-style-type: none"><li>● Cattle and buffalo</li><li>● Camelids (e.g., camels, lamas)</li><li>● Goats and sheep</li><li>● Poultry (e.g., chickens, ducks)</li><li>● Horses, donkeys and mules</li><li>● Swine (pigs)</li><li>● Micro-stock (e.g., rabbits, guinea pigs, cane rats)</li><li>● Bees (queen or colony)</li><li>● Framed wildlife (e.g., zebra, eland)</li><li>● Other</li></ul>	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring	
<b>Source:</b> Distribution lists and/or ledgers, assessment and/or survey data, and activity records	

**Who Collects:** Implementing Partner Staff

**From Whom:** Direct beneficiaries

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## A22: Number of animal disease outbreaks

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Veterinary Pharmaceuticals and other Medical Commodities
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> An “outbreak” affects multiple animals in the activity area, of domestic animal diseases caused by an infective organism, nutritional deficiency, etc., by species of livestock. A single sick animal would not be considered an outbreak.</p> <p>This indicator counts the number of outbreaks in the activity area in the past year.</p>	
<b>Unit of Measure:</b> Number (of animals)	
<b>Calculation:</b> This is a count of the number of animal disease outbreaks.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.	
<b>Direction of Change:</b> -	
<p><b>Disaggregated By:</b> Type:</p> <ul style="list-style-type: none"><li>● Cattle and buffalo</li><li>● Camelids (e.g., camels, lamas)</li><li>● Goats and sheep</li><li>● Poultry (e.g., chickens, ducks)</li><li>● Horses, donkeys and mules</li><li>● Swine (pigs)</li><li>● Micro-stock (e.g., rabbits, guinea pigs, cane rats)</li><li>● Bees (queen or colony)</li><li>● Framed wildlife (e.g., zebra, eland)</li><li>● Other</li></ul>	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring	

**Source:** Beneficiary interviews or government statistics of area of intervention. If multiple sources are used, ensure to avoid double reports (e.g., the same disease outbreak captured in a government database and through household surveys).

**Who Collects:** Implementing partner staff

**From Whom:** Direct beneficiaries; secondary data

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and as the end of activity.

**Baseline Value Information:** Baseline value will be derived from the baseline data collection.

#### **ADDITIONAL INFORMATION**

- N/A

**A23: Number of veterinary facilities out of stock of any of the veterinary medical commodity tracer products, for longer than one week**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Veterinary Pharmaceuticals and other Medical Commodities

**INDICATOR DESCRIPTION**

**Definition:**

“Veterinary facilities” refer to all veterinary facilities, CAHWs, veterinary clinics, and other service delivery points supported with veterinary pharmaceuticals, supplies, equipment, or other commodities with BHA fundings.

“Veterinary medical commodities” are veterinary pharmaceuticals, supplies, and/or equipment.

“Tracer products” are veterinary medical commodities essential to the implementation of the proposed plan.

This indicator counts the number of veterinary care providers (e.g., CAHW, clinics) and other service delivery points out of stock of any veterinary pharmaceuticals, supplies, equipment, or other BHA-funded commodities that are essential to the implementation of the proposed activity for the length of time from receipt until the next receipt (e.g., weekly, every two weeks, monthly). You must state the delivery period. In the initial proposal you must suggest and justify three tracer products, the stock of which will be reviewed weekly and how the organization will address out of stock situations within a delivery period and longer than one delivery period.

**Unit of Measure:** Number (of facilities)

**Calculation:** This is a count of the number of veterinary facilities out of stock of any of the veterinary medical commodity tracer products, for longer than one week.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of facilities out of stock of any veterinary supplies/equipment.

**Direction of Change:** -

**Disaggregated By:** N/A

**DATA COLLECTION**

**Method:** Routine Monitoring

Electronic supply chain monitoring tools – bar code inventories linked to receipt at in-country, delivery to veterinary facility, and administered to animal. Last resort – bin card of stock at veterinary facility.

**Source:** Inventory lists maintained by lead pharmacist, veterinary shop owner and/or warehouse manager, if applicable

**Who Collects:** Implementing partner staff

**From Whom:** Lead veterinary and/or by the facility manager (at the facility)

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.

**Baseline Value Information:** Baseline value will be derived from baseline (pre-intervention) facility assessment.

#### ADDITIONAL INFORMATION

- N/A

## A24: Number of individuals trained in veterinary medical commodity supply chain management

<b>APPLICABILITY</b>	Optional
<b>TYPE</b>	Output
<b>SECTOR</b>	Agriculture
<b>SUB-SECTOR</b>	Veterinary Pharmaceuticals and other Medical Commodities
INDICATOR DESCRIPTION	
<p><b>Definition:</b> Trained: The sum total of the individual beneficiaries who completed all requirements specified for successful completion of specific training sessions that may include attendance and/or written verbal or hands on demonstration of knowledge and skills.</p> <p>Training is defined as sessions in which participants are educated according to a defined curriculum and set learning objectives. Sessions that could be informative or educational, such as meetings, but do not have a defined curriculum or learning objectives are not counted as training.</p> <p>This indicator counts the number of individual beneficiaries who directly received BHA-funded training on topics such as the planning and management of activities involved in the identification of veterinary medical commodities (pharmaceuticals, supplies, equipment), and their quantities, sourcing, procurement, delivery, monitoring, and logistics. Only people who complete the entire training course are counted for this indicator.</p>	
<p><b>Unit of Measure:</b> Number (of individual beneficiaries)</p>	
<p><b>Calculation:</b> This is a count of the number of individual beneficiaries trained in veterinary medical commodity supply chain management.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA is the cumulative reported values at the end of the award counting only the unique number of individual beneficiaries trained.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> Sex: female, male</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring during implementation activities.</p>	
<p><b>Source:</b> Attendance records</p>	

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff who manage the training documentation.

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## DISASTER RISK REDUCTION POLICY AND PRACTICE

#	Indicator	Preferred Data Collection Method	Applicability Criteria	Page #
<b>Building Community Awareness/Mobilization</b>				
D1	<a href="#">Number of individuals in the communities mobilized and completed a participatory hazard, vulnerability and capacity assessment</a>	Routine Monitoring	RiA	80
D2	<a href="#">Number of community action plans developed participatory hazard, vulnerability and capacity assessment</a>	Routine Monitoring		82
D3	<a href="#">Number of public awareness campaigns and/or drills completed</a>	Routine Monitoring		86
D4	<a href="#">Number of individuals reached through public awareness campaigns and/or participating in drills</a>	Routine Monitoring		86
D5	<a href="#">Percent of individuals perceiving/recognizing a high likelihood of being severely affected by specific hazard</a>	Routine Monitoring, Beneficiary Survey		88
<b>Capacity Building and Training</b>				
D6	<a href="#">Number of individuals trained in disaster preparedness, DRR and/or DRM</a>	Routine Monitoring	Required	90
D7	<a href="#">Percent of individuals who retain disaster preparedness, DRR and/or DRM skills and knowledge two months after training</a>	Routine Monitoring, Beneficiary Survey		92
D8	<a href="#">Number of individuals trained in First Aid, Search and Rescue or health related Disaster Risk Reduction interventions</a>	Routine Monitoring	RiA	94
<b>Global Advocacy and Engagement</b>				
D9	<a href="#">Number of jointly organized events held to raise DRR awareness, support and collaborate for improved DRR and response</a>	Routine Monitoring	Required	96
D10	<a href="#">Number of attendees at jointly organized events held to raise DRR awareness, support and collaborate for improved DRR and response</a>	Routine Monitoring		97
D11	<a href="#">Number of documents, plans, joint publications and/or agreements written or revised to reflect improved DRR policy or practice</a>	Routine Monitoring, Observation		99
<b>Integration/Enhancement within Education Systems and Research</b>				
D12	<a href="#">Number of DRR curricula developed</a>	Routine Monitoring, Curricula	Required	101
D13	<a href="#">Number of students trained in disaster preparedness, DRR and/or DRM</a>	Routine Monitoring		102

D14	<a href="#">Percent of students who retain disaster preparedness, DRR and/or DRM skills and knowledge two months after training</a>	Routine Monitoring, Beneficiary Survey		104
Policy and Planning				
D15	<a href="#">Number of DRR strategies, policies, disaster preparedness, and contingency response plans written or revised to reflect improved information and procedures</a>	Routine Monitoring, Observation	Required	106
D16	<a href="#">Number of DRR strategies, policies, disaster preparedness and contingency response plans are being adopted or utilized by communities and/or governments</a>	Routine Monitoring, Observation		108

**DI: Number of individuals in communities mobilized and completed a participatory hazard, vulnerability and capacity assessment**

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Building Community Awareness/Mobilization

**INDICATOR DESCRIPTION**

**Definition:**

This indicator counts the number of individual beneficiaries in communities mobilized and completed a participatory hazard, vulnerability and capacity assessment (HVCA). The community led HCVA utilizes participatory approaches and tools to assess exposure to natural hazards affecting their communities, their vulnerabilities and their capacity to reduce impact of these hazards. HCVA is a critical element of disaster preparedness and DRR which involves community members, local authorities, and humanitarian actors to prioritize together to create DRR measures and design intervention(s) to reduce risk to their communities.

Communities mobilization include activities that strengthen communities' capacities to cope with hazards, and more broadly, to improve their livelihood. In this way, disaster risk reduction is integrated with sustainability and social development. Community led approaches include identification of natural hazards affecting the community, assessing community capacity to manage the risks and involving community, civil society organizations, local authorities and other to organize to conduct assessment, developing action plans to prioritize DRR interventions for preparing for effective response to disasters and implementing measures to reduce their risk to natural hazards.

**Unit of Measure:** Number (of individual beneficiaries)

**Calculation:** This is a count of individual beneficiaries in communities mobilized and completed a participatory hazard, vulnerability and capacity risk assessment.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, in communities mobilized and completed a participatory HVCA.

**Direction of Change:** +

**Disaggregated By:** Sex: female, male

**DATA COLLECTION**

<b>Method:</b> Routine Monitoring
<b>Source:</b> Monitoring checklist/form
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Direct beneficiaries
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

**D2: Number of community action plans developed participatory hazard, vulnerability and capacity assessment**

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Building Community Awareness/Mobilization
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator counts the number of community action plans developed based on participatory hazard, vulnerability and risk capacity assessment (HVCA).</p> <p>Community action plans support the community to identify and agree on the most feasible and appropriate solutions that will help them to reduce their disaster risks, and to develop a plan of action that they can implement and monitor at both the community and household levels. Community action plans ensure inclusion and accountability and include prioritized community led interventions, timeline to accomplish implementation and resources required to implement interventions identified in HVCA.</p> <p>Community led HCVA utilizes participatory approaches and tools to assess exposure to natural hazards affecting their communities, their vulnerabilities and their capacity to reduce impact of these hazards. HCVA is a critical element of disaster preparedness and DRR which involves community members, local authorities, and humanitarian actors to prioritize together to create DRR measures and design intervention to reduce risk to their communities.</p>	
<b>Unit of Measure:</b> Number (of community action plans)	
<b>Calculation:</b> This is a count of the number of community action plans developed based on hazard risk capacity assessment.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> N/A	
DATA COLLECTION	
<b>Method:</b> Routine Monitoring	
<b>Source:</b> Monitoring checklist/form	

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff who manage the DRR intervention documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

### D3: Number of public awareness campaigns and/or drills completed

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Building Community Awareness/Mobilization
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator counts the number of public awareness campaigns and/or drills completed. Public awareness campaigns promote knowledge about hazards, vulnerability, exposure and capacity as well as safety actions and interventions to reduce impact of disasters on individual beneficiaries and communities. Drills are exercises to simulate the circumstances of a disaster, providing an opportunity to test and practice disaster response plans, procedures, preparedness measures, provide training, raise public awareness, maintain skills, and help identify gaps and needs in disaster management plans for improvement.</p>	
<p><b>Unit of Measure:</b> Number (of public awareness campaigns and/or drills)</p>	
<p><b>Calculation:</b> This is a count of the number of public awareness campaigns and/or drills completed.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring</p>	
<p><b>Source:</b> Monitoring checklist/form</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Implementing partner staff who manage the DRR intervention documentation</p>	
<p><b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.</p>	
<p><b>Baseline Value Information:</b> Baseline value is zero.</p>	

ADDITIONAL INFORMATION
• N/A

- N/A

**D4: Number of individuals reached through public awareness campaigns and/or participating in drills**

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Building Community Awareness/Mobilization
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            This indicator counts the number of individual beneficiaries reached through public awareness campaigns or participating in drills. Individuals are counted as reached if they received messaging through public awareness campaigns. Public awareness campaigns are referred to as messages, events, and efforts to increase knowledge about hazards, vulnerability, exposure and capacity as well as safety actions and interventions to take appropriate action to reduce impact of disasters on individual beneficiaries and communities through mobile/social media, events and other types of communications.</p> <p>Drills are exercises to simulate the circumstances of a disaster, providing an opportunity to test and practice disaster response plans, procedures, preparedness measures, provide training, raise public awareness, maintain skills, and help identify gaps and needs in disaster management plans for improvement.</p>	
<p><b>Unit of Measure:</b> Number (of individual beneficiaries)</p>	
<p><b>Calculation:</b> This is a count of individual beneficiaries reached through public awareness campaigns or participating in drills.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who were reached through public awareness campaigns or participating in drills.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b>            Mode: Drills, Mobile/social media, Event, Other</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Routine Monitoring</p>	
<p><b>Source:</b> Monitoring checklist/form</p>	

**Who Collects:** Implementing partner staff

**From Whom:** Direct beneficiaries

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**D5: Percent of the individuals perceiving/recognizing a high likelihood of being severely affected by specific hazard**

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Building Community Awareness/Mobilization
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator captures the percent of individual beneficiaries perceiving/recognizing a high likelihood of being severely affected by specific hazard. Activity must define the specific hazard.</p>	
<p><b>Unit of Measure:</b> Percent (of individual beneficiaries)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of individual beneficiaries perceiving/recognizing a high likelihood of being severely affected by specific hazard by the number of individual beneficiaries who respond to the question.</p> <p>Numerator: Number of individual beneficiaries perceiving/recognizing a high likelihood of being severely affected by specific hazard Denominator: Number of individual beneficiaries who respond to the question.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of individual beneficiaries who perceive/recognize a high likelihood of being severely affected by specific hazard divided by the number of individual beneficiaries who respond to the question.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> Sex: female, male</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Beneficiary Survey</p>	
<p><b>Source:</b> Questionnaire</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Direct beneficiaries</p>	

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline and during monthly/quarterly/biannual/annual beneficiary survey. Data will be reported annually and at the end of the activity

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**D6: Number of individuals trained in disaster preparedness, DRR and/or DRM**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Capacity Building and Training
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b></p> <p>This indicator counts the number of individual beneficiaries trained in disaster preparedness, risk reduction, and management as a result of BHA activities. “Disaster preparedness, risk reduction, and management” includes: risk identification, analysis, prioritization, and reduction activities; the design and implementation of regional, national, local, or community level hazard reduction policies and plans; early warning systems, as appropriate; and identification of roles and responsibilities in preventing, responding to, and recovering from disasters.</p> <p>Trainings under this indicator include new training or re-training, and the training must be conducted according to national or international standards, when these exist. Trainings must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants. Only participants who complete a full training course should be counted.</p> <p><u>How to count the number of individual beneficiaries trained:</u></p> <ul style="list-style-type: none"><li>• If a training course covers more than one topic, individual beneficiaries should only be counted once for that training course.</li><li>• If a training course is conducted in more than one session/training event, only individual beneficiaries who complete the full course should be counted; do not sum the participants for each training event.</li><li>• If individual beneficiaries are re-trained within the reporting period, having received training prior to the activity or reporting period, they should be included in the count once in the reporting year.</li><li>• If individual beneficiaries receive multiple, different trainings in the reporting period, they should be included in the count once in the fiscal year.</li></ul>	
<b>Unit of Measure:</b> Number (of individual beneficiaries)	
<b>Calculation:</b> This is a count of the number of individual beneficiaries trained in disaster preparedness, risk reduction, and management as a result of BHA assistance.	

<p><b>How to count LOA:</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting, who received training in disaster preparedness, risk reduction, and management.</p>
<p><b>Direction of change:</b> +</p>
<p><b>Disaggregated by:</b> Sex: female, male</p>
<p><b>DATA COLLECTION</b></p>
<p><b>Method:</b> Routine Monitoring</p>
<p><b>Source:</b> Attendance/registration records</p>
<p><b>Who Collects:</b> Implementing partner staff</p>
<p><b>From Whom:</b> Implementing partners staff who manage the DRR training intervention</p>
<p><b>Frequency of Collection and Reporting:</b> Data should be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.</p>
<p><b>Baseline Value Info:</b> Baseline value is zero.</p>
<p><b>ADDITIONAL INFORMATION</b></p>
<ul style="list-style-type: none"> <li>• This indicator is adapted from HA.2.1-1</li> </ul>

**D7: Percent of individuals who retain disaster preparedness, DRR and/or DRM skills and knowledge two months after training**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Capacity Building and Training

**INDICATOR DESCRIPTION**

**Definition:**

This indicator captures the percent of individual beneficiaries receiving disaster preparedness, DRR and/or DRM training who retain activity-defined threshold level of skills and knowledge after two months (or more; can be up to 6 months) after the training. Retaining skills and knowledge refers to individual beneficiaries obtaining an adequate percentage of their training when tested/quizzed or able to perform the operational tasks two months (or more; can be up to 6 months) following the completion of their BHA-funded training. The level of skills and knowledge obtained threshold is activity-defined due to the context specific nature of the training.

Trainings under this indicator includes new training or retraining, and the training must be conducted according to national or international standards, when these exist. Trainings must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants. Only participants who complete a full training course should be counted.

How to count the number of individual beneficiaries trained:

- If a training course covers more than one topic, individual beneficiaries should only be counted once for that training course.
- If a training course is conducted in more than one session/training event, only individual beneficiaries who complete the full course should be counted; do not sum the participants for each training event.
- If individual beneficiaries are re-trained within the reporting period, having received training prior to the activity or reporting period, they should be included in the count once in the reporting year.
- If individual beneficiaries receive multiple, different trainings in the reporting period, they should be included in the count once in the fiscal year.

**Unit of Measure:** Percent (of individual beneficiaries)

**Calculation:** The percent is derived by dividing the number of individual respondents to test/quiz who retain activity-defined threshold level of skills and knowledge after two months after the training by the total number of individual beneficiaries who responded to the test/quiz.

Numerator: Number of individual respondents to test/quiz who retain activity-defined threshold level of skills and knowledge after two months after the DRR training.

Denominator: Number of individual beneficiaries who responded to the test/quiz.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique individual beneficiaries, who responded to the test/quiz who retain activity-defined threshold level of skills and knowledge after two months after the training divided by the total number of individual beneficiaries who responded to the test/quiz.

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

### DATA COLLECTION

**Method:** Beneficiary Survey

**Source:** Follow-up assessment form, Post-test, Questionnaire

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Direct beneficiaries of trainings

**Frequency of Collection and Reporting:** Data will be collected two months (or more; up to 6 months) following completion of the BHA-funded training. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline data collection (pre-intervention) survey of initial knowledge or adequate percent of skills/learning objectives from individuals immediately after training.

### ADDITIONAL INFORMATION

- N/A

**D8: Number of individuals trained in First Aid, Search and Rescue or health-related Disaster Risk Reduction interventions**

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Capacity Building and Training
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            This indicator counts the number of individual beneficiaries trained in First Aid, Search and Rescue, or health-related Disaster Risk Reduction interventions. Trainings under this indicator includes new training or retraining, and the training must be conducted according to national or international standards, when these exist. Trainings must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants. Only participants who complete a full training course should be counted.</p> <p><u>How to count the number of individual beneficiaries trained:</u></p> <ul style="list-style-type: none"> <li>● If a training course covers more than one topic, individual beneficiaries should only be counted once for that training course.</li> <li>● If a training course is conducted in more than one session/training event, only individual beneficiaries who complete the full course should be counted; do not sum the participants for each training event.</li> <li>● If individual beneficiaries are re-trained within the reporting period, having received training prior to the activity or reporting period, they should be included in the count once in the reporting year.</li> <li>● If individual beneficiaries receive multiple, different trainings in the reporting period, they should be included in the count once in the fiscal year.</li> </ul>	
<p><b>Unit of Measure:</b> Number (of individual beneficiaries)</p>	
<p><b>Calculation:</b> This is a count of individual beneficiaries trained in First Aid, Search and Rescue, or health-related Disaster Risk Reduction interventions.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who were trained in First Aid, Search and Rescue, or health-related Disaster Risk Reduction interventions.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b></p>	

Sex: female, male

**DATA COLLECTION**

**Method:** Routine Monitoring

**Source:** Attendance/registration records

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partners staff who manage the training documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**D9: Number of jointly organized events held to raise DRR awareness, support and collaborate for improved DRR and response**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Global Advocacy and Engagement
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator counts the number of jointly organized events held to raise DRR awareness, support and collaborate for improved DRR and response. Jointly organized refers to more than one sponsoring organization, which can be national and local governments, NGOs, international aid organizations, community organizations or other organizations. Each event must have a specific goal, agenda and expected outcome.</p>	
<p><b>Unit of Measure:</b> Number (of jointly organized events)</p>	
<p><b>Calculation:</b> This is a count of jointly organized events held.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring</p>	
<p><b>Source:</b> Monitoring checklist/form</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Implementing partner staff who manage events documentation</p>	
<p><b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.</p>	
<p><b>Baseline Value Information:</b> Baseline value is zero.</p>	
ADDITIONAL INFORMATION	

- N/A

**D10: Number of attendees at jointly organized events to raise DRR awareness, support and collaborate for improved DRR and response**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Global Advocacy and Engagement
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator counts the number of individual beneficiaries attending jointly organized events to raise DRR awareness, support and collaborate for improved DRR and response. They may include a variety of participants/stakeholders such as national and local governments, NGOs, International aid organizations, community members and other stakeholders. Each event must have a specific goal, agenda and expected outcome.</p>	
<p><b>Unit of Measure:</b> Number (of individual beneficiaries)</p>	
<p><b>Calculation:</b> This is a count of individual beneficiaries attending jointly organized events.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting, who attended jointly organized events.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> Sex: female, male</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Routine Monitoring</p>	
<p><b>Source:</b> Attendance/registration records</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Implementing partner staff who manage events documentation, Event organizers</p>	

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**DI1: Number of documents, plans, joint publications and/or agreements written or revised to reflect improved DRR policy or practice**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Global Advocacy and Engagement
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator counts the number of documents, plans, joint publications and/or agreements written or revised to reflect improved DRR policy or practice. Documents, plans, joint publications and/or agreements may include guidelines, strategies, analysis, or outlines of operational processes or policies. Plans can be international, regional, or national level disaster response or other relevant sectoral plans emphasizing DRR. Agreements may be between different levels of government (e.g. international, regional, or national), community, and stakeholders. Documents, plans, joint publications and/or agreements satisfy this indicator if they have been written or revised to improve DRR policy or practice.</p>	
<p><b>Unit of Measure:</b> Number (of documents, plans, joint publications or agreements)</p>	
<p><b>Calculation:</b> This is a count of documents, plans, joint publications or agreements written or revised to reflect improved DRR policy or practice.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Routine Monitoring, Observation</p>	
<p><b>Source:</b> Monitoring checklist/form</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Implementing partner staff managing global advocacy intervention documentation, Document authors</p>	
<p><b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.</p>	

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## D12: Number of DRR curricula developed

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Integration/Enhancement within Education Systems and Research
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> This indicator counts the number of DRR curricula developed. A curriculum satisfies this indicator if it is a course of study in a formal education system such as school or university that is entirely or substantially focused on DRR.	
<b>Unit of Measure:</b> Number (of DRR curricula developed)	
<b>Calculation:</b> This is a count of DRR curricula developed.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Education Level: primary, secondary, post-secondary, other	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring	
<b>Source:</b> Monitoring checklist/form, Curricula	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Educational institutions	
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.	
<b>Baseline Value Information:</b> Baseline value is zero.	
<b>ADDITIONAL INFORMATION</b>	
<ul style="list-style-type: none"><li>• N/A</li></ul>	

### DI3: Number of students trained in disaster preparedness, DRR and/or DRM

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Integration/Enhancement within Education Systems and Research
INDICATOR DESCRIPTION	
<b>Definition:</b>	This indicator counts the number of students who were trained in disaster preparedness, DRR and/or DRM. Students are counted for this indicator if they are registered to study in a school, college, or formal education institution with a focus on DRR component or curriculum supported through BHA. Teachers as students are counted for this indicator if they are students in the training (i.e. Training of Trainers) with a focus on DRR component or curriculum supported through BHA.
<b>Unit of Measure:</b>	Number (of students)
<b>Calculation:</b>	This is a count of students trained on disaster preparedness, DRR and/or DRM.
<b>How to Count Life of Award (LOA):</b>	LOA values are the cumulative reported values at the end of the award counting only the unique number of students, without double counting, who received training on disaster preparedness, DRR and/or DRM.
<b>Direction of Change:</b>	+
<b>Disaggregated By:</b>	Sex: female, male
DATA COLLECTION	
<b>Method:</b>	Routine Monitoring
<b>Source:</b>	Attendance/registration records
<b>Who Collects:</b>	Implementing partner staff
<b>From Whom:</b>	Implementing partner staff who manage the student training intervention documentation
<b>Frequency of Collection and Reporting:</b>	Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**DI4: Percent of students who retain disaster preparedness, DRR and/or DRM skills and knowledge two months after training**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Integration/Enhancement within Education Systems and Research

**INDICATOR DESCRIPTION**

**Definition:**

This indicator captures the percent of students (and teachers as students) who retain activity defined threshold level of disaster preparedness, DRR and/or DRM skills and knowledge two months (or more; can be up to 6 months) after training. Retaining skills and knowledge refers to individual beneficiaries obtaining an adequate percentage of their training when tested/quizzed or able to perform the operational tasks two months (or more; can be up to 6 months) following the completion of their BHA-funded training. The level of skills and knowledge obtained threshold is activity-defined due to the context specific nature of the training.

Trainings under this indicator includes new training or retraining, and the training must be conducted according to national or international standards, when these exist. Trainings must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants. Only participants who complete a full training course should be counted.

How to count the number of individual beneficiaries trained:

- If a training course covers more than one topic, individual beneficiaries should only be counted once for that training course.
- If a training course is conducted in more than one session/training event, only individual beneficiaries who complete the full course should be counted; do not sum the participants for each training event.
- If individual beneficiaries are re-trained within the reporting period, having received training prior to the activity or reporting period, they should be included in the count once in the reporting year.
- If individual beneficiaries receive multiple, different trainings in the reporting period, they should be included in the count once in the fiscal year.

**Unit of Measure:** Percent (of students)

**Calculation:** The percent is derived by dividing the number of students responding to the test/quiz who retain activity defined threshold level of disaster preparedness, DRR and/or DRM skills and knowledge two months (or more; can be up to 6 months) after training by the number of individual beneficiaries who responded to the test/quiz.

**Numerator:** Number of students responding to test/quiz who retain activity defined threshold level of disaster preparedness, DRR and/or DRM skills and knowledge two months (or more; can be up to 6 months) after training.

**Denominator:** Number of individual beneficiaries who responded to the test/quiz.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique individual beneficiaries, who responded to the test/quiz who retain activity-defined threshold level of skills and knowledge after two months after the training divided by the total number of individual beneficiaries who responded to the test/quiz.

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

### DATA COLLECTION

**Method:** Beneficiary Survey

**Source:** Follow-up assessment form, Post-test, Questionnaire

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Direct beneficiaries who received DRR training

**Frequency of Collection and Reporting:** Data will be collected two months (or more; can be up to 6 months) following completion of the BHA-funded training. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline data collection (pre-intervention) survey of initial knowledge or adequate percent of skills/learning objectives from individuals immediately after training.

### ADDITIONAL INFORMATION

- N/A

**DI5: Number of DRR strategies, policies, disaster preparedness, and contingency response plans written or revised to reflect improved information and procedures**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Policy and Planning
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator counts the number of DRR strategies, policies, disaster preparedness, and contingency response plans written or revised to reflect improved information and procedures. DRR strategies, policies, disaster preparedness, and contingency response plans must be written or revised for the community or different administrative levels of government with participation by all stakeholders. DRR strategies, policies, disaster preparedness, and contingency response plans satisfy this indicator if they have been written or revised to reflect improved information and procedures.</p>	
<p><b>Unit of Measure:</b> Number (of strategies and plans)</p>	
<p><b>Calculation:</b> This is a count of DRR strategies, policies, disaster preparedness, and contingency response plans written or revised to reflect improved information and procedures.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Routine Monitoring, Observation</p>	
<p><b>Source:</b> Monitoring checklist/form</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Implementing partner staff managing policy intervention documentation, Community leadership, government staff</p>	
<p><b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.</p>	

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**DI6: Number of DRR strategies, policies, disaster preparedness and contingency response plans are being adopted or utilized by communities and/or governments**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Disaster Risk Reduction Policy and Practice (DRRPP)
<b>SUB-SECTOR</b>	Policy and Planning
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator counts the number of DRR strategies, policies, disaster preparedness and contingency response plans are institutionalized and utilized by communities and/or governments (from local, provincial, and/or national). DRR strategies, policies, disaster preparedness, and contingency response plans must be institutionalized for the community or different administrative levels of government with participation by all stakeholders. DRR strategies, policies, disaster preparedness, and contingency response plans satisfy this indicator if they are institutionalized and utilized by communities and/or governments (from local, provincial, and/or national)</p>	
<p><b>Unit of Measure:</b> Number (of DRR strategies, policies, disaster preparedness and contingency response plans)</p>	
<p><b>Calculation:</b> This is a count of DRR strategies, policies, disaster preparedness and contingency response plans.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Routine Monitoring, Observation</p>	
<p><b>Source:</b> Monitoring checklist/form</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Implementing partner staff managing policy intervention documentation, Community leadership, government staff</p>	

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## ECONOMIC RECOVERY AND MARKET SYSTEMS

#	Indicator	Preferred Data Collection Method	Applicability Criteria	Page #
<b>Livelihoods Restoration</b>				
E1	<a href="#">Number of individuals assisted through livelihoods restoration activities</a>	Routine Monitoring	Required	111
E2	<a href="#">Percent of beneficiaries reporting net income from their livelihood</a>	Routine Monitoring		112
<b>New Livelihoods Development</b>				
E3	<a href="#">Number of individuals assisted through new livelihoods development activities</a>	Routine Monitoring	Required	114
E2	<a href="#">Percent of beneficiaries reporting net income from their livelihood</a>	Routine Monitoring		112
E4	<a href="#">Percent of beneficiaries actively practicing their new livelihoods</a>	Routine Monitoring	Required	115
E5	<a href="#">Number of full-time equivalent off-farm jobs created with USG assistance</a>	Routine Monitoring	RiA	117
E6	<a href="#">Percent of beneficiaries in USG-assisted activities designed to increase access to productive economic resources who are youth (15-29)</a>	Routine Monitoring		119
<b>Market System Strengthening</b>				
E7	<a href="#">Estimated number of vulnerable disaster-affected individuals indirectly assisted through market system rehabilitation activities</a>	Routine Monitoring	Required	121
E8	<a href="#">Amount of market infrastructure rehabilitated by type (kilometers of market feeder roads, kilometers of ditches, kilometers of irrigation canals; number of bridges; other)</a>	Routine monitoring	RiA	123
E9	<a href="#">Total number of critical market actors directly assisted through market system rehabilitation activities</a>	Routine Monitoring		125
<b>Financial Services</b>				
E10	<a href="#">Number of individuals and/or MSMEs participating in financial services with USAID assistance</a>	Routine Monitoring	Required	127
E11	<a href="#">Percent of financial service accounts/groups supported by BHA that are functioning properly</a>	Routine Monitoring		129
<b>Temporary Employment</b>				
E12	<a href="#">Number of individuals participating in CFW activities</a>	Routine Monitoring	Required	131

## EI: Number of individuals assisted through livelihoods restoration activities

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Economic Recovery and Market Systems
<b>SUB-SECTOR</b>	Livelihoods Restoration
INDICATOR DESCRIPTION	
<b>Definition:</b>	This indicator measures the number of individual beneficiaries that have directly received BHA assistance (such as in-kind inputs, cash, vouchers, or training) to resume their means of living.
<b>Unit of Measure:</b>	Number of individual beneficiaries
<b>Calculation:</b>	This is a count of total unique beneficiaries.
<b>How to Count Life of Award (LOA):</b>	LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting, assisted through livelihoods restoration activities
<b>Direction of Change:</b>	+
<b>Disaggregated By:</b>	Sex: female, male
DATA COLLECTION	
<b>Method:</b>	Routine Monitoring Count and record the number of individual beneficiaries who directly received assistance.
<b>Source:</b>	Monitoring records
<b>Who Collects:</b>	Implementing partner staff
<b>From Whom:</b>	Direct beneficiaries
<b>Frequency of Collection and Reporting:</b>	Data will be collected on an ongoing/rolling/monthly basis. Data will be reported during the semi-annual, annual reporting and at the end of the activity.
<b>Baseline Value Information:</b>	Baseline value is zero.
ADDITIONAL INFORMATION	
<ul style="list-style-type: none"> <li>N/A</li> </ul>	

## E2: Percent of beneficiaries reporting net income from their livelihood

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Economic Recovery and Market Systems
<b>SUB-SECTOR</b>	Livelihoods Restoration; New Livelihoods Development
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> ERMS/Livelihoods Restoration activities help individual beneficiaries to resume the activities they were doing pre-disaster or were already practicing to earn a living.</p> <p>New Livelihoods Development activities aim to help individual beneficiaries start an activity they have not done before to help them earn a living.</p> <p>Net income is simply defined here as revenues greater than costs. It is synonymous with “profit.” This indicator measures what percent of individual beneficiaries self-report that they are earning more from the livelihood activity supported by BHA than they are spending on costs (e.g., inputs, rent, transport, fees). This indicator should be measured at or near the end of the BHA-supported activity. Example: Someone who was earning a net income shortly after receiving inputs halfway through the activity period, but is no longer earning a profit, should not be counted as profitable.</p>	
<b>Unit of Measure:</b> Percent (of beneficiaries)	
<p><b>Calculation:</b> The percent is derived by dividing the number of beneficiaries reporting they are earning a profit from the livelihood activity supported by BHA, by the total number of individual beneficiaries assisted through new livelihoods development activities.</p> <p><b>Numerator:</b> Number of beneficiaries reporting they are earning a profit from the livelihood activity supported by BHA (or, number of individual beneficiaries surveyed who report earning a profit, if a representative sample is used).</p> <p><b>Denominator:</b> Total number of individual beneficiaries assisted through new livelihoods development activities.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award, counting only the unique number of beneficiaries reporting they are earning a profit from the livelihood activity divided by the total number of individual beneficiaries assisted through new livelihoods development activities.</p>	
<b>Direction of Change:</b> +	

**Disaggregated By:**

Sex: female, male

**DATA COLLECTION**

**Method:** Routine Monitoring of Livelihoods Restoration and/or New Livelihoods Development beneficiaries (if both sub-sectors are used, report these separately). Ask each person about the amount of money they have earned over an appropriate time period (which may vary, depending on the livelihood; e.g., monthly or seasonally) from the activity and then about the amount of money spent on that activity over the same time period (e.g., transport to work, inputs, space rental). Subtract the amount spent from the amount earned. If the number is positive, this counts as net income.

**Source:** Monitoring records

**Who Collects:** Implementing partner staff

**From Whom:** Direct beneficiaries

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported during the semi-annual, annual reporting and at the end of the activity.

**Baseline Value Info:**

For Livelihoods Restoration sub-sector interventions: baseline value should be collected during registration/enrollment. This may be zero if individual beneficiaries have completely stopped and need to wholly restart their livelihood activities.

For New Livelihoods Development interventions: baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

### E3: Number of individuals assisted through new livelihoods development activities

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Economic Recovery and Market Systems
<b>SUB-SECTOR</b>	New Livelihoods Development
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> This indicator measures the number of individual beneficiaries that have directly received BHA assistance (such as in-kind inputs, cash, vouchers, or training) to begin a new activity that they had not previously practiced in order to earn a living.	
<b>Unit of Measure:</b> Number (of beneficiaries)	
<b>Calculation:</b> This is a count of the total unique beneficiaries.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting, assisted through new livelihoods development activities	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Sex: female, male	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring Count and record the number of individual beneficiaries who directly received new livelihoods assistance.	
<b>Source:</b> Monitoring records	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Direct beneficiaries	
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported during the semi-annual, annual reporting and at the end of the activity.	
<b>Baseline Value Information:</b> Baseline value is zero.	
<b>ADDITIONAL INFORMATION</b>	

- N/A

#### E4: Percent of beneficiaries actively practicing in their new livelihoods

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Economic Recovery and Market Systems
<b>SUB-SECTOR</b>	New Livelihoods Development
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator measures how many individual beneficiaries are still doing the new activity, at least some of the time, in order to earn income by the time the performance period ends. This indicator should be measured at or near the end of the performance period.</p> <p>ERMS/New Livelihoods development activities aim to help individual beneficiaries start an activity they have not done before to help them earn a living. Livelihoods restoration activities, by contrast, help individual beneficiaries to resume the activities they were doing pre-disaster or were already practicing to earn a living.</p>	
<p><b>Unit of Measure:</b> Percent of individual beneficiaries</p>	
<p><b>Calculation:</b> Divide the number of beneficiaries reporting they are still engaging in the livelihood activity supported by BHA by the Total number of individual beneficiaries assisted through new livelihoods development activities.</p> <p>Numerator: Number of beneficiaries reporting they are still engaging in the livelihood activity supported by BHA, at least some of the time Denominator: Total number of individual beneficiaries assisted through new livelihoods development activities.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries reporting they are still engaging in the livelihood activity divided by total number of individual beneficiaries assisted through new livelihoods development activities.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> Sex: female, male</p>	

## DATA COLLECTION

**Method:** Routine Monitoring of new livelihoods development beneficiaries

**Source:** Monitoring records

**Who Collects:** Implementing partners staff

**From Whom:** Direct beneficiaries

**Frequency of Collection and Reporting:** Using routine monitoring methods, data will be collected on an ongoing/rolling/monthly basis. Data will be reported during the semi-annual, annual reporting and at the end of the activity.

**Baseline Value Info:** Baseline value is zero.

## ADDITIONAL INFORMATION

- N/A

## E5: Number of full-time equivalent off-farm jobs created with BHA assistance

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Economic Recovery and Market Systems
<b>SUB-SECTOR</b>	New Livelihoods
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator counts all types of off-farm employment (i.e., self-employment and wage employment) created with BHA assistance during the reporting year, or in previous years and continued into the reporting year. Employment in agriculture or non-agricultural enterprises contribute to this measure. Employment lasting less than one month (160 hours) in the previous 12 months is not counted in order to emphasize jobs that provide stability through longevity. However, the 160 hours can be spread over time, as long as it is in the course of one year.</p> <p>Jobs should be converted to full-time equivalent (FTE) jobs. One FTE equals 12 months or 260 workdays or 2,080 hours. Thus, a job that lasts for 4 months (688 hours) should be counted as 1/3 FTE and a job that lasts for 6 months/130 workdays/1,040 hours should be counted as 1/2 FTE. Number of hours worked per day or per week is not restricted as work hours may vary greatly.</p> <p>“With BHA assistance” includes non-farm jobs where BHA investments are intentional in assisting in any way to expand employment and where an objective of the BHA activity is job creation.</p> <p><u>Example 1:</u> One person worked for 3 hours a day for 30 days in the reporting year, a second person worked for 4 hours for 90 days in the reporting year, a third person worked for 3 hours a day for 200 days in the reporting year, and a fourth person worked for 5 hours a day for 180 days in the reporting year. In this example, we will not count the first person as s/he worked for 90 hours in the reporting year which is less than the minimum requirement of 160 hours. The three individual beneficiaries worked for <math>(360+600+900) = 1860</math> hours which is <math>1860/2080 = 0.89</math> FTE.</p> <p><u>Example 2:</u> An activity provided training to one individual on handicraft making and s/he employed two other individual beneficiaries to run his/her micro enterprise. All the jobs created will be counted to estimate the FTE. In this example, let us assume the three individual beneficiaries worked for a total of 12 person hours a day for 300 days in the reporting year. The activity will be recorded as creating 1.7 FTEs.</p>	
<b>Unit of Measure:</b> Count (of individual beneficiaries)	

<p><b>Calculation:</b> The total number of off-farm employment hours for beneficiaries who held the job for more than 160 hours in the past 12 months created with BHA assistance by 2080.  Numerator: Total number of off-farm employment hours for beneficiaries who held the job for more than 160 hours in the past 12 months created with BHA assistance  Denominator: 2080</p>
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of off farm FTEs, without double counting</p>
<p><b>Disaggregated By:</b>  Sex: female, male  Age: up to 19 year, 20-29 years, 30+ years</p>
<p><b>DATA COLLECTION</b></p>
<p><b>Method:</b> Routine Monitoring</p>
<p><b>Source:</b> Monitoring records</p>
<p><b>Who Collects:</b> Implementing partner staff</p>
<p><b>From Whom:</b> Beneficiaries who directly participate in off-farm employments</p>
<p><b>Frequency of Collection and Reporting:</b> Routine monitoring, Data will be reported during the semi-annual, annual reporting and at the end of the activity.</p>
<p><b>Baseline Value Info:</b> Baseline value is zero.</p>
<p><b>ADDITIONAL INFORMATION</b></p>
<ul style="list-style-type: none"> <li>Adapted from EG.3-9</li> </ul>

**E6: Percent of beneficiaries in BHA-assisted activities designed to increase access to productive economic resources who are youth (15-29)**

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Economic Recovery and Market Systems
<b>SUB-SECTOR</b>	New Livelihoods Development
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>  “Youth” refers to activity beneficiaries who are between 15 and 29 years old.</p> <p>“Productive economic resources” include physical assets, such as land, equipment, buildings, and livestock; and financial assets such as savings and credit; wage or self-employment; and income.</p> <p>“BHA-assisted activities” counted under this indicator include any new livelihoods development sub-sector activity. This might include an apprenticeship or job placement; training; assets in the form of cash, vouchers, or in-kind items; or other activities.</p> <ul style="list-style-type: none"> <li>● Agricultural development and market strengthening activities;</li> <li>● Financial inclusion activities that result in increased access to finance, including activities designed to help youth set up savings accounts</li> <li>● Activities that build or secure access to physical assets such as land redistribution or titling; and activities that provide assets such as livestock</li> </ul>	
<p><b>Unit of Measure:</b> Percent (of beneficiaries)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of beneficiaries 15-29 years old participating in interventions to increase access to productive economic resources by the total number of beneficiaries of all ages participating in interventions to increase access to productive economic resources. Remove any double-counting, e.g., if someone received both vocational training and a start-up grant, s/he should only be counted once.</p> <p>Numerator: Number of beneficiaries age 15-29 years old participating in interventions to increase access to productive economic resources.</p> <p>Denominator: Is total number of beneficiaries of all ages participating in interventions to increase access to productive economic resources.</p>	
<p><b>How to count LOA:</b> The LOA value is the total cumulative number of beneficiaries age 15-29 years old participating in interventions to increase access to productive economic resources divided by the</p>	

total cumulative number of beneficiaries of all ages participating in interventions to increase access to productive economic resources. Individuals should not be double counted across years or interventions.

**Direction of change:** +

**Disaggregated By:**

Sex: female, male

### DATA COLLECTION

**Method:** Routine Monitoring

**Source:** Monitoring records

**Who Collects:** Implementing partner staff

**From Whom:** Direct beneficiaries

**Frequency of Collection and Reporting:** Routine monitoring, Data will be reported during the semi-annual, annual reporting and at the end of the activity.

**Baseline Value Information:** Baseline will be zero.

### ADDITIONAL INFORMATION

- Adapted from YOUTH-3

**E7: Estimated number of vulnerable disaster-affected individuals indirectly assisted through market system rehabilitation activities**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Economic Recovery and Market Systems
<b>SUB-SECTOR</b>	Market System Strengthening
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator is an approximate calculation of the number of ultimate intended beneficiaries of the BHA-supported activities in this sub-sector. This will be described in the activity narrative, but should include those who are vulnerable and most affected by the disaster. Individuals “indirectly assisted” under this indicator include those who benefit from direct support to critical market actors, assessment and analysis of market systems, or rehabilitation of physical infrastructure. This also includes individual beneficiaries who do not directly receive any assistance from BHA (i.e., cash grant, in-kind items, a voucher, or training), but they have likely benefited indirectly from the BHA-supported market system strengthening activities.</p>	
<p><b>Unit of Measure:</b> Count (of individual beneficiaries)</p>	
<p><b>Calculation:</b> This is a count of the total unique beneficiaries.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting, who are indirectly assisted through market system rehabilitation activities</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Mix of primary and secondary data collection. For physical infrastructure, find an estimate of how many individual beneficiaries considered by your activity to be vulnerable and disaster-affected use the infrastructure. Example: For a market road connecting two drought-stricken villages to a larger market, use the combined population of the villages. For support to critical market actors, use the causal model and market assessments to estimate who the activity is ultimately intending to support. Example: For support to traders to be able to buy farmers’ produce again, consider the total number of farmers the traders buy from.</p>	

**Source:** Market assessments and/or survey data, data from local or regional authorities or secondary sources (e.g., other agencies' market assessments), and activity records

**Who Collects:** Implementing partner staff

**From Whom:** Several sources (primary and secondary)

**Frequency of Collection and Reporting:** Routine Monitoring  
Data will be reported during the semi-annual, annual reporting and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**E8: Amount of market infrastructure rehabilitated by type (kilometers of market feeder roads, kilometers of ditches, kilometers of irrigation canals; number of bridges; other)**

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Economic Recovery and Market Systems
<b>SUB-SECTOR</b>	Market System Strengthening
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> This indicator measures the physical structures repaired through BHA-supported activities. This may include: roads, irrigation canals, ditches, bridges, other.	
<b>Unit of Measure:</b> Kilometers, for roads, ditches, and irrigation canals. Number for bridges. As appropriate, for other infrastructure type.	
<b>Calculation:</b> This is a count of the quantity of infrastructure built.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting the total infrastructure built (specific units).	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Type: <ul style="list-style-type: none"> <li>● Market feeder roads (km)</li> <li>● Irrigation canals (count)</li> <li>● Ditches (count)</li> <li>● Bridges (count)</li> <li>● Other</li> </ul>	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring Primary data collection: physical measurements or technology-aided data collection such as GPS	
<b>Source:</b> Monitoring records	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Partner staff, local partner govt, private contractors etc.	

**Frequency of Collection and Reporting:** Routine monitoring, Data will be reported during the semi-annual, annual reporting and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**E9: Total number of critical market actors directly assisted through market system rehabilitation activities**

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Economic Recovery and Market Systems
<b>SUB-SECTOR</b>	Market System Strengthening

**INDICATOR DESCRIPTION**

**Definition:**

This indicator measures the number of market actors such as producers, suppliers, traders, or processors that have directly received BHA assistance such as in-kind inputs, cash, access to finance, or training to help them restart or improve their market function. *Critical* market actors will be defined in your activity, but refers to market actors who perform essential functions to a market system that plays a major role in disaster-affected individual beneficiary's survival or livelihoods and who are not able to perform these functions as needed because of the disaster. These actors might be anywhere in the value chain and may or may not directly interact with the ultimate beneficiaries of the activity (the most affected/most vulnerable).

**Unit of Measure:** Count of businesses

**Calculation:** This is a count of the total unique businesses.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of businesses, without double counting

**Direction of Change:** +

**Disaggregated By:** N/A

**DATA COLLECTION**

**Method:** Routine Monitoring

Count the number of unique market actors who directly received assistance.

**Source:** Monitoring records

**Who Collects:** Implementing partner staff

**From Whom:** Market actors

**Frequency of Collection and Reporting:** Routine Monitoring

Data will be reported during the semi-annual, annual reporting and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**EI0: Number of individuals and/or MSEs participating in financial services with BHA assistance**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Economic Recovery and Market Systems
<b>SUB-SECTOR</b>	Financial Services

**INDICATOR DESCRIPTION**

**Definition:**

Financial services include savings, credit, insurance, remittances, and other services. These services might be used to help individual beneficiaries save for or recover from disasters, to smooth out the differences between income and consumption, or to start or invest in a business. A micro- or small enterprise (MSE) is a type of small business, either formal or informal, that has relatively few employees (The Organization for Economic Cooperation and Development, OECD, defines microenterprises as less than 10 employees, and small enterprises as less than 50). In many developing countries, microenterprises comprise the majority of the small business sector as a result of the relative lack of formal-sector jobs available for the poor. Microenterprises typically have little or no access to the commercial banking sector, so they often rely on microfinance or informal finance.

**Participating in financial services** means taking out a loan, depositing savings, sending or receiving a remittance, taking out an insurance policy, attending a financial education training, and/or participating in a community savings and lending group during the activity period.

**Unit of Measure:** Count of individual beneficiaries. Count each MSE as one unit.

**Calculation:** This is a count of unique beneficiaries.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries and MSEs, without double counting, who participate in financial services

**Direction of Change:** +

**Disaggregated By:**

For number of individuals, disaggregate by:

Sex: female, male

For Number of MSEs: No disaggregates are required

## DATA COLLECTION

**Method:** Routine Monitoring

Count the number of individual beneficiaries and/or MSEs who have accessed new financial services, such as savings or credit, or are continuing to receive financial services due to BHA support. This can be calculated by counting the number of loans, savings accounts, savings group members, etc., and subtracting for multiple services provided to the same individual or MSE during the time period (e.g., taking out two loans, or having a loan and a savings account).

**Source:** Monitoring records

**Who Collects:** Implementing partner staff

**From Whom:** Direct beneficiaries and MSEs

**Frequency of Collection and Reporting:** Data will be reported during the semi-annual, annual reporting and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

## ADDITIONAL INFORMATION

- N/A

**EI I: Percent of financial service accounts/groups supported by BHA that are functioning properly**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Economic Recovery and Market Systems
<b>SUB-SECTOR</b>	Financial Services

**INDICATOR DESCRIPTION**

**Definition:**

This indicator is a measurement of whether the financial services supported by BHA are working as they should. This is different for different types of services such as loans, savings accounts, self-managed savings groups, and insurance policies. See below for further guidance.

Because of the wide range of financial services that might be supported under this sub-sector, the indicator will vary based on the type of financial service(s) supported by BHA.:

- For individual or group loans, this would be the percent of loans that are being repaid with no delinquency (or 100 minus the portfolio-at-risk (PAR) over-30-days rate, or PAR>30).
- For formal savings/deposit accounts, this would be the percent of accounts remaining open with a positive balance and adhering to policy.
- For savings groups, e.g., Rotating Credit and Savings Associations (ROSCA)s, VSLA, SILC), this would be the percentage of savings groups holding regular meetings, collecting on-time member contributions, and experiencing on-time repayment of internal loans according to their group rules, as reported to implementing partner staff.
- For insurance policies, this would be the percentage of policies with full and on-time premium payments and adhering to policy.

**Unit of Measure:** Percent (of financial service accounts or groups)

**Calculation:** The percent is derived by dividing the number of accounts and/or savings groups supported by BHA that are functioning according to institutional criteria by the total number of accounts and/or savings groups supported by BHA.

Numerator: Number of accounts and/or savings groups supported by BHA that are functioning according to institutional criteria. See Suggested Data Collection Method below.

Denominator: Total number of accounts and/or savings groups supported by BHA.

**How to Count Life of Award (LOA):** Calculated using routine monitoring record, LOA values are the cumulative reported values at the end of the award counting only the unique number of accounts and/or savings groups supported by BHA that are functioning according to institutional criteria, divided by the total number of accounts and/or savings groups supported by BHA.

<b>Direction of Change:</b> +
<b>Disaggregated By:</b> N/A
<b>DATA COLLECTION</b>
<b>Method:</b> Routine Monitoring of financial service accounts and groups supported by BHA.
<b>Source:</b> Monitoring records
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Financial service accounts and groups
<b>Frequency of Collection and Reporting:</b> Using routine monitoring methods, data will be collected on an ongoing/rolling/monthly basis. Data will be reported during the semi-annual, annual reporting and at the end of the activity.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## EI2: Number of individuals participating in cash-for-work (CFW) activities

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Economic Recovery and Market Systems
<b>SUB-SECTOR</b>	Temporary Employment
INDICATOR DESCRIPTION	
<p><b>Definition:</b> BHA defines cash-for-work (CFW) as distributing cash to individual beneficiaries based upon vulnerability criteria in exchange for their work on an activity of communal benefit. It is a subset of cash programming that is conditional upon an individual's participation in the work. CFW is an intervention and is not the same thing as hiring casual labor.</p> <p>This indicator measures the number of individual beneficiaries who engaged in BHA-supported cash-for-work activities. Individuals should be counted even if they only completed part of the planned CFW.</p>	
<p><b>Unit of Measure:</b> Count (of individual beneficiaries)</p>	
<p><b>Calculation:</b> This is a count of total unique beneficiaries.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting, participating in CFW activities.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> Sex: female, male</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring: Count the total number of CFW participants as logged in beneficiary lists and/or ledgers, assessment and/or surveys, and activity records</p>	
<p><b>Source:</b> Monitoring records</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Direct beneficiaries</p>	
<p><b>Frequency of Collection and Reporting:</b> Routine Monitoring, Data will be reported during the semi-annual, annual reporting and at the end of the activity.</p>	

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## FOOD ASSISTANCE

#	Indicator	Preferred Data Collection Method	Applicability Criteria	Page #
<b>Conditional Food Assistance</b>				
F1	<a href="#">Number of beneficiaries receiving food assistance</a>	Routine Monitoring	RiA: Required for activities that plan to provide any form of food assistance (commodities, cash, and voucher)	135
F2	<a href="#">Percent of households where women reported participating in decisions on the use of food assistance</a>	Routine Monitoring	RiA: Required for activities that plan to include food assistance (food, voucher, cash) or cooked meals	137
F3	<a href="#">Percent of food assistance decision-making entity members who are women</a>	Routine Monitoring		139
FS1	<a href="#">Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS)</a>	Beneficiary Survey	RiA: Required for all activities with a food assistance intervention.	16
FS2	<a href="#">Mean and median Reduced Coping Strategies Index (rCSI)</a>	Beneficiary Survey		20
FS3	<a href="#">Percent of households with moderate and severe Household Hunger Scale (HHS) scores</a>	Beneficiary Survey		23
<b>Unconditional Food Assistance</b>				
F1	<a href="#">Number of beneficiaries receiving food assistance</a>	Routine Monitoring	RiA: Required for activities that plan to provide any form of food assistance (commodities, cash, and voucher)	135
F2	<a href="#">Percent of households where women reported participating in decisions on the use of food assistance</a>	Routine Monitoring	RiA: Required for activities that plan to include food assistance (food, voucher, cash) or cooked meals	137
F3	<a href="#">Percent of food assistance decision-making entity members who are women</a>	Routine Monitoring		139
FS1	<a href="#">Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS)</a>	Beneficiary Survey	RiA: Required for all activities with a	16

FS2	<a href="#">Mean and median Reduced Coping Strategies Index (rCSI)</a>	Beneficiary Survey	food assistance intervention.	20
FS3	<a href="#">Percent of households with moderate and severe Household Hunger Scale (HHS) scores</a>			23
Cooked Meals				
F4	<a href="#">Number of cooked meals distributed</a>	Routine Monitoring	RiA: Required for activities that plan to distribute cooked meals	142
F2	<a href="#">Percent of households where women reported participating in decisions on the use of food assistance</a>	Beneficiary Survey	RiA: Required for activities that plan to include food assistance (food, voucher, cash) or cooked meals	137
F3	<a href="#">Percent of food assistance decision-making entity members who are women</a>	Routine Monitoring		139
FS1	<a href="#">Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS)</a>	Beneficiary Survey	RiA: Required for all activities with a food assistance intervention.	16
FS2	<a href="#">Mean and median Reduced Coping Strategies Index (rCSI)</a>	Beneficiary Survey		20
FS3	<a href="#">Percent of households with moderate and severe Household Hunger Scale (HHS) scores</a>	Beneficiary Survey		23

## FI: Number of beneficiaries receiving food assistance

<b>APPLICABILITY</b>	RiA: Required for activities that plan to provide any form of food assistance (commodities, cash, and voucher)
<b>TYPE</b>	Output
<b>SECTOR</b>	Food Assistance
<b>SUB-SECTOR</b>	Conditional Food Assistance, Unconditional Food Assistance
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator counts the total number of unique, individual beneficiaries receiving conditional and/or unconditional food assistance. The “food assistance” may be in the form of commodities, cash, or food vouchers.</p> <p>The indicator disaggregates by conditionality (conditional or unconditional). “Conditional” food assistance is provided to beneficiaries if they fulfill a prerequisite activity or obligation (e.g., public work, asset building, participation in training). Conditionality is distinct from restriction (how assistance is used) and targeting (criteria for selecting beneficiaries). “Unconditional” food assistance is provided to beneficiaries with no conditions and the beneficiary is eligible to receive the assistance if she/he meets targeting criteria outlined by the activity.</p> <p>This indicator also includes disaggregates for modality. Modality refers to the type of assistance that is provided. “In-kind food assistance” refers to food items (e.g., maize, salt); “cash” refers to physical or digital currency; and “vouchers” refers to physical or digital coupons that may be redeemed for food items in a store or marketplace.</p>	
<p><b>Unit of Measure:</b> Number (of individual beneficiaries)</p>	
<p><b>Calculation:</b> This is a count of the number of unique beneficiaries who received food assistance across the life of the activity. If an individual received food assistance multiple times across the life of the activity, the beneficiary should be counted only once. If the food assistance package is designed to provide food for the entire household, all members of the beneficiary household should be counted.</p>	
<p><b>How to count LOA:</b> LOA should be the unique number of beneficiaries, including household members (if the size of the food assistance is estimated for the household), who received food assistance at least once from the activity.</p>	
<p><b>Direction of change:</b> +</p>	
<p><b>Disaggregated By:</b> Modality: in-kind, cash, vouchers</p>	

1. Number of beneficiaries who received in-kind
2. Number of beneficiaries who received cash
3. Number of beneficiaries who received vouchers

Conditionality and Sex:

4. Number of female beneficiaries who received conditional food assistance
5. Number of male beneficiaries who received conditional food assistance
6. Number of female beneficiaries who received unconditional food assistance
7. Number of male beneficiaries who received unconditional food assistance

**DATA COLLECTION**

**Method:** Routine Monitoring

**Source:** Monitoring checklist, distribution records, mobile transfer records, or vendor database

**Who Collects:** Implementing partner staff

**From Whom:** Staff responsible for distribution

**Frequency of Collection and Reporting:** Frequency of collection will depend on the frequency of distribution and M&E plan; frequency of reporting will be semi-annual.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## F2: Percent of households where women reported participating in decisions on the use of food assistance

<b>APPLICABILITY</b>	RiA: for activities that plan to include food assistance (food, voucher, cash) or cooked meals
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Food Assistance
<b>SUB-SECTOR</b>	Conditional Food Assistance, Unconditional Food Assistance, and Cooked Meals
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator measures women's participation in household decisions on the use of food assistance.</p> <p>“Participation” refers to a woman’s active involvement in decision-making.</p> <p>The “decision on the use” of food includes the type, quantity, and quality of food to purchase (in case of cash and voucher), which food and how to prepare, decision about the portion sizes, and the ultimate recipient of food within the household.</p> <p>“Food assistance” can include assistance in the form of food commodities, cash transfers to buy food, and food vouchers to buy food from participating vendors.</p> <p>This indicator includes disaggregation by type of modality: food commodity, cash, and food vouchers.</p>	
<p><b>Unit of Measure:</b> Percent (of households)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of beneficiary households in which the respondent reported women's participation in household decisions about the use of food assistance in the survey sample by the number of households in the survey sample.</p> <p>Numerator: Number of respondents that reported that decisions about the use of food/ cash/ vouchers are made by women.</p> <p>Denominator: Total number of respondents in the survey sample.</p>	
<p><b>How to count LOA:</b> LOA values will be generated from the endline survey.</p>	
<p><b>Direction of change:</b> +</p>	
<p><b>Disaggregate By:</b> Age: 19 years or younger; 20-29 years; 30 years or over</p>	

Modality of assistance: food, cash, voucher
<b>DATA COLLECTION</b>
<b>Method:</b> Beneficiary Survey
<b>Source:</b> Questionnaire
<b>Who Collects:</b> Implementing partner staff or enumerators
<b>From Whom:</b> Beneficiary household (ideally, female beneficiary member of household)
<b>Frequency of Collection and Reporting:</b> Data will be collected after the first distribution of food/cash/vouchers and at the end of the activity.
<b>Baseline Value Info:</b> Baseline value will be actual percent after collecting the information from all households after the first distribution of food/cash/vouchers.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• Evidence suggests that in general women consider nutritional content and household welfare when they decide the type, quantity, and quality of food to purchase and how the food will be used. However, in many instances women do not get the opportunity to make such decisions about the food/cash/voucher the households receive as transfer. The more women can participate in these decisions, the greater control they can exercise over the use of the food assistance.</li> </ul>

### F3: Percent of food assistance decision-making entity members who are women

<b>APPLICABILITY</b>	RiA: Required for activities that plan to include food assistance (food, voucher, cash); and cooked meals
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Gender, Food Assistance
<b>SUB-SECTOR</b>	Conditional food assistance, Unconditional food assistance, and cooked meals
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator measures gender parity in all food assistance decision-making entities, such as food distribution committees, steering committees, and asset management committees.</p> <p>A “decision-making entity” is any formal or informal body through which a group of appointed or elected individual beneficiaries serve a particular function and make decisions on behalf of themselves and/or other individual beneficiaries. A decision-making entity – which may be a committee, a board, an advisory group etc. – will typically have a (formal or informal) terms of reference (or equivalent) which defines roles, responsibilities and procedures.</p> <p>A “member” is an individual who is formally part of a decision-making entity.</p>	
<p><b>Unit of Measure:</b> Percent (of individual beneficiaries)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of female members in all committees, boards, teams, or other similar entities involved in decision making in food assistance interventions by the number of members (both female and male) in all committees, boards, teams, or other similar entities involved in decision-making in food assistance interventions.</p> <p>Numerator: Number of female members in all committees, boards, teams, or other similar entities involved in decision making in food assistance interventions.</p> <p>Denominator: Total number of members (both female and male) in all committees, boards, teams, or other similar entities involved in decision making in food assistance interventions.</p>	
<p><b>How to count LOA:</b> LOA should be the same as end of activity results, i.e., at the end of the activity, a count of female members in all committees, boards, teams, or other similar entities involved in decision-making in food assistance interventions; and a count of all (both male and female) members in all committees, boards, teams, or other similar entities involved in decision-making in food assistance interventions</p>	
<p><b>Direction of change:</b> +</p>	

**Disaggregate By:**

Age: 19 years or younger; 20-29 years; 30 years or over

**DATA COLLECTION**

**Method:** Routine Monitoring

Member lists of all food assistance-related decision-making entities should be developed and maintained. Whether using a spreadsheet, or other tool, a member list should indicate:

- (a) Name
- (b) Sex (female, male)
- (c) Function in the decision-making entity
- (d) Date of appointment
- (e) Date of withdrawal, as applicable
- (f) Age
- (g) Disability (yes or no)

For each food assistance-related initiative:

- 1. Is the initiative governed by a decision-making entity? Yes/No
- 2. If yes, is there more than one decision-making entity? Yes/No
- 3. If yes, what are the decision-making entities? (list)
- 4. What is the total number of members of each decision-making entity? (list)
- 5. How many members of each decision-making entity are women? (list)

**Source:** Monitoring checklist, review of documents that list the members of decision-making committees and other bodies by gender

**Who Collects:** Implementing partner staff

**From Whom:** Decision-entity/Committee members/leaders

**Frequency of Collection and Reporting:** Decision-making entity membership lists should be updated as members change and no less than once per year. Data will be reported annually and at the end of the activity.

**Baseline Value Information:** Baseline value will be derived after the committees and other decision-making bodies are formed.

**ADDITIONAL INFORMATION**

- Women's empowerment is a key element of achieving gender equality. Decision-making is a concrete measure of one aspect of empowerment. The equal sharing of power – measured at its most basic level by participation in decision-making entities through this indicator – by women and men increases the ability of BHA interventions to meet the particular needs, interests and priorities of intended beneficiaries. Evidence shows that there are multiple benefits

to including women in decision-making entities. It is important as a means to strengthen women's leadership and voice; women participation in decision-making entities particularly in humanitarian contexts minimizes protection risks by taking into account their views and preferences; and is a means to improve women's own decision-making power that has been shown to be important to improve household food security and nutrition. Therefore, it is critical to ensure that women have a voice in food assistance decisions as a means to ensure their preferences and challenges are voiced, heard, and taken into account. Enabling women to serve as active participants in food assistance decision-making bodies will likely mitigate risks to women, girls, men and boys in the context of participating in food assistance activities. The information obtained through this indicator can be used to inform the refinement of the implementation approaches, and design of future interventions.

## F4: Number of cooked meals distributed

<b>APPLICABILITY</b>	RiA: Required for activities that plan to distribute, cooked meals
<b>TYPE</b>	Output
<b>SECTOR</b>	Food Assistance
<b>SUB-SECTOR</b>	Cooked Meals

### INDICATOR DESCRIPTION

<p><b>Definition:</b> This indicator tracks the number of cooked meals distributed in a food assistance response.</p> <p>“Cooked meals” refer to foods that are prepared and distributed for consumption on site at schools, refugee or internally displaced person (IDP) reception centers, health centers, or other facilities that provide cooked meals to affected target populations irrespective of the impacts of the disaster.</p>
<p><b>Unit of Measure:</b> Number (of meals)</p>
<p><b>Calculation:</b> A count of the number of cooked meals distributed during the reporting period.</p>
<p><b>How to count LOA:</b> LOA should be the sum of annual values.</p>
<p><b>Direction of change:</b> +</p>
<p><b>Disaggregate By:</b> N/A</p>

### DATA COLLECTION

<p><b>Method:</b> Routine Monitoring</p>
<p><b>Source:</b> Monitoring checklist, distribution records; daily logs of meals distributed at each location</p>
<p><b>Who Collects:</b> Implementing partner staff</p>
<p><b>From Whom:</b> Staff responsible for cooked meal distribution</p>
<p><b>Frequency of Collection and Reporting:</b> Frequency of collection would depend on the frequency of distribution and M&amp;E plan; frequency of reporting will be semi-annual.</p>
<p><b>Baseline Value Information:</b> Baseline value will be zero.</p>

### ADDITIONAL INFORMATION

- N/A

## HEALTH

#	Indicator	Preferred Data Collection Method	Applicability Criteria	Page #
Health Systems Support				
H1	<a href="#">Number of health facilities supported</a>	Routine Monitoring	Required	146
H2	<a href="#">Percent of total weekly surveillance reports submitted on time by health facilities</a>	Routine Monitoring		148
H3	<a href="#">Number of health facilities rehabilitated</a>	Routine Monitoring	RiA- for activities providing rehabilitation of health facilities	150
H4	<a href="#">Number of health care staff trained</a>	Routine Monitoring	RiA- for activities that provide any healthcare worker training	151
Essential Health Services				
H5	<a href="#">Number of outpatient consultations</a>	Routine Monitoring	Required	153
H6	<a href="#">Number of Community Health Workers (CHW) supported (total within activity area and per 10,000 population)</a>	Routine Monitoring	RiA- for activities supporting Community Health Workers	155
H7	<a href="#">Number and percent of deliveries attended by a skilled attendant</a>	Routine Monitoring	RiA- for activities supporting maternal and newborn health activities	157
H8	<a href="#">Number and percent of pregnant women who have attended at least two comprehensive antenatal clinics</a>	Routine Monitoring		159
H9	<a href="#">Number and percent of newborns that receive postnatal care within three days delivery</a>	Routine Monitoring		161
H10	<a href="#">Number of cases of sexual violence treated</a>	Routine Monitoring	RiA- for activities providing Clinical Management of Rape (CMR)	163
H11	<a href="#">Number of consultations for communicable disease</a>	Routine Monitoring	RiA- for activities supporting health services that include treatment of communicable diseases.	165
H12	<a href="#">Number of consultations for non-communicable diseases</a>	Routine Monitoring	RiA- for activities supporting noncommunicable	167

			disease care	
H13	<a href="#">Number of consultations for any mental health condition</a>	Routine Monitoring	RiA- for activities supporting mental health care	169
H14	<a href="#">Number of consultations for trauma-related injuries</a>	Routine Monitoring	RiA- for activities supporting trauma and injury care	171
H15	<a href="#">Number and percent of community members who can recall target health education messages</a>	Beneficiary Survey, Population-based Survey	RiA- for activities supporting community health	173
H16	<a href="#">Number of children under five years of age who received community-based treatment for common childhood illnesses</a>	Routine Monitoring	RiA- for activities implementing integrated community case management (iCCM)	175
Higher Level Care				
H17	<a href="#">Number of hospitalizations</a>	Routine Monitoring	Required	177
H18	<a href="#">Case fatality ratio</a>	Routine Monitoring		179
H19	<a href="#">Number and percent of deliveries by caesarean section</a>	Routine Monitoring	RiA- for activities that provide Emergency Obstetric and Neonatal Care (EmONC)	181
Public Health Emergencies				
H4	<a href="#">Number of health care staff trained</a>	Routine Monitoring	Required	151
H20	<a href="#">Percent of target population who can recall 2 or more protective measures</a>	Population or Beneficiary-based survey		183
H21	<a href="#">Number of supervision visits conducted</a>	Routine Monitoring	RiA-for activities that directly support IPC interventions	185
H22	<a href="#">Number of safe and dignified burials completed</a>	Routine Monitoring	RiA- for activities that provide safe burials	187

Pharmaceuticals and other Medical Commodities				
H23	<a href="#">Number of individuals trained in medical commodity supply chain management</a>	Routine Monitoring	Required	189
H24	<a href="#">Number of health facilities out of stock of any medical commodity tracer products, for longer than one week, 7 consecutive days</a>	Routine Monitoring		191
H25	<a href="#">Number of individuals treated for the restricted use indication</a>	Routine Monitoring	RiA- for activities requesting (and approved by BHA) to purchase a pharmaceutical with a restricted use indication	193
H26	<a href="#">Quantity of pharmaceuticals purchased to treat individuals for the restricted use indications</a>	Routine Monitoring		195
H27	<a href="#">Number of individuals treated with each approved non-BHA EML pharmaceutical</a>	Routine Monitoring	RiA- for activities requesting and approved to use non-BHA EML drugs	196

## HI: Number of health facilities supported

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Health Systems Support
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> Health facility: A place that provides health care; a dispensary, health post, health center, health clinic (fixed or mobile), or hospital.  Supported: Received sustained, comprehensive inputs for health service delivery, including training of staff, rehabilitation, supportive supervision, supplies and/or staffing with BHA funding. For the purposes of this indicator, facilities that are <u>only</u> rehabilitated, receive one-off supply of medical commodities, or participate in a standalone training with BHA funding should not be included.	
<b>Unit of Measure:</b> Number (of facilities). Each facility should be only counted once, regardless of the unique types of support provided, or number of times support was provided.	
<b>Calculation:</b> This is a count of facilities supported	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of facilities without double counting.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> N/A	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring Compile data from partner internal record keeping and reporting	
<b>Source:</b> Monitoring records/form	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Implementing partner staff who manage the health facility support intervention	
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.	

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## H2: Percent of total weekly surveillance reports submitted on time by health facilities

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Health Systems Support

### INDICATOR DESCRIPTION

**Definition:**

Surveillance report: Official documentation as required by the national health administration, WHO, or coordinating health authority on which timely information is collected on epidemic-prone diseases in order to trigger prompt public health response and appropriate intervention. The surveillance system may be referred to as an Early Warning and Response Network/System (EWARN/S). The diseases to be reported on are determined by the national health administration, WHO, and/or coordinating health authority, based on local epidemiology.

On time: Received by health authorities and/or coordination body by the established deadline. A standardized reporting period of every seven days (weekly) is expected, but a reporting cycle and submission deadlines will be agreed upon by the national health policy/WHO/coordinating health authority. This indicator does not refer to more immediate or ad-hoc reporting that may be required for certain conditions or within the context of an outbreak response.

Health facility: A place that provides health care; a dispensary, health post, health center, health clinic (fixed or mobile), or hospital.

For the purposes of this indicator, include only health facilities supported with BHA funding.

**Unit of Measure:** Percent (of surveillance reports)

**Calculation:** The percent is derived by dividing the number of weekly surveillance reports submitted on time by BHA-funded health facilities over the course of the implementation period by the [total number of weeks/months/reporting intervals in the implementation period] x [total number of supported health facilities responsible for submitting surveillance reports], multiplied by 100

Numerator: Number of weekly surveillance reports submitted on time by BHA-funded health facilities over the course of the implementation period

Denominator: The [total number of weeks\* in the implementation period] x [total number of supported health facilities responsible for submitting surveillance reports]

\*Weekly reporting is expected, but other reporting intervals may be used in contexts where surveillance reporting deadlines and intervals differ when justification is provided

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Routine Monitoring

Partners must collect information on the number of weekly (or other required time period) surveillance reports submitted to the appropriate health authorities for BHA supported health facilities by the established deadline.

If the reporting period differs from weekly per the health authority/WHO, please state this in the comments field within the indicator and within the technical narrative.

**Source:** Health authority records and disease surveillance monitoring reports

**Who Collects:** Implementing partner staff

**From Whom:** Health authorities who manage the surveillance reports

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/weekly basis. Data will be reported on a semi-annual, annual basis and at the end of activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- N/A

### H3: Number of health facilities rehabilitated

<b>APPLICABILITY</b>	RiA for partners providing rehabilitation of health facilities
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Health Systems Support
INDICATOR DESCRIPTION	
<p><b>Definition:</b> Health facility: A place that provides health care; a dispensary, health post, health center, health clinic (fixed or mobile), or hospital.</p> <p>Rehabilitated: Provided structural improvements, expansion, repair of load-bearing components, or construction/repair of WASH and medical waste management infrastructure with BHA funding</p>	
<b>Unit of Measure:</b> Number of facilities	
<b>Calculation:</b> This is a count of facilities	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> N/A	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring Compile data from partner internal record keeping and reporting.</p>	
<b>Source:</b> Monitoring records/reports	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Implementing partner staff who manage the rehabilitation intervention documentation	
<p><b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual and annual reports, and at the end of activity.</p>	
<b>Baseline Value Information:</b> Baseline value is zero.	
ADDITIONAL INFORMATION	

- N/A

#### H4: Number of health care staff trained

<b>APPLICABILITY</b>	<p><b>For Health Systems Support Sub-sector:</b> RiA: Required for activities that provide any healthcare worker training</p> <p><b>For Public Health Emergencies Sub-sector:</b> Required</p>
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Health Systems Support/Public Health Emergencies Sub-sector
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  Health care staff: Individuals working in or alongside a health facility, working towards a common goal for improving the health status of the surrounding population/catchment area. Includes individual beneficiaries formally trained (e.g., doctor, nurse) and informally trained (e.g., traditional birth attendants) as well as any cleaning staff and clerks. Technical narratives must specify the type of health care worker/staff and trainings to be given.</p> <p>Trained: The sum total of the individual beneficiaries who completed all requirements specified for successful completion of a specific training that may include attendance and/or written, verbal, or hands-on demonstration of knowledge and skills.</p>	
<p><b>Unit of Measure:</b> Number (of individual beneficiaries)</p>	
<p><b>Calculation:</b> This is a count of individual beneficiaries.</p>	
<p><b>How to Count Life of Award (LOA):</b> For the life of activity, an individual beneficiary should only be counted once, regardless of the number of training in which s/he was trained or the number of years in which s/he was trained. Therefore, the LOA should be a count of unique individual beneficiaries without double counting. Partners should maintain a training database to track participation, but in the exceptional case when a database is not maintained, the LOA should be calculated based on the annual counts with adjustments based on the duration of series of training and recommended combinations of training for the same beneficiary groups that span multiple years. The LOA must not exceed the sum of the annual reported numbers.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b>  Sex: female, male</p>	

Health care staff type: doctor, nurse, midwife, clinical officer, nursing assistant, burial team member, ambulance driver, cleaning staff, clerk, other (specify)

### DATA COLLECTION

**Method:** Routine Monitoring. Compile data from training rosters and records

**Source:** Attendance rosters and records (e.g. attendance sheets, training rosters)

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff who manage the training intervention documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- N/A

## H5: Number of outpatient consultations

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Health Systems Support
INDICATOR DESCRIPTION	
<p><b>Definitions</b>            Outpatient: A non-hospitalized individual.</p> <p>Consultations: A visit by a patient to a health care provider in which the patient presents with a problem or issue and the health care provider provides medical evaluation, diagnosis, treatment, and/or referral for that person.</p> <p><b>Notes</b></p> <ul style="list-style-type: none"> <li>• <i>For the purposes of this indicator</i>, outpatient consultations are for curative care, and do not include routine preventative services such as immunization and antenatal care.</li> <li>• Outpatient consultations may take place in both fixed and mobile facilities, as well as both existing facilities and parallel self-standing emergency facilities.</li> <li>• <i>For the purposes of this indicator</i>, do not include curative consultations conducted by community health workers (CHWs) at the household or community level. These curative consultations should be recorded and compiled under for the following indicator in the Community Health Sub-sector: “<i>Number of children under five years of age who received community based treatment for common childhood illnesses.</i>”</li> </ul>	
<b>Unit of Measure:</b> Number (of consultations)	
<b>Calculation:</b> This is a count of consultations.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award	
<b>Direction of Change:</b> +	
<p><b>Disaggregated By:</b>            Sex: female, male            Age: (&lt;5 years, 5-14 years, 15-18 years, 19-49 years, 50+ years)            Consultation Type: Communicable disease, reproductive health, non-communicable disease, injury, other (specify if applicable)</p>	

Disaggregation by Consultation Type and major causes of morbidity (based on the local context) should be provided in a table/figure or annex in the semi-annual report.

### DATA COLLECTION

**Method:** Routine Monitoring

Compile data from supported outpatient facilities to calculate the sum total of outpatient consultations

**Source:** Patient registers from supported health facilities. All BHA-supported health facilities must maintain a patient register and clinical record in which the name, age, sex, and chief complaint is recorded for each patient.

**Who Collects:** Implementing partner staff

**From Whom:** Health facility staff who manage the consultation records

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- N/A

## H6: Number of Community Health Workers supported (total within activity area and per 10,000 population)

<b>APPLICABILITY</b>	RiA for partners supporting Community Health Workers
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Essential Health Services
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator is intended to measure coverage, i.e., how many people, per 10,000 people, an individual community health worker serves.</p> <p>Community health worker (CHW): Members of a community who are chosen by community members or organizations to provide basic preventive health care through health information, messaging, and health facility referrals. In some countries CHWs are also able to provide curative care for members of their community, depending on national health policy and protocols. CHWs may be formally or informally trained, depending on national health policy requirements. Community health workers can be referred to by different names depending on the context:</p> <ul style="list-style-type: none"> <li>● Lay health workers</li> <li>● Volunteer health workers</li> <li>● Community health promoters</li> <li>● Village health workers</li> <li>● Village health volunteers</li> <li>● Community health agents, and</li> <li>● Health surveillance assistants.</li> </ul> <p>Supported: Any training, provision of supplies and/or transport, and incentives provided to CHWs with BHA funding.</p>	
<p><b>Unit of Measure:</b> Ratio (Number of CHW's supported per 10,000 people)</p>	
<p><b>Calculation:</b> This is a ratio that is calculated by first dividing the number of CHWs supported by the activity divided by the total population of people in the catchment area, then multiplying by 10,000.</p> <p><i>For example: If an activity supports 100 CHWs in a population of 500,000 people, this indicator would be calculated by doing the following:</i></p> <p><i>First, divide 100 CHWs by 500,000 people, or <math>100/500,000 = 0.0002</math> CHW/person</i></p> <p><i>Next, multiply by 10,000, so it is <math>0.0002 \text{ CHS/person} * 10,000 = 2</math> CHWs per 10,000 people</i></p>	

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award.

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

### DATA COLLECTION

**Method:** Routine Monitoring (during implementation such as collecting attendance sheets during a training) for the total number of CHWs trained.

Review of census data from host government national health entity to determine the population size

**Source:** Attendance records, health facility records, incentive payment rosters/records, training records for total number

Host government census data; health system data on the size of supported catchment populations

**Who Collects:** Implementing partner staff

**From Whom:** Health facility staff who manage the consultation records

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- N/A

## H7: Number and percent of deliveries attended by a skilled attendant

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output or Outcome
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Essential Health Services
INDICATOR DESCRIPTION	
<p><b>Definition:</b>            Assisted by: Present and presiding over labor and delivery for a pregnant woman and trained/available to perform assessment and the seven signal functions of basic emergency obstetric and newborn care (BEmONC), including management of complications or recommending referral, as needed.</p> <p>Skilled attendant: An accredited health professional who possesses the knowledge and a defined set of cognitive and practical skills that enable the individual to provide safe and effective health care during childbirth to women and their infants in the home, health center, and hospital settings. Skilled attendants include midwives, doctors, and nurses with midwifery and life-saving skills. This definition excludes traditional birth attendants whether trained or not.</p>	
<p><b>Unit of Measure:</b> Number and percent of pregnant women</p>	
<p><b>Calculation:</b> This is a count of live births assisted by a skilled attendant.</p> <p>The percent is derived by dividing the number of live births assisted by a skilled attendant during the reporting period by the estimated number of live births within a catchment population over the course of the reporting period.</p> <p>Numerator: The number of live births assisted by a skilled attendant during the reporting period            Denominator: The estimated number of live births within the supported catchment population over the course of the reporting period. The total estimated live births is determined by multiplying the estimated catchment population x annual crude birth rate by the number of reporting periods within a year (e.g., two within six-month reporting period). Note that health facility data on births should not be used as a denominator.</p> <p>Provide justification if unable to report percentage due to unstable populations or situations of frequent migration and displacement. In the instance where the denominator cannot be determined with reasonable accuracy only the number must be reported against.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of pregnant women who deliver assisted by a skilled (not traditional) attendant at birth without double counting.</p>	

<b>Direction of Change:</b> +
<b>Disaggregated By:</b> Type of birth attendant: Midwives, doctors, nurses with midwifery and life-saving skills Location of delivery: Health facility, home, other
<b>DATA COLLECTION</b>
<b>Method:</b> Routine Monitoring of facility records/skilled attendants' reports for numerator. Desk review of national demographic and health surveys (DHS), health facility catchment population estimates, national health administrative population figures and/or birth reports for denominator
<b>Source:</b> Numerator: Patient registers/records from supported health facilities Community-based skilled attendant at birth reports/registers Denominator: MoH or health system estimates of the size of the catchment population and annual crude birth rate.
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Implementing partner staff who manage the interventions; and/or community-based skilled birth attendants.
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.
<b>Baseline Value Information:</b> Baseline value will be derived from health facility records or recent national health reports.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>● OCHA Indicator Registry: <a href="https://ir.hpc.tools/applications/ir/indicator/h-c5">https://ir.hpc.tools/applications/ir/indicator/h-c5</a></li> <li>● WHO 2011, Monitoring maternal, newborn and child health: understanding key progress indicators:  <a href="https://apps.who.int/iris/bitstream/handle/10665/44770/9789241502818_eng.pdf?sequence=1">https://apps.who.int/iris/bitstream/handle/10665/44770/9789241502818_eng.pdf?sequence=1</a></li> </ul>

## H8: Number and percent of pregnant women who have attended at least two comprehensive antenatal clinics

<b>APPLICABILITY</b>	RiA: Required for activities supporting maternal and newborn health
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Essential Health Services
INDICATOR DESCRIPTION	
<p><b>Definition:</b>            Attended: Presented to a health service delivery point and received services required for antenatal visits.</p> <p>Comprehensive antenatal clinics: The complete package of antenatal services as prescribed by national health policy and delivered by a trained health care worker. WHO guidelines on the content of ANC (antenatal clinic) visits include the following components:</p> <ul style="list-style-type: none"> <li>● Clinical examination,</li> <li>● Blood testing to detect syphilis and severe anemia (and HIV, malaria, etc. according to the epidemiological context),</li> <li>● Gestational age estimation,</li> <li>● Uterine height,</li> <li>● Blood pressure,</li> <li>● Maternal weight and height,</li> <li>● Test for sexually transmitted infections (STIs),</li> <li>● Urine test,</li> <li>● Request blood type and Rh,</li> <li>● Tetanus toxoid administration,</li> <li>● Iron/folic acid supplementation, and recommendations for emergencies</li> </ul>	
<p><b>Unit of Measure:</b> Number and percent (of pregnant women)</p>	
<p><b>Calculation:</b> This is a count of the number of pregnant women in attendance for two or more comprehensive antenatal clinics during the reporting period.</p> <p>The percent is derived by dividing the number of pregnant women in attendance for two or more comprehensive antenatal clinics by the estimated number of live births with the supported catchment population over the course of the reporting period.</p>	

**Numerator:** The number of pregnant women in attendance for two or more comprehensive antenatal clinics during the reporting period

**Denominator:** The estimated number of live births with the supported catchment population over the course of the reporting period. The total estimated live births is determined by multiplying the estimated catchment population x annual crude birth rate by the number of reporting periods within a year (e.g., two within six-month reporting period). Note that health facility data on births should not be used as a denominator.

Provide justification if unable to report percent due to unstable populations or situations of frequent migration and displacement. In the instance where the denominator cannot be determined with reasonable accuracy only the number must be reported against.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of pregnant women who attended 2 or more ANC clinics over the life of award without double counting.

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Routine Monitoring of health facility records to calculate numerator.  
Desk review of national health administration estimates or health surveys for the size of the catchment population and annual crude birth rate to calculate denominator

**Source:** Patient registers/records from supported health facilities and health system administrative data or reports containing catchment size for a given facility

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff who manage the ANC intervention

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual, and at the end of the activity basis

**Baseline Value Information:** Baseline value will be derived from health facility historical reports or patient registers.

### ADDITIONAL INFORMATION

- N/A

## H9: Number and percent of newborns that received postnatal care within three days of delivery

<b>APPLICABILITY</b>	RiA: Required for partners supporting maternal and newborn health activities
<b>TYPE</b>	Output or Outcome
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Essential Health Services
INDICATOR DESCRIPTION	
<p><b>Definition:</b>            Received: Attended to or seen by a trained healthcare provider at a health facility, at home, or at the community-level.</p> <p>Postnatal care (PNC): The complete package of interventions as prescribed by national health policy delivered by a trained healthcare worker. WHO guidelines on the content of PNC visits include the following components:</p> <ul style="list-style-type: none"> <li>• Assessment of the baby (e.g., breathing, feeding, temperature, jaundice),</li> <li>• Exclusive breastfeeding support, and</li> <li>• Cord care</li> </ul> <p>Note partner is responsible for quality monitoring to ensure that the complete package of postnatal care is being delivered at supported facilities and/or by supported CHWs.</p>	
<p><b>Unit of Measure:</b> Number and percent (of newborns)</p>	
<p><b>Calculation:</b> This is a count of the number of newborns attended by health care providers within three days following birth, during the reporting period.</p> <p>The percent is derived by dividing the number of newborns attended to by a health care provider within three days following birth, during the reporting period by the estimated number of live births within a catchment population over the course of the reporting period.</p> <p>Numerator: The number of newborns attended to by a health care provider within three days following birth during the reporting period.</p> <p>Denominator: The estimated number of live births with the supported catchment population over the course of the reporting period. The total estimated live births is determined by multiplying the estimated catchment population x annual crude birth rate by the number of reporting periods within a year (e.g., two within six-month reporting period). Note that health facility data on births should not be used as a denominator.</p>	

Provide justification if unable to report percent due to unstable populations or situations of frequent migration and displacement. In the instance where the denominator cannot be determined with reasonable accuracy only the number must be reported against.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of newborns that received postnatal care within three days of delivery without double counting.

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

### DATA COLLECTION

**Method:** Routine Monitoring of health facility records

**Source:** Patient registers/records from supported health facilities  
CHW reports/registerers

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff who manage the intervention

**Frequency of Collection and Reporting:** Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from health facility historical reports, recent health surveys, or patient registers.

### ADDITIONAL INFORMATION

- WHO, 2013. WHO Recommendations on postnatal care of the mother and newborn.  
[https://www.who.int/maternal\\_child\\_adolescent/documents/postnatal-care-recommendations/en/](https://www.who.int/maternal_child_adolescent/documents/postnatal-care-recommendations/en/)

## HI0: Number of cases of sexual violence treated

<b>APPLICABILITY</b>	RiA: Required for partners providing Clinical Management of Rape (CMR)
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Essential Health Services
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>  “Sexual violence” refers to any sexual act; attempt to obtain a sexual act; unwanted sexual comments or advances; acts to traffic; or other acts directed against a person's sexuality using coercion by any person regardless of their relationship to the victim. This applies in any setting, including home and work.</p> <p>“Treated” refers to trained healthcare workers taking any of the following actions:</p> <ul style="list-style-type: none"> <li>● Take history;</li> <li>● Perform physical exam;</li> <li>● Collect forensic evidence, if necessary;</li> <li>● Provide emergency contraception;</li> <li>● Treatment of sexually transmitted infections;</li> <li>● Provide post-exposure prophylaxis;</li> <li>● Provide wound care;</li> <li>● Vaccinate against hepatitis B and tetanus; or</li> <li>● Refer to legal, social and psychosocial services.</li> </ul> <p>Partner is responsible for quality monitoring to ensure that the complete package of treatment for sexual violence is being delivered at supported facilities.</p>	
<b>Unit of Measure:</b> Number (of cases)	
<b>Calculation:</b> This is a count of cases of sexual violence treated.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Sex: female, male Age: <5 years, 5-14 years, 15-18 years, 19-49 years, 50+ years	
<b>DATA COLLECTION</b>	

<b>Method:</b> Routine Monitoring
<b>Source:</b> Patient registers/records
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Implementing partner staff who manage the intervention documentation
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• IASC, 2010 Global Health Cluster Core Indicators.  <a href="https://www.who.int/hac/network/global_health_cluster/iasc_global_health_cluster_core_indicators_9apr10.pdf?ua=1">https://www.who.int/hac/network/global_health_cluster/iasc_global_health_cluster_core_indicators_9apr10.pdf?ua=1</a></li> </ul>

## HI 1: Number of consultations for communicable disease

<b>APPLICABILITY</b>	RiA: Required for partners supporting health services that include treatment of communicable diseases.
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Essential Health Services

### INDICATOR DESCRIPTION

**Definition:**

**Communicable disease:** An illness caused by an infectious agent or its toxins that occurs through the direct or indirect transmission of the infectious agent or its products from an infected individual or via an animal, vector, or the inanimate environment to a susceptible animal or human host.

**Consultation:** A visit by a patient to a health care provider in which the patient presents with a problem or issue and the health care provider provides medical evaluation, diagnosis, treatment, and/or referral for that person.

Communicable disease consultations may take place in fixed and mobile facilities, or in both existing facilities and parallel self-standing emergency facilities.

**Unit of Measure:** Number (of consultations)

**Calculation:** This is a count of communicable disease consultations (total, and by selected diseases relevant to the local context)

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of consultations.

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

Age: <5 years, ≥ 5 years

Disease: diarrhea, acute respiratory infections, malaria, other (define in report)

### DATA COLLECTION

**Method:** Routine Monitoring. Compile data from supported health facilities to calculate the sum total of consultations for each disease specified.

**Source:** Patient registers from supported health facilities

<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Implementing partner or health facility staff managing the interventions
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity basis.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## HI2: Number of consultations for noncommunicable diseases

<b>APPLICABILITY</b>	RiA: Required for partners supporting noncommunicable disease care
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Essential Health Services
INDICATOR DESCRIPTION	
<p><b>Definition:</b>            Noncommunicable disease (NCD): Medical condition or illness that is non-infectious and non-transmissible among individual beneficiaries. NCDs include cardiovascular disease, diabetes, and chronic respiratory diseases (including asthma and chronic obstructive pulmonary disease). <i>For the purposes of this indicator</i>, NCD refers to: Hypertension (a risk factor for cardiovascular disease), diabetes, and chronic respiratory diseases (including asthma and chronic obstructive pulmonary disease).</p> <p>Consultation: A visit by a patient to a health care provider in which the patient presents with a problem or issue and the health care provider provides medical evaluation, diagnosis, treatment, and/or referral for that person. <i>For the purposes of this indicator</i>, if the country policy allows CHWs to treat or provide maintenance for NCDs, please include these consultations.</p>	
<b>Unit of Measure:</b> Number (of consultations)	
<b>Calculation:</b> This is a count of consultations.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values (number of consultations) at the end of the award.	
<b>Direction of Change:</b> +	
<p><b>Disaggregated By:</b>            Sex: female, male            Disease: hypertension, diabetes, chronic respiratory disease, other</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring            Compile data from supported health facilities to calculate the sum total of consultations for each disease specified.</p>	
<b>Source:</b> Patient registers from supported health facilities	
<b>Who Collects:</b> Implementing partner staff	

**From Whom:** Health facility staff who manage the consultation records

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.

**Baseline Value Information:** Baseline value is zero.

#### ADDITIONAL INFORMATION

- WHO, Noncommunicable diseases in emergencies.  
[https://apps.who.int/iris/bitstream/handle/10665/204627/WHO\\_NMH\\_NVI\\_16.2\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/204627/WHO_NMH_NVI_16.2_eng.pdf?sequence=1)
- WHO, 2018. Integration of NCD care in emergency response and preparedness.  
<https://apps.who.int/iris/rest/bitstreams/1140053/retrieve>

### HI3: Number of consultations for any mental health condition

<b>APPLICABILITY</b>	RiA: Required for partners supporting mental health care
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Essential Health Services
INDICATOR DESCRIPTION	
<p><b>Definition:</b> Mental health condition: Any of the mental, neurological, or substance use conditions described in the Mental Health Gap Action Programme Humanitarian Intervention Guide (mhGAP-HIG). This includes acute stress, grief, moderate-severe depressive disorder, post-traumatic stress disorder, psychosis, epilepsy/seizures, intellectual disability, harmful use of alcohol and drugs, suicidal ideation, and other significant mental health complaints.</p> <p>Consultations: A visit by a patient to a health care provider in which the patient presents with a problem or issue and the health care provider provides medical evaluation, diagnosis, treatment, and/or referral for that person.</p>	
<b>Unit of Measure:</b> Number (of consultations)	
<b>Calculation:</b> This is a count of consultations.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.	
<b>Direction of Change:</b> +	
<p><b>Disaggregated By:</b> Sex: female, male</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring Compile data from supported health facilities to calculate the sum total of consultations for mental health conditions.</p>	
<b>Source:</b> Patient registers from supported health facilities	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Health facility staff who manage the consultation records	

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## HI 4: Number of consultations for trauma-related injuries

<b>APPLICABILITY</b>	RiA: Required for partners supporting trauma and injury care
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Essential Health Services
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> Consultations: A visit by a patient to a health care provider in which the patient presents with a problem or issue and the health care provider provides medical evaluation, diagnosis, treatment, and/or referral for that person.  Trauma-related injury: An injury caused by mechanical or physical forces that act against the body, including unintentional injuries such as traffic accidents, falls, and burns, and injuries caused by natural disasters, mass-casualty incidents, violence, war and conflict.	
<b>Unit of Measure:</b> Number (of consultations)	
<b>Calculation:</b> This is a count of consultations.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Sex: female, male Age:<5 years, 5-14 years, 15-18 years, 19-49 years, 50+ years	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring; Compile data from supported health facilities to calculate the sum total of consultations for trauma-related injuries.	
<b>Source:</b> Patient registers from supported health facilities	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Health facility staff who manage the consultation records	
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.	

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## HI5: Number and percent of community members who can recall target health education messages

<b>APPLICABILITY</b>	RiA: Required for partners supporting Community Health activities
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Essential Health Services
INDICATOR DESCRIPTION	
<p><b>Definition:</b> Community members: Individuals living within the intervention catchment area.</p> <p>Recall: May include spontaneous mention and/or aided recall, as per individual beneficiaries' response to predefined questions in standardized questionnaires.</p> <p>Target health education message: Information specific to particular disease prevention/treatment or health seeking behaviors that are provided to the community.</p>	
<p><b>Unit of Measure:</b> Number and percent (of individual beneficiaries)</p>	
<p><b>Calculation:</b> The count of individual beneficiaries who can recall health education messages.</p> <p>The percent is derived by dividing the number of individual beneficiaries within the catchment area surveyed who can explain particular and specific disease prevention/treatment/health seeking behaviors when asked by the total number of individual beneficiaries within the catchment area of the activity surveyed.</p> <p>Numerator: Number of individual beneficiaries within the catchment area surveyed who can explain particular and specific disease prevention/treatment/health seeking behaviors when asked Denominator: Total number of individual beneficiaries within the catchment area of the activity surveyed</p>	
<p><b>How to Count Life of Award (LOA):</b> For activities 12 months or less, use the last available beneficiary-based survey value; for activities 12 months or more, use the endline survey value.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> Sex: female, male</p>	

## DATA COLLECTION

**Method:** Population-based or beneficiary-based survey taken during baseline and endline.

Partners must provide additional information that demonstrates the statistical validity of results (e.g., description of the sampling methodology, precision, actual sample size, estimated total population, and the 95% confidence intervals for the results).

Partners should clearly identify the specific message, recall criteria (i.e., respondents correctly identify two or more messages), and target group in their report.

**Source:** Questionnaire

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Individuals living in the intervention area

The target population group for specific messaging and quantitative surveys should be precisely defined to ensure statistically-valid and relevant results.

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.

**Baseline Value Information:** Baseline value will be derived from the baseline data collection (pre-intervention) survey of initial knowledge or adequate percent of skills/learning objectives from individual beneficiaries immediately after training.

## ADDITIONAL INFORMATION

- N/A

## HI 6: Number of children under five years of age who received community-based treatment for common childhood illnesses

<b>APPLICABILITY</b>	RiA for partners implementing integrated community case management (iCCM)
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Essential Health Services

### INDICATOR DESCRIPTION

**Definition:**

Children under 5 years of age: This is from 0-59 months

Community-based treatment: Diagnosis and treatment of common childhood illnesses (malaria, diarrhea and/or acute respiratory infections) by trained community health workers (CHWs) at the household or community-level. The strategies for diagnosis and level of treatment provided by CHWs should be dictated by national health policy and/or receive approval from health authorities.

Common childhood illnesses: *For the purposes of this indicator:* malaria, diarrhea, and acute respiratory infections.

Community health worker (CHW): Members of a community who are chosen by community members or organizations to provide basic preventive health care through health information, messaging, and health facility referrals. In some countries CHWs are also able to provide curative care for members of their community, depending on national health protocols. CHWs may be formally or informally trained, depending on national health policy requirements. Community health workers can be referred to by different names depending on the context:

- Lay health workers
- Volunteer health workers
- Community health promoters
- Village health workers
- Village health volunteers
- Community health agents, and
- Health surveillance assistants.

**Unit of Measure:** Number (of children)

**Calculation:** This is a count of children under five years of age who received treatment.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting.

<b>Direction of Change:</b> +
<b>Disaggregated By:</b> Sex: female, male
<b>DATA COLLECTION</b>
<b>Method:</b> Routine Monitoring
<b>Source:</b> CHW reporting and/or patient registers/disease tally sheets
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Health facility staff who manage the patient records
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## HI7: Number of hospitalizations

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Higher Level Care
INDICATOR DESCRIPTION	
<p><b>Definition:</b> Hospitalizations: Admission of an individual to a secondary or tertiary healthcare facility for treatment. This includes patients received through referral pathways (from primary facilities or community referrals) and individual beneficiaries admitted for inpatient care via the emergency department.</p> <p>Admission: Registered at an inpatient health facility for observation and/or specialized treatment, often overnight.</p>	
<b>Unit of Measure:</b> Number (of hospitalizations)	
<b>Calculation:</b> This is a count of individual hospitalizations.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.	
<b>Direction of Change:</b> +	
<p><b>Disaggregated By:</b> Sex: female, male Age: (&lt;5 years, ≥ 5 years)</p>	
DATA COLLECTION	
<b>Method:</b> Routine Monitoring	
<b>Source:</b> Health facility patient registers	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Health facility staff who manage the hospitalization records	
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.	
<b>Baseline Value Information:</b> Baseline value will be zero.	

ADDITIONAL INFORMATION
• N/A

- N/A

## HI 8: Case fatality ratio

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Higher Level Care
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> Case fatality ratio (CFR): The proportion of case-patients with a specified disease who die in health facilities supported with BHA funding over a given time period.</p> <p>CFR is a measure of the severity of a disease and quality of case management. It may reflect effectiveness of management of treatment of that disease in the context in which it is being measured. It may also reflect promptness of care or late arrival at the facility in certain contexts.</p>	
<p><b>Unit of Measure:</b> Percent (of fatalities)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the total number of deaths from a disease over a given time period by the total number of cases of the disease over the given time period.</p> <p>Numerator: Number of death from a specified disease Denominator: Total number of cases of the specified disease</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award. The cumulative CFR for the award period should be calculated at the end of the award (i.e. total deaths from the specified disease/total cases for the award performance period).</p>	
<p><b>Direction of Change:</b> -</p>	
<p><b>Disaggregated By:</b> Sex: female, male Age: &lt;5 years, ≥ 5 years Disease: acute watery diarrhea, bloody diarrhea, meningitis, malaria, measles, other (specify)</p> <p>During outbreaks, partners should specify the specific disease in the “other” field (if not among the diseases listed) and enter the CFR for that specific disease.</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Routine Monitoring</p>	

<b>Source:</b> Patient registers/disease tally sheets/health facility based surveillance/EWARS, health facility reports
<b>Who Collects:</b> Implementing partners staff
<b>From Whom:</b> Implementing partner or health facility staff managing the interventions
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## HI 9: Number and percent of deliveries by caesarean section

<b>APPLICABILITY</b>	RiA: Required for activities that provide Emergency Obstetric and Neonatal Care (EmONC)
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Higher Level Care
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> Facility delivery refers to a live birth that takes place within a health facility.</p> <p>A Caesarean section (C-section) is the surgical delivery of a baby. It is often a life-saving intervention for women with obstetric complications.</p>	
<p><b>Unit of Measure:</b> Number and percent (of deliveries)</p>	
<p><b>Calculation:</b> This is a count of the number of facility deliveries by Caesarean section in supported facilities.</p> <p>The percent is derived by dividing the number of facility deliveries by Caesarean section by the total number of all facility deliveries during the same period of time.</p> <p>Numerator: The number of facility deliveries by Caesarean section Denominator: Total number of all facility deliveries</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award. Percent values should be calculated using cumulative values from the entire award period.</p>	
<p><b>Direction of Change:</b> -</p>	
<p><b>Disaggregated By:</b> The total number of deliveries by caesarean section for each facility, and each facility's cesarean delivery rate, can be provided in a table/figure or annex in the semi-annual report.</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Routine Monitoring</p>	
<p><b>Source:</b> Health facility records</p>	

**Who Collects:** Implementing partner staff

**From Whom:** Health facility staff who manage surgical and obstetrics records

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**H20: Percent of target population who can recall two or more protective measures**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Public Health Emergencies
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> Protective measures: A set of specific measures that prevent transmission of a disease or encourage health-seeking behaviors, as relevant to the outbreak and the proposed activity, and aligned with response-level messages and awareness campaigns. Examples of protective measures include but are not limited to: handwashing with soap, seeking care at a health facility as soon as symptoms appear, and not touching dead bodies.</p> <p>Recall: May include spontaneous mention and/or aided recall, as per individual response to predefined questions in standardized questionnaires.</p>	
<p><b>Unit of Measure:</b> Percent (of individual beneficiaries)</p>	
<p><b>Calculation:</b> The percent is derived from the number of individual beneficiaries in the target population who correctly identified 2 or more protective measures at the time of the survey by the total number of individual beneficiaries in the target population at the time the survey was conducted.</p> <p>Numerator: Number of individual beneficiaries surveyed who correctly identified 2 or more protective measures Denominator: Total number of individual beneficiaries in the target population surveyed.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries who can recall two or more protective measures divided by total beneficiaries through an endline survey.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> Sex: female, male</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Population-based or beneficiary-based survey pre and post survey.</p>	

KAP survey questions pre-intervention can be used to collect information on what messages are the most important to communicate to the community to prevent disease outbreaks and improve health seeking behaviors

Partners must provide additional information that demonstrates the statistical validity of their results (e.g., description of the sampling methodology, precision, actual sample size, estimated total population and the 95% confidence intervals for the results). Partners should clearly identify the protective measures and target group in their report.

**Source:** Questionnaire

**Who Collects:** Implementing partner staff

**From Whom:** Direct beneficiaries/Individuals living in the intervention area

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline and reported in baseline and end of award report.

**Baseline Value Information:** Baseline value will be derived from the baseline data collection (pre-test) survey of initial knowledge or adequate percent of skills/learning objectives from individual beneficiaries immediately after training.

#### ADDITIONAL INFORMATION

- N/A

## H21: Number of supervision visits conducted

<b>APPLICABILITY</b>	RiA: Required for activities that directly support IPC interventions
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Public Health Emergencies
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> A supervision visit is a planned, in-person session between a supervisor and health facility staff or community health worker, intended to provide on-the-job training, administrative and clinical oversight, mentorship, or other technical support. Regular supervision and quality monitoring encourages good practice, and is a required complement to any proposed health worker training. The frequency of supervision visits may vary depending on the situation, and must be described in partner proposals. These visits may incorporate observation, review of data records, discussion with health workers, and interactions with community members. Each supervision visit should be documented through a report with the results of the supervision. A supervisory checklist and use of job-aids is recommended.</p> <p>Infection prevention and control (IPC) is a scientific approach, program, and set of practices designed to prevent disease transmission to patients and health workers. IPC minimum requirements developed by WHO typically form the basis for IPC programs; specific IPC standards may be in place at national and facility level. Core IPC components include producing and implementing guidelines (on standard precautions, transmission-based precautions and clinical aseptic techniques), having an IPC team in each setting, training healthcare workforce, monitoring systems and incorporating detection of healthcare-associated infections and antimicrobial resistance into surveillance systems. IPC must be implemented at all levels of healthcare according to risk, and following disease-specific requirements.</p>	
<b>Unit of Measure:</b> Number (of visits)	
<b>Calculation:</b> This is a count of visits	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> N/A	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring	

<b>Source:</b> Site visit records
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Health staff supervisors
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>● WHO, 2019. Minimum Requirements for infection prevention and control programmes. <a href="https://apps.who.int/iris/bitstream/handle/10665/330080/9789241516945-eng.pdf?ua=1">https://apps.who.int/iris/bitstream/handle/10665/330080/9789241516945-eng.pdf?ua=1</a></li> <li>● SPHERE, 2018. Healthcare Systems and Communicable Disease standards. <a href="https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf">https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf</a></li> </ul>

## H22: Number of safe and dignified burials completed

<b>APPLICABILITY</b>	RiA for activities that provide safe burials
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Public Health Emergencies
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> Safe and dignified burial (SDB): Handling and final disposition of potentially infectious human remains in accordance with WHO and national MOH guidelines and procedures for infection prevention and control and in a manner that recognizes the dignity and humanity of the deceased. Typically performed by teams who are trained and have the required materials to safely bury the body, through modified traditional funeral ceremonies and burial practices. The process may or may not include post-mortem diagnostic sampling. Infection control measures specific to the disease should be clearly outlined and followed to indicate key components of the SDB process.</p> <p>Key components of the SDB process may include community engagement, obtaining consent, safe handling of the deceased person in accordance with Standard Operating Procedures, measures to maintain the dignity of the deceased and respect for expressions of grief, decontamination of the house and belongings of deceased persons; and clear identification of the burial site in agreement with local authorities and the community.</p>	
<b>Unit of Measure:</b> Number (of burials)	
<b>Calculation:</b> This is a count of the number of safe and dignified burials completed according to protocols during the reporting period.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of safe and dignified burials completed.	
<b>Direction of Change:</b> +/- depending on outbreak phase	
<b>Disaggregated By:</b> Sex: female, male	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring	
<b>Source:</b> Partner activity reports; Health facility data on safe burials and/or reported community deaths	

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff who manage the safe burials intervention and health facility staff who manage the burial and death records

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.

**Baseline Value Information:** Baseline value is zero.

#### **ADDITIONAL INFORMATION**

- IFRC, 2019. Safe and Dignified Burial: An implementation guide for field managers.  
[https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2020/06/IFRC\\_BurialGuide\\_web.pdf](https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2020/06/IFRC_BurialGuide_web.pdf)

## H23: Number of individuals trained in medical commodity supply chain management

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Pharmaceutical and other Medical Commodities
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  Trained: The sum total of the individual beneficiaries who completed all requirements specified for successful completion of a specific training that may include attendance and/or written, verbal or hands on demonstration of knowledge and skills.</p> <p>Medical Commodities: Pharmaceuticals, medical supplies, medical equipment.</p> <p>Supply Chain Management: The planning and management of all activities involved in the identification of needed medical commodities and their quantities; sourcing, procurement, delivery, monitoring, and all logistics management activities.</p>	
<p><b>Unit of Measure:</b> Number (of individual beneficiaries)</p>	
<p><b>Calculation:</b> This is the count of individual beneficiaries trained.</p>	
<p><b>How to Count Life of Award (LOA):</b> The LOA should be a count of unique individual beneficiaries without double counting. For the life of activity, an individual beneficiary should only be counted once, regardless of the number of trainings in which s/he was trained or the number of years in which s/he was trained. Partners should maintain a training database to track participation, but in the exceptional case when a database is not maintained, the LOA should be calculated based on the annual counts with adjustments based on the duration of series of training and recommended combinations of training for the same beneficiary groups that span multiple years. The LOA must not exceed the sum of the annual reported numbers.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b>  Sex: female, male</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring during implementation activities such as collecting attendance sheets during a training</p>	

**Source:** Attendance records

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff who manage the training intervention documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.

**Baseline Value Information:** Baseline value is zero.

#### ADDITIONAL INFORMATION

- N/A

**H24: Number of health facilities out of stock of any of the medical commodity tracer products, for longer than one week, seven consecutive days**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Pharmaceuticals and other Medical Commodities
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>  Health facilities: All primary health care centers, mobile clinics, health posts, and any other health service delivery points supported with pharmaceuticals and/or other medical commodities with BHA funding.</p> <p>Medical Commodities: Pharmaceuticals, medical supplies, and/or medical equipment.</p> <p>Tracer products: Medical commodities essential to the implementation of the proposed plan. For primary health care programming, items such as paracetamol, amoxicillin, cotrimoxazole, oral rehydration salts, salbutamol, and zinc would be appropriate. For a nutrition activity, the inclusion of vitamin A. For an intervention with a clinical management of gender-based violence, the inclusion of appropriate post-exposure prophylaxis (PEP) kits. For a PHEIC response, identifying personal protective equipment (PPE) would be appropriate. If an activity has all of these components, select five products (ideally one-to-two from each) that would be needed to ensure implementation of each activity.</p> <p>Delivery period: The length of time from receipt of medical commodities by a health facility until the next receipt (e.g., weekly, every two weeks, monthly). The delivery period should be articulated clearly in the activity-specific PIRS.</p>	
<b>Unit of Measure:</b> Number (of health facilities)	
<b>Calculation:</b> This is a count of the number of individual BHA-supported health facilities experiencing a stock out of any tracer product lasting longer than one week (7 consecutive days) during the reporting period.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting each individual stock out.	
<b>Direction of Change:</b> -	
<b>Disaggregated By:</b> N/A	

<b>DATA COLLECTION</b>
<b>Method:</b> Routine Monitoring
<b>Source:</b> Inventory lists, barcode inventories, bin card of stock
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Lead pharmacist or head physician (at the health facility) and/or by the warehouse manager (at the warehouse).
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity basis.
<b>Baseline Value Information:</b> Baseline value will be derived from facility records.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## H25: Number of individuals treated for the restricted use indication

<b>APPLICABILITY</b>	RiA: Required for activities requesting (and approved by BHA) to purchase a pharmaceutical with a restricted use indication
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Pharmaceuticals and other Medical Commodities
INDICATOR DESCRIPTION	
<b>Definition:</b>	Treated: Pharmaceutical administered or given to the individual.  Restricted use indication: WHO has recommended the use of specific pharmaceuticals for specific diagnoses to prevent antimicrobial resistance and to assist in ensuring provider familiarity with the recommended products.
<b>Unit of Measure:</b>	Number (of individual beneficiaries)
<b>Calculation:</b>	This is a count of individual beneficiaries treated.
<b>How to Count Life of Award (LOA):</b>	LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting
<b>Direction of Change:</b>	+
<b>Disaggregated By:</b>	Sex: female, male
DATA COLLECTION	
<b>Method:</b>	Routine Monitoring
<b>Source:</b>	Medical records, diagnosis treatment log
<b>Who Collects:</b>	Implementing partner staff
<b>From Whom:</b>	Dispensing provider (physician, nurse, pharmacist)
<b>Frequency of Collection and Reporting:</b>	Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.
<b>Baseline Value Information:</b>	Baseline value is zero.

### ADDITIONAL INFORMATION

- Derived from WHO Model List of Essential Medicines  
(<https://apps.who.int/iris/bitstream/handle/10665/325771/WHO-MVP-EMP-IAU-2019.06-eng.pdf?ua=1>)

## H26: Quantity of pharmaceutical purchased to treat individuals for the restricted use indication

<b>APPLICABILITY</b>	RiA: Required for activities requesting (and approved by BHA) to purchase a pharmaceutical with a restricted use indication
<b>TYPE</b>	Input
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Pharmaceuticals and other Medical Commodities
INDICATOR DESCRIPTION	
<b>Definition:</b>	Quantity of pharmaceutical: The total amount of the product purchased, reflecting dosage form (e.g., 2400 tablets or 600 ml). If more than one dosage form is purchased, each should be reported. (e.g., if both azithromycin tablets and azithromycin oral suspension are purchased for single-dose treatment of genital Chlamydia trachomatis and trachoma, each must be tracked and reported.)
<b>Unit of Measure:</b>	Number and dosage (of pharmaceuticals)
<b>Calculation:</b>	This is the count of each unique pharmaceutical and the count of the dosage of each.
<b>How to Count Life of Award (LOA):</b>	LOA values are the cumulative reported values at the end of the award
<b>Direction of Change:</b>	+
<b>Disaggregated By:</b>	N/A
DATA COLLECTION	
<b>Method:</b>	Routine Monitoring
<b>Source:</b>	Pharmacy or warehouse records
<b>Who Collects:</b>	Implementing partner staff
<b>From Whom:</b>	Pharmacist and/or warehouse manager
<b>Frequency of Collection and Reporting:</b>	Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.
<b>Baseline Value Information:</b>	Baseline value is zero.
ADDITIONAL INFORMATION	

- This indicator is for congressional reporting.

## H27: Number of individuals treated with each approved non-BHA EML pharmaceutical

<b>APPLICABILITY</b>	RiA: Required for partners requesting and approved to use non-BHA EML drugs
<b>TYPE</b>	Output
<b>SECTOR</b>	Health
<b>SUB-SECTOR</b>	Pharmaceuticals and other Medical Commodities
INDICATOR DESCRIPTION	
<p><b>Definition:</b> Treated: Pharmaceutical administered or given to beneficiary.</p> <p><a href="#">BHA Essential Medicine List (EML)</a>: A list of pharmaceutical products likely to cover the majority of health services addressed in BHA-supported health activities.</p> <p>Non-BHA EML: Pharmaceutical products NOT contained on the BHA Essential Medicines List (EML).</p>	
<b>Unit of Measure:</b> Number (of individual beneficiaries)	
<b>Calculation:</b> This is a count of individual beneficiaries.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting	
<b>Direction of Change:</b> +	
<p><b>Disaggregated By:</b> Sex / pharmaceutical product: female and pharmaceutical product, male and pharmaceutical product</p>	
DATA COLLECTION	
<b>Method:</b> Routine Monitoring	
<b>Source:</b> Treatment records	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Health facility staff or pharmacist	

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity.

**Baseline Value Information:** Baseline value is zero.

#### **ADDITIONAL INFORMATION**

- [BHA Essential Medicine List \(EML\)](#) can be found at this link and BHA resources page.

## HUMANITARIAN COORDINATION AND INFORMATION MANAGEMENT, AND ASSESSMENTS

#	Indicator	Preferred Data Collection Method	Applicability Criteria	Page #
Coordination				
11	<a href="#">Number of humanitarian organizations actively coordinating in the proposed area of work</a>	Routine Monitoring	RiA for partners responsible for providing humanitarian coordination services	199
12	<a href="#">Number of humanitarian organizations actively participating in inter-agency coordination mechanisms</a>	Routine Monitoring		201
13	<a href="#">Number and percent of humanitarian organizations participating in joint assessments</a>	Routine Monitoring		203
14	<a href="#">Number of other key humanitarian actors actively participating in humanitarian coordination mechanisms</a>	Routine Monitoring		205
15	<a href="#">Number of humanitarian organizations that received joint assessment information</a>	Routine Monitoring		207
16	<a href="#">Number of needs assessments coordinated with other clusters, agencies, or work groups</a>	Routine Monitoring		209
Information Management				
17	<a href="#">Number and percent of humanitarian organizations utilizing information management services</a>	Routine Monitoring	Required	211
18	<a href="#">Number and percent of humanitarian organizations directly contributing to information products</a>	Routine Monitoring		213
19	<a href="#">Number of products made available by BHA funded information management services that are accessed by stakeholders</a>	Routine Monitoring		215
Coordinated Needs Assessments				
110	<a href="#">Number of humanitarian assistance sectors involved in the coordinated needs assessment process</a>	Routine Monitoring	Required	217
111	<a href="#">Number of humanitarian actors involved in the coordinated needs assessment process</a>	Routine Monitoring		219
112	<a href="#">Number of days elapsed from the coordinated needs assessment inception date to release of the first edition of the coordinated needs assessment report</a>	Routine Monitoring		221
113	A custom indicator to measure outcomes related to the proposed coordinated needs assessment activities	Routine Monitoring		N/A

**II: Number of humanitarian organizations actively coordinating in the proposed area of work**

<b>APPLICABILITY</b>	RiA for partners responsible for providing humanitarian coordination services
<b>TYPE</b>	Output
<b>SECTOR</b>	Humanitarian Coordination, Information Management, and Assessments (HCIMA)
<b>SUB-SECTOR</b>	Coordination

**INDICATOR DESCRIPTION**

**Definition:**

- “Humanitarian organization” for the purposes of this indicator, a humanitarian organization is a formal organization involved in the humanitarian response in question. Some judgment by partner staff will be required.
- “Actively coordinating” An organization is actively coordinating if there is meaningful participation and collaborative exchange of strategies, insights, information, or other contributions that have made a plausible contribution to the success of the activity, its outcomes, or relevant policies. Organizations cooperating for the purposes of reducing gaps and improving efficiency are considered to have satisfied the requirements of this definition.
- “Area of work” refers to geographic area and type of work.

**Unit of Measure:** Number (of organizations)

**Calculation:** This is a count of humanitarian organizations involved in coordinating in the proposed area of work.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award.

**Direction of Change:** +

**Disaggregated By:**

Type of humanitarian organization:

- Governmental
- International Organizations
- International NGOs
- Local NGOs or CBOs
- Donor agencies
- Local ministries and agencies

<b>DATA COLLECTION</b>
<p><b>Method:</b> Routine Monitoring Record partnering organizations</p>
<p><b>Source:</b> Meeting notes, strategy documents, activity reporting</p>
<p><b>Who Collects:</b> Lead implementing partner staff or enumerators.</p>
<p><b>From Whom:</b> Lead implementing partner staff who manage the intervention documentation.</p>
<p><b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.</p>
<p><b>Baseline Value Information:</b> Baseline value is zero.</p>
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## I2: Number of humanitarian organizations actively participating in inter-agency coordination mechanisms

<b>APPLICABILITY</b>	RiA for partners responsible for providing humanitarian coordination services
<b>TYPE</b>	Output
<b>SECTOR</b>	Humanitarian Coordination, Information Management, and Assessments (HCIMA)
<b>SUB-SECTOR</b>	Coordination
INDICATOR DESCRIPTION	
<p><b>Definition:</b></p> <p>“Humanitarian organization” for the purposes of this indicator, a humanitarian organization is a formal organization involved in the humanitarian response in question. Some judgment by partner staff will be required.</p> <p>“Actively participate” Any USAID partner or local awardee that regularly engages (at minimum 50% of the time) within the officially recognized humanitarian coordination mechanisms such as Humanitarian Country Team or clusters. Furthermore, organizations that send a participant for informational purposes are considered to have satisfied the requirements of this definition if the organization’s policies were influenced as a result of the engagement or if the policies of the coordination mechanism were affected.</p> <p>“Inter-agency coordination mechanism” refers to a cluster or sector coordination body in the field (e.g. clusters, sectors, the Inter-Agency Standing Committee, or other coordination bodies around the humanitarian response).</p>	
<p><b>Unit of Measure:</b> Number (of organizations)</p>	
<p><b>Calculation:</b> This is a count of humanitarian organizations actively participating in coordination efforts vs. the total number of humanitarian organizations in the proposed area of work.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> Type of humanitarian organization:</p> <ul style="list-style-type: none"> <li>● Governmental</li> <li>● International Organizations</li> <li>● International NGOs</li> <li>● Local NGOs or CBOs</li> </ul>	

- Donor agencies
- Local ministries and agencies

### DATA COLLECTION

**Method:** Routine Monitoring  
Record partnering organizations

**Source:** Meeting attendance notes, strategy documents or area-based partner divisions

**Who Collects:** Lead implementing partner staff

**From Whom:** Lead implementing partner staff who manage the intervention documentation.

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- N/A

### I3: Number and percent of humanitarian organizations participating in joint assessments

<b>APPLICABILITY</b>	RiA for partners responsible for providing humanitarian coordination services
<b>TYPE</b>	Output
<b>SECTOR</b>	Humanitarian Coordination, Information Management, and Assessments (HCIMA)
<b>SUB-SECTOR</b>	Coordination
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  “Humanitarian organization” for the purposes of this indicator, a humanitarian organization is a formal organization involved in the humanitarian response in question. Some judgment by partner staff will be required.</p> <p>“Participating” A humanitarian organization is considered to have participated in a joint inter-agency assessment if its name is on the final deliverable, has provided significant input in the development of the scope or contributed to the implementation of the assessment.</p>	
<p><b>Unit of Measure:</b> Number and percent (of humanitarian organizations)</p>	
<p><b>Calculation:</b> This is a count of humanitarian organizations participating in joint assessments.</p> <p>The percent is derived by dividing the number of humanitarian organizations participating in joint assessments by the total number of humanitarian organizations in the proposed area of work</p> <p>Numerator: Number of humanitarian organizations participating in joint assessments.  Denominator: Total number of humanitarian organizations in the proposed area of work</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b>  Type of humanitarian organization:</p> <ul style="list-style-type: none"> <li>● Governmental</li> <li>● International Organizations</li> <li>● International NGOs</li> <li>● Local NGOs or CBOs</li> </ul>	

- Donor agencies
- Local ministries and agencies

### DATA COLLECTION

**Method:** Other

Record organizations participating in joint planning

**Source:** Joint planning documents and meetings

**Who Collects:** Lead Implementing partner staff

**From Whom:** Lead Implementing partner staff who manage the intervention documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- Grand bargain indicator

#### I4: Number of other key humanitarian actors actively participating in humanitarian coordination mechanisms

<b>APPLICABILITY</b>	RiA for partners responsible for providing humanitarian coordination services
<b>TYPE</b>	Output
<b>SECTOR</b>	Humanitarian Coordination, Information Management, and Assessments (HCIMA)
<b>SUB-SECTOR</b>	Coordination

#### INDICATOR DESCRIPTION

**Definition:**

“Other key humanitarian actors” Other key humanitarian actors are those not traditionally considered to be humanitarian organizations and do not include individuals, PIOs, international and local NGOs, etc. (e.g., private sector, military, donor, academic)

“Actively participating” A humanitarian actor is actively participating if there is meaningful coordination and collaborative exchange of strategies, insights, information, or other contributions that have made a plausible contribution to the success of the activity, its outcomes, or relevant policies. Actors cooperating for the purposes of reducing gaps and improving efficiency are considered to have satisfied the requirements of this definition.

“Humanitarian coordination mechanism” for the purposes of this indicator, involves bringing together humanitarian actors to ensure a coherent and principled response to emergencies. Humanitarian coordination seeks to improve the effectiveness of humanitarian response by ensuring greater predictability, accountability and partnership.

**Unit of Measure:** Number (of organizations)

**Calculation:** This is a count of other key humanitarian actors actively participating in humanitarian coordination mechanisms.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award.

**Direction of Change:** +

**Disaggregated By:** Type of other key humanitarian actors. Other key humanitarian actors are those not traditionally considered to be humanitarian organizations and do not include PIOs, international and local NGOs, etc. (e.g., private sector, military, donor, academic)

#### DATA COLLECTION

**Method:** Routine Monitoring

Record instances of partnership and coordination as they occur in a activity tracker

**Source:** Meeting notes, strategy documents, activity reporting

**Who Collects:** Lead implementing partner staff

**From Whom:** Lead implementing partner staff who manage the routine monitoring intervention documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

#### ADDITIONAL INFORMATION

- N/A

**I5: Number of humanitarian organizations that received the joint assessment information**

<b>APPLICABILITY</b>	RiA for partners responsible for providing humanitarian coordination services
<b>TYPE</b>	Output
<b>SECTOR</b>	Humanitarian Coordination, Information Management, and Assessments (HCIMA)
<b>SUB-SECTOR</b>	Coordination

**INDICATOR DESCRIPTION**

**Definition:**

“Humanitarian organization” for the purposes of this indicator, a humanitarian organization is an organization involved in the humanitarian response in question. Some judgment by partner staff will be required.

“Received” refers to any humanitarian organization that receives the findings, the report itself, or other elements of the joint assessment information by email, hard copy, or some other means and receipt can be confirmed

**Unit of Measure:** Number (of humanitarian organizations)

**Calculation:** This is a count of humanitarian organizations receiving joint assessment information

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award.

**Direction of Change:** +

**Disaggregated By:**

Type of humanitarian organization:

- Governmental
- International Organizations
- International NGOs
- Local NGOs or CBOs
- Donor agencies
- Local ministries and agencies

**DATA COLLECTION**

**Method:** Routine Monitoring

Track organizations receiving materials through confirmation

**Source:** Other  
Distribution lists

**Who Collects:** Lead implementing partner staff

**From Whom:** Lead implementing partner staff who manage the distribution list documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- Grand bargain indicator

**I6: Number of needs assessments coordinated with other clusters, agencies, or work groups**

<b>APPLICABILITY</b>	RiA for partners responsible for providing humanitarian coordination services
<b>TYPE</b>	Output
<b>SECTOR</b>	Humanitarian Coordination, Information Management, and Assessments (HCIMA)
<b>SUB-SECTOR</b>	Coordination

**INDICATOR DESCRIPTION**

**Definition:**

“Needs assessments coordinated” A needs assessment is considered to be a coordinated effort if those planning and conducting a needs assessment have consulted with other actors planning a needs assessment to ensure the scope is not duplicative with similar efforts.

**Unit of Measure:** Number (of needs assessments)

**Calculation:** This is a count of needs assessments coordinated with other clusters, agencies, or work groups.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award.

**Direction of Change:** +

**Disaggregated By:** Type of coordinated needs assessments

**DATA COLLECTION**

**Method:** Routine Monitoring

Tracking instances of assessments that have been coordinated from notes included as they occur in an assessment tracker

**Source:** Other

Publication records; assessment working group meeting notes

**Who Collects:** Lead implementing partner staff

**From Whom:** Lead implementing partner staff who manage the routine monitoring intervention documentation.

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## 17: Number and percent of humanitarian organizations utilizing information management services

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Humanitarian Coordination, Information Management, and Assessments (HCIMA)
<b>SUB-SECTOR</b>	Information Management
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  “Humanitarian organization” for the purposes of this indicator, a humanitarian organization is an organization involved in the humanitarian response in question. Some judgment by partner staff will be required.</p> <p>“Information management services” encompass a variety of products, information management capacities, tools, and related services for use by various organizations—humanitarian actors in particular. These services enhance knowledge of humanitarian needs and resources and facilitate coordination and better decision-making.</p>	
<p><b>Unit of Measure:</b> Number (of organizations)</p>	
<p><b>Calculation:</b> This is a count of organizations utilizing information management services from the start of the award.</p> <p>The percent is derived by dividing the number of humanitarian organizations utilizing information management services by the total number of humanitarian organizations in the proposed area of work</p> <p>Numerator: Number of humanitarian organizations utilizing information management services  Denominator: Total number of humanitarian organizations in the proposed area of work</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	
DATA COLLECTION	
<p><b>Method:</b> Track partner organizations</p>	

**Source:** Routine Monitoring  
Membership or registration lists, or other tracking methods.

**Who Collects:** Lead implementing partner staff

**From Whom:** Lead implementing partner staff who manage the routine monitoring intervention documentation.

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## I8: Number and percent of humanitarian organizations directly contributing to information products

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Humanitarian Coordination, Information Management, and Assessments (HCIMA)
<b>SUB-SECTOR</b>	Information Management
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  “Humanitarian organization” for the purposes of this indicator, a humanitarian organization is an organization involved in the humanitarian response in question. Some judgment by partner staff will be required.</p> <p>“Directly contributed” A humanitarian organization that has contributed to an information product if it has provided data and/or information to proposed information products that facilitate coordination and better decision-making (e.g., situation reports, 3W/4W, digital tools).</p>	
<p><b>Unit of Measure:</b> Number and percent (of humanitarian organizations)</p>	
<p><b>Calculation:</b> This is a count of humanitarian organizations directly contributing to information products.</p> <p>The percent is derived by dividing the number of humanitarian organizations directly contributing to information products by the total number of humanitarian organizations in the proposed area of work.</p> <p>Numerator: Number of humanitarian organizations directly contributing to information products  Denominator: Total number humanitarian organizations in the proposed area of work</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring. Track organizations directly contributing to information products</p>	
<p><b>Source:</b> Other</p>	

Email exchanges, meeting notes, metadata of contributed data

**Who Collects:** Lead implementing partner staff

**From Whom:** Lead implementing partner staff who manage the intervention documentation.

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## I9: Number of products made available by BHA funded information management services that are accessed by stakeholders

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Humanitarian Coordination, Information Management, and Assessments (HCIMA)
<b>SUB-SECTOR</b>	Information Management
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  “Products made available by BHA-funded information management services” can include data sets, applications, maps, analysis, and reports, etc. Examples of commonly used products include: maps of <i>who</i> is providing <i>what</i> kind of humanitarian assistance <i>where</i>; and geospatial and demographic data for the proposed area of work.</p> <p>“Products that are accessed by stakeholders” can be through a website or other active requests for products, including local or on-the-ground requests. Access implies an active interest in acquiring and utilizing the product made available by information management services. This does not measure how many products are sent out, but how many are accessed due to possible utility.</p>	
<p><b>Unit of Measure:</b> Number (of products made available by BHA funded information management services that are accessed by stakeholders)</p>	
<p><b>Calculation:</b> This is a count of products made available by BHA funded information management services that are accessed by stakeholders.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring  Track number of downloads from website, products requested</p>	
<p><b>Source:</b> Count the number of products accessed by users. For example, an ongoing tally of products that are downloaded would provide a count of products accessed by stakeholders.</p>	

**Who Collects:** Lead implementing partner staff

**From Whom:** Lead implementing partner staff who manage the intervention documentation.

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## I10: Number of humanitarian assistance sectors involved in the coordinated needs assessment process

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Humanitarian Coordination, Information Management, and Assessments (HCIMA)
<b>SUB-SECTOR</b>	Coordinated Needs Assessments
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  “Humanitarian Assistance Sectors” The BHA outlines the following 13 humanitarian assistance sectors as: 1) Agriculture, 2) Economic Recovery and Market Systems, 3) Food Assistance, 4) Health, 5) Humanitarian Coordination, Information Management, and Assessments (HCIMA), 6) Humanitarian Policy, Studies, Analysis, or Applications (HPSAA), 7) Logistics Support, 8) Monitoring and Evaluation, 9) Multipurpose Cash Assistance, 10) Natural Hazards and Technological Risks (NHTR), Nutrition, 11) Protection, Disaster Risk Reduction Policy and Practice (DRRPP), 12) Shelter and Settlements, 13) Water, Sanitation, and Hygiene (WASH)</p> <p>“Involved”: for a sector to be counted as involved in a stage of the needs assessment process, it must have actively contributed to the outputs of that stage of the process. Passive review of documents or attendance at briefings without active contribution does not count as involvement.</p> <p>“Coordinated needs assessment process”: A coordinated needs assessment has three stages 1) Design and planning 2) Data collection 3) Analysis and reporting</p>	
<p><b>Unit of Measure:</b> Number (of humanitarian assistance sectors)</p>	
<p><b>Calculation:</b> This is a count of humanitarian assistance sectors as defined by the BHA actively involved in each stage of the coordinated needs assessment process stages.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b>  Stage:  1) Design and planning  2) Data collection  3) Analysis and reporting</p>	

Assessment (if multiple assessments are funded by one award)

### DATA COLLECTION

**Method:** Routine Monitoring

**Source:** The methods section of the final Needs Assessment report should explicitly address this indicator.

**Who Collects:** Lead implementing partner staff

**From Whom:** Lead implementing partners staff responsible for managing needs assessment documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- The humanitarian assistance sectors as defined by BHA can be found here on the BHA resources page: <https://www.usaid.gov/bha-guidelines>

### III: Number of humanitarian actors involved in the coordinated needs assessment process

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Humanitarian Coordination, Information Management, and Assessments (HCIMA)
<b>SUB-SECTOR</b>	Coordinated Needs Assessments
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  “Humanitarian Actor” For purposes of this indicator a humanitarian actor is any institution involved with the assessment process stages and offering distinct institution based inputs. Some judgment by partner staff will be required. Examples: Ministry of Education and Ministry of Health engagement by the same government would be counted as two actors. A Cluster co-chair representing the perspective of the Cluster in some engagements and the perspective of their host agency in other engagements would be counted as two actors. An M&amp;E staff person and a programs staff person from the same NGO would be counted as one actor.</p> <p>“Involved” For an actor to be counted as involved in a stage of the needs assessment process, it must have actively contributed to the outputs of that stage of the process. Passive review of documents or attendance at briefings without active contribution does not count as involvement.</p> <p>“Coordinated needs assessment process” A coordinated needs assessment has three stages. 1. Design and planning. 2. Data collection. 3. Analysis and reporting.</p>	
<b>Unit of Measure:</b> Number (of humanitarian actors)	
<b>Calculation:</b> This is a count of humanitarian actors involved in the coordinated assessment.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.	
<b>Direction of Change:</b> +	

**Disaggregated By:**

Stage

- 1) Design and planning
- 2) Data collection
- 3) Analysis and reporting

Assessment (if multiple assessments are funded by one award)

Type of humanitarian actor:

- Governmental
- International Organizations
- International NGOs
- Local NGOs or CBOs
- Donor agencies, and
- Local ministries and agencies

**DATA COLLECTION****Method:** Routine Monitoring**Source:** Monitoring checklist/form, final coordinated needs assessment report**Who Collects:** Lead implementing partner staff**From Whom:** Lead implementing partner staff who manage final needs assessment report**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual and annual basis, and at the end of the activity.**Baseline Value Information:** Baseline value is zero.**ADDITIONAL INFORMATION**

- N/A

**I12: Number of days elapsed from the coordinated needs assessment inception date to release of the first edition of the coordinated needs assessment report**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Humanitarian Coordination, Information Management, and Assessments (HCIMA)
<b>SUB-SECTOR</b>	Coordinated Needs Assessments
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> <p>“Inception date” This is the earliest eligibility date for partner spending under the award.</p> <p>“Release” The report may have several release versions targeting different audiences. For purposes of this indicator, we will use the date the report was released to BHA</p>	
<b>Unit of Measure:</b> Number (of calendar days)	
<b>Calculation:</b> The count is derived by counting the number of days (inclusive of start and end days) between the date spending eligibility to when the report is submitted to BHA HQ or BHA field team.	
<b>How to Count Life of Award (LOA):</b> Final number of days	
<b>Direction of Change:</b> -	
<b>Disaggregated By:</b> If more than one needs assessment is included in the award, disaggregate by needs assessment	
<b>DATA COLLECTION</b>	
<b>Method:</b> Other. Tracking of dates of coordinated needs assessments and submission date	
<b>Source:</b> Monitoring checklist/form	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Implementing partner staff who manage the coordinated needs assessment	
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing basis. Data will be reported after the submission of the coordinated needs assessment report to BHA	
<b>Baseline Value Information:</b> Baseline value is zero.	
<b>ADDITIONAL INFORMATION</b>	

- N/A

## HUMANITARIAN POLICY, STUDIES, ANALYSIS, OR APPLICATIONS

There are no BHA indicators for the Humanitarian Policy, Studies, Analysis, or Applications (HPSAA) sector. The partner must, however, use custom indicators for each sub-sector according to the requirements in the table below.

Please note: the table below does not include indicator numbers since the table summarizes custom indicator requirements, not standard BHA indicators (as is the case in other sectors within this handbook). Partners should number each custom indicator using the letter “C” plus a letter, i.e., “C2” would be the second custom indicator that appears in the Indicator Tracking Table. Section 6 includes an annotated PIRS template that partners should use when creating custom indicator PIRs.

Sub-Sector	Indicator Requirement
Applied Research and Studies	Include one custom output indicator specific to the activities proposed (e.g., number of articles, publications, or products prepared)
	Include one custom outcome indicator specific to the activities proposed (e.g., number of articles, publications, or products published or shared within the Humanitarian Assistance (HA) community).
Capacity Building, Training, and Technical Assistance	Include one custom output indicator specific to the activities proposed
	Include one custom outcome indicator specific to the activities proposed (e.g., percent of participants demonstrating increased knowledge related to trainings/capacity building sessions).
Guidelines Development, Toolkits, and Resources	Include one custom output indicator specific to the activities proposed (e.g., number of events convened; number of guidelines or toolkits developed).
	Include one custom outcome indicator specific to the activities proposed
Thought Leadership and Policy	Include one custom output indicator specific to the activities proposed (e.g., number of workshops/conferences convened or number of participants in proposed activity).
	Include one custom outcome indicator specific to the activities proposed (e.g., percentage of participants demonstrating increased knowledge related to workshop/conference topic).

## LOGISTICS

#	Indicator	Preferred Data Collection Method	Applicability Criteria	Page #
Acquisition and Storage				
L1	<a href="#">Average completion rate of line items procured by implementing partner following approved institutional procurement and quality policies</a>	Routine Monitoring	RiA: Required for activities that procure any item (food and/or non-food) utilizing BHA funding	224
L2	<a href="#">Weight, volume and duration of commodities using storage services</a>	Routine Monitoring	RiA: Required for activities that either store BHA funded items (food and/or non-food); or provide BHA funded storage services for other humanitarian partners	227
Transport (Air/Land/Sea)				
L3	<a href="#">Quantity of people transported through multimodal carriers</a>	Routine Monitoring	RiA: Required for all BHA funded passenger transportation services provided by the Implementing Partner either for its own behalf or for the benefit of other Humanitarian Partners	229
L4	<a href="#">Weight, volume and duration of commodities transported through multimodal carriers</a>	Routine Monitoring		231

**LI: Average completion rate of line items procured by implementing partner following approved institutional procurement and quality policies**

<b>APPLICABILITY</b>	RiA: Required for activities that procure any item (food and/or non-food) utilizing BHA funding
<b>TYPE</b>	Output
<b>SECTOR</b>	Logistics
<b>SUB-SECTOR</b>	Acquisition and Storage

**INDICATOR DESCRIPTION**

**Definition:**

This indicator focuses on line items that have been procured by implementing partners (IP) utilizing BHA funding. For each purchase, IPs must strictly adhere to the procurement policies included in their funding proposal and approved by the BHA supply chain division. These agreed procurement policies help to establish common value thresholds and quality standards that can be quantified and evaluated. Foremost, it shows the IP's best procurement practices and/or possible deviations.

“Line items” refer to unique commodities with measurable specifications (weight, volume, quantity) and technical purpose. For example, a line item may appear as “10,000 60-kg bags of CSB+.”

“Procured” refers to the overall process in purchasing goods and/or services by the implementing partner either for its own activities or on behalf of other humanitarian partners at their request.

“Procurement and Quality Policies” refers to a set of institutional practices and standards made public by the IP and abiding to the principles of procuring the right product, in the right quantity and the right condition, to the right place at the right time for the right beneficiary at the right price.

“Implementing partner” (IP) is defined as a partner organization receiving BHA funding and implementing an activity under the present sector/sub-sector.

“Humanitarian partner” (HP) is defined as a partner organization requesting/receiving commodities or/and services from the Implementing Partner as part of the humanitarian response operation.

This indicator takes into account the full procurement process of a line item:

- Sourcing strategy: capacity of the IP to identify and analyse available markets (local, regional, international) and guaranteeing the most cost effective, non-disruptive and optimal options. It translates the IPs ability to understand the needs of the final beneficiary, HPs and procure each line item under a customer-focused and best value for money strategy.
- Purchasing method: IP's strict adherence to the procurement and quality policies in the various stages of pricing (quotation, tendering, etc.), lab testing, vendor and product selection and final

<p>award (contract, framework agreement, etc.). It signifies the IP's accountability and actual capacity by putting into practice the policies it agreed upon with BHA.</p> <ul style="list-style-type: none"> <li>● Post contract performance: IP's institutional habit of evaluating line items' performance, quality and usage after purchasing agreement with vendor. Actions taken by the IP to ensure that each line item has served its purpose - either through its own activity or on behalf of another HPs, and mitigation methods in case it was not accomplished.</li> </ul>
<p><b>Unit of Measure:</b> Average (percent)</p>
<p><b>Calculation:</b>  The percent is derived by dividing the number of line items procured under the agreed procurement and quality requirements in the reporting period (i.e., 6 months) by the total number of line items procured in the reporting period (i.e., 6 months).</p> <p>Numerator: The number of line items procured that have fulfilled all the thresholds and standards as specified in the procurement and quality policies in the reporting period (i.e., 6 months). (Note that partial fulfillment should not be included.)</p> <p>Denominator: The total number of line items procured in reporting period (i.e., 6 months) by the implementing partner as described in the funding proposal.</p>
<p><b>How to Count Life of Award (LOA):</b> The LOA value is the sum of all the line items procured under the agreed procurement and quality requirements in the entire LOA divided by the total number of line items procured in the entire LOA.</p>
<p><b>Direction of Change:</b> +</p>
<p><b>Disaggregate By:</b>  Line Items*: e.g., CSB+, vehicle, laptop, hygiene kit</p> <p>*Only line items that subtotal over \$2,000 need to be included. For example, a set of 10 laptops valued at \$1,000 each should be included as “electronic equipment - laptops” (with a subtotal of \$10,000); however it is not necessary to include office supplies that have a subtotal of \$1,200.</p>
<p><b>DATA COLLECTION</b></p>
<p><b>Method:</b> Routine Monitoring</p>
<p><b>Source:</b> Activity records. All procurement related documentation (physical or digital) should be made available, e.g: market survey, quotations, tenders, bids, vendor selection, authorizations, pro-forma invoices, delivery and reception notes, etc.</p>
<p><b>Who Collects:</b> Implementing Partner</p>
<p><b>From Whom:</b> Data collected from IP responsible for the procurement activity and from other humanitarian partners and/or beneficiaries (if applicable).</p>

**Frequency of Collection and Reporting:** Data will be collected every 6 months. Data will be reported every 6 months and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## L2: Weight, volume and duration of commodities stored

<b>APPLICABILITY</b>	RiA: Required for activities that either store BHA funded items (food and/or non-food); or provide BHA funded storage services for other humanitarian partners.
<b>TYPE</b>	Output
<b>SECTOR</b>	Logistics
<b>SUB-SECTOR</b>	Acquisition and Storage

### INDICATOR DESCRIPTION

#### Definition:

This indicator captures the weight, volume and duration of stored commodities either procured utilizing BHA funding; or through a BHA funded storage provision for other humanitarian partners (HP). In either scenario, this indicator shows the optimization of space and item utilization flow.

By storing BHA funded commodities, implementing partner (IP) must demonstrate the utilization rate of the same item by calculating the following:

- “Weight” measured in kilograms (kgs) or in metric tonnage (MT) of a specific item in its original packaging or kitting unit. It demonstrates the complexity of storage handling and occupancy.
- “Volume” measured in cubic meters (cbm) of a specific item in its original packaging or kitting unit. This measurement demonstrates the amount of storage space it takes from IP.
- “Duration” refers to the physical stock count of a specific item in its original packaging or kitting unit and its correlated duration (in days) from the moment of entry, permanence and exit in storage. It demonstrates the idleness/optimization of an item.

Implementing partner (IP) is defined as a partner organization receiving BHA funding and implementing an activity under the present sector/sub-sector.

Humanitarian partner (HP) is defined as a partner organization requesting/ receiving commodities or/and services from the Implementing Partner as part of the humanitarian response operation.

This indicator takes into account the two storage scenarios:

- The storage of items that will be used by the IP on its own activities under a specific BHA funded proposal. This shows the IP’s capacity to forecast, demand planning, distribution and mitigation strategies for slow moving items. Most importantly, it demonstrates the ability for stock optimization.
- The storage service provision by an IP to other HPs during an emergency response whereas such effort avoids duplication and wasted resources. It demonstrates the IPs storage utilization and the benefit to the wide humanitarian community in a given response..

**Unit of Measure:**

Weight: Number (in Kilograms and/or Metric Tons);

Volume: Number (in Cubic Meters)

Duration: Number (in days)

**Calculation:** This is a physical count executed by IP that has the stock oversight and documentation:

Weight: calculated by the sum of kilograms of all identical items (or kits) in its original packaging unit without any palletization. Totality of number given in Metric Tonnes

Volume: calculated by the sum of (height x length x width) of all identical items (or kits) in its original packaging unit without any palletization. Totality of number given in Cubic Meters.

Duration: calculated by the stock count of all identical items (or kits) in its original packaging unit in a given time and the difference (in days) since the last count, e.g.: 3,000 hygiene kits (64 days in stock).

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award.

**Direction of Change:** N/A

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Routine Monitoring

Exact methods will depend on the commodity.

**Source:** Storage warehouse records by the overseeing authority. The IP must keep track of weight, volume and duration of commodities stored for its own or on behalf of HPs over a reporting/activity period.

**Who Collects:** Implementing partner staff

**From Whom:** Activity staff who oversee transportation and/or storage.

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported during and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- N/A

### L3: Number of passengers transported through multimodal carriers

<b>APPLICABILITY</b>	RiA: Required for all BHA funded passenger transportation services provided by the Implementing Partner either for its own behalf or for the benefit of other Humanitarian Partners.
<b>TYPE</b>	Output
<b>SECTOR</b>	Logistics
<b>SUB-SECTOR</b>	Transport

#### INDICATOR DESCRIPTION

**Definition:**

This indicator tracks the number of passengers transported by air, sea or land utilizing BHA funded transport modes either on behalf of the Implementing Partner (IP) or as a service provision for the benefit to other Humanitarian Partners (HP). Any transportation mode (vehicle, plane or vessel) has to be funded by BHA regardless of the contractual relationship status between IP and the actual service provider (charter, rented, leased, contracted, own fleet, etc.).

Transport services for passengers should always address the needs on the ground to help reduce wasted resources and duplication of efforts.

Number refers to the sum of passengers utilizing a specific BHA funded transportation mode per leg (origin and destination).

Passenger refers to the direct beneficiary of the transport services. The requirements for each passenger to use this service must be clearly delineated and approved on the BHA proposal (staff, beneficiary, volunteers, host government, etc.).

Multimodal carrier refers to the various types of safe transportation methods via air, land or sea that can be used for human purposes. The size, dimension and fitness of each method must be in accordance with the needs and preserving the safety and good health of all passengers.

Implementing partner (IP) is defined as a partner organization receiving BHA funding and implementing an activity under the present sector/sub-sector.

Humanitarian partner (HP) is defined as a partner organization requesting/ receiving transportation services from the Implementing Partner as part of the humanitarian response operation.

For any BHA funded transportation method, IPs must clearly define:

- That all usage and subsequent contracting of a transportation mode must be in accordance to the terms specified and approved in the BHA proposal (physical conditions, payment terms, duration, accessibility, documentation and functionality).

<ul style="list-style-type: none"> <li>That transportation services are only meant for passengers authorized to use according to the objective and purpose of the activity. Unauthorized passengers or under the conditions not approved by BHA should not be counted.</li> </ul>
<b>Unit of Measure:</b> Number (of individual beneficiaries)
<b>Calculation:</b> This is a count of individual beneficiaries utilizing a specific transportation mode (air, sea, land) per leg (from origin to destination).
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported number of passengers at the end of the award. (Individuals who travel multiple times should be counted each time they take a trip by any method of transportation. For example, if an individual was transported via land then via air on one trip, that passenger would be counted twice overall: once under the “land” disaggregate and once under the “air” disaggregate.)
<b>Direction of Change:</b> +
<b>Disaggregated By:</b> Transportation Type: air, sea or land
<b>DATA COLLECTION</b>
<b>Method:</b> Routine Monitoring
<b>Source:</b> Transportation-related records
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Implementing partner staff managing the transportation mode and related documentation.
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported during and at the end of the activity.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>N/A</li> </ul>

#### L4: Weight and duration of commodities transported through multimodal carriers

<b>APPLICABILITY</b>	RiA: Required for all BHA funded commodity transportation services provided by the Implementing Partner either for its own behalf or for the benefit of other Humanitarian Partners
<b>TYPE</b>	Output
<b>SECTOR</b>	Logistics
<b>SUB-SECTOR</b>	Transport

#### INDICATOR DESCRIPTION

##### Definition:

This indicator tracks the weight and duration of commodities (BHA-funded or not) transported by air, sea or land utilizing BHA funded transport modes either on behalf of the Implementing Partner (IP) or as a service provision for the benefit to other Humanitarian Partners (HP). The focus of this indicator is on the BHA funded transportation aspect rather than funding origin of the commodities as long as it serves the purpose and objective of the funding proposal. Any transportation mode (vehicle, plane or vessel) has to be funded by BHA regardless of the contractual relationship status between IP and the actual service provider (charter, rented, leased, contracted, own fleet, etc.).

Transport services for commodities should always address the needs on the ground to help reduce wasted resources and duplication of efforts.

Weight measured in kilograms (kgs) or in metric tonnage (MT) of a specific item in its original packaging or kitting unit. It demonstrates the carriage capacity required for a given transportation mode.

Duration refers to the physical count of a specific item in its original packaging or kitting unit and its correlated duration (in days) from the moment of entry, permanence and exit in a specific transportation method. It demonstrates the idleness/optimization of a transportation mode.

Commodity refers to a (BHA funded or not) specific item in its original packaging or kitting unit.

Multimodal carrier refers to the various types of safe transportation methods via air, land or sea that can be used for commodity purposes. The size, dimension and fitness of each method must be in accordance with the needs and preserving the safety and good health of all passengers.

Implementing partner (IP) is defined as a partner organization receiving BHA funding and implementing an activity under the present sector/sub-sector.

Humanitarian partner (HP) is defined as a partner organization requesting/ receiving commodities or/and services from the Implementing Partner as part of the humanitarian response operation.

For any BHA funded transportation method, IPs must clearly define:

- That all usage and subsequent contracting of a transportation mode must be in accordance to the terms specified and approved in the BHA proposal (physical conditions, payment terms, duration, accessibility, documentation and functionality).
- That transportation services are only meant for commodities authorized to use according to the objective and purpose of the activity. Unauthorized commodities or under the conditions not approved by BHA should not be counted.

**Unit of Measure:**

Weight: Number (in Kilograms and/or Metric Tons)

Duration: Number (in days)

**Calculation:**

Weight: This is a count of all transported identical items (or kits) in its original packaging unit with/without any palletization, utilizing a specific transportation mode (air, sea, land) per leg (origin - destination).

Duration: This is a count of all identical items (or kits) in its original packaging unit in a given time, utilizing a specific transportation mode (air, sea, land) per leg (origin - destination), and the difference (in days) since the last count, e.g.: 3,000 hygiene kits, 64 days in transit, vessel X, from A to B.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award.

**Direction of Change:** +

**Disaggregate By:**

Level 1: Transportation type: air, sea or land

Level 2: Commodity

For example:

Disaggregation by Air and Commodity:

1. Weight (in Kg or MT) of maize
2. Duration (in days) of maize
3. Weight (in Kg or MT) of oil
4. Duration (in days) of oil
5. Weight (in Kg or MT) of salt
6. Duration (in days) of salt

Disaggregation by Sea and Commodity:

7. Weight (in Kg or MT) of maize
8. Duration (in days) of maize
9. Weight (in Kg or MT) of oil

- 10. Duration (in days) of oil
- 11. Weight (in Kg or MT) of salt
- 12. Duration (in days) of salt

Disaggregation by Land and Commodity:

- 13. Weight (in Kg or MT) of maize
- 14. Duration (in days) of maize
- 15. Weight (in Kg or MT) of oil
- 16. Duration (in days) of oil
- 17. Weight (in Kg or MT) of salt
- 18. Duration (in days) of salt

### DATA COLLECTION

**Method:** Routine Monitoring

**Source:** Transportation-related records

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff managing the transportation mode and related documentation.

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported during and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- N/A

## MULTIPURPOSE CASH ASSISTANCE

#	Indicator Name	Preferred Data Collection Method	Applicability Criteria	Page #	
Multipurpose Cash (MPC)					
M1	<a href="#">Total number of individuals (beneficiaries) assisted through multipurpose cash activities</a>	Routine Monitoring	Required	236	
M2	<a href="#">Percent of (beneficiary) households who report being able to meet the basic needs of their households (all/most/some/none), according to their priorities</a>	Beneficiary Survey		238	
M3	<a href="#">Percent of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner</a>	Beneficiary Survey		240	
FS1	<a href="#">Percent of (beneficiary) households by Food Consumption Score (FCS) phase (Poor, Borderline, and Acceptable)</a>	Beneficiary Survey	Required to Select 3	16	
M4	<a href="#">Percent of (beneficiary) households whose shelter solutions meet agreed technical and performance standards</a>	Beneficiary Survey		243	
M5	<a href="#">Percent of target (beneficiary) population living in safe and dignified shelters</a>	Beneficiary Survey		245	
M6	<a href="#">Percent of (beneficiary) households reporting adequate access to household non-food items</a>	Beneficiary Survey		247	
M7	<a href="#">Percent of (beneficiary) households using an unsafe water source because they cannot afford to use a safer water source</a>	Beneficiary Survey		249	
M8	<a href="#">Percent of (beneficiary) households who have reduced essential WASH related basic needs expenditures</a>	Beneficiary Survey		252	
M9	<a href="#">Percent of (beneficiary) households practicing open defecation because they cannot afford to pay to use a public latrine and/or to build a latrine</a>	Beneficiary Survey		254	
FS2	<a href="#">Reduced Coping Strategy Index (rCSI)</a>	Beneficiary Survey		Optional	20
M10	<a href="#">Percent of (beneficiary) households by Livelihoods Coping Strategies (LCS) phase (Neutral, Stress, Crisis, Emergency)</a>	Beneficiary Survey			256

## **USAID Commitment to the Grand Bargain process:**

The Multipurpose Cash Assistance (MPCA) indicators represent USAID’s adoption of the Grand Bargain Cash Workstream Multipurpose Cash Outcome Indicators document. The Grand Bargain Cash Workstream considers those indicators to be a “final draft for testing,” and thus the guidance in this Performance Indicator Reference Sheet (PIRS) should be understood as such, particularly for newer indicators. As stated in that document, “The indicators, and this process, should all be taken as a learning step, to be revised as the humanitarian community learns about the most effective ways of monitoring MPC.”

USAID encourages applicants and partners to provide their contact information to the Grand Bargain Cash Workstream [here](#), and to provide feedback on the use of the indicators. A reference group within the workstream will begin reviewing feedback and proposing revisions in late 2020 and 2021. The PIRS do not cover all of the indicators in the Grand Bargain Cash Workstream Multipurpose Cash Outcome Indicators document, as USAID has not adopted all of the indicators. Applicants and partners are free to propose other indicators from the document as custom indicators.

The Cash Learning Partnership (CaLP) guide, *Monitoring4CTP: Monitoring Guidance for CTP in Emergencies*, may be useful for many aspects of designing a Monitoring and Evaluation (M&E) plan for a multipurpose cash intervention. CaLP released this guide in 2017 and is planning to release a revision in 2020.

**MI: Total number of individuals (beneficiaries) assisted through multipurpose cash activities**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Multipurpose Cash Assistance
<b>SUB-SECTOR</b>	Multipurpose Cash

**INDICATOR DESCRIPTION**

**Definition:**

Multipurpose cash: “Multipurpose Cash Transfers are transfers (either periodic or one-off) corresponding to the amount of money required to cover, fully or partially, a household’s basic and/or recovery needs. The term refers to transfers designed to address multiple needs, with the transfer value calculated accordingly. Multipurpose cash transfer values are often indexed to expenditure gaps based on a Minimum Expenditure Basket (MEB), or other monetized calculation of the amount required to cover basic needs.” See CaLP Glossary at <http://www.cashlearning.org/resources/glossary#MPC>.

This indicator measures the number of people that have directly received multipurpose cash transfers from a BHA-funded activity. Count all individual beneficiaries in a household as people assisted.

Cash may be transferred via bank direct deposit, mobile-phone transfer, money transfer vendor, physical currency, or other means.

**Unit of Measure:** Number (of people)

**Calculation:** This is a count of individual beneficiaries. Count all individual beneficiaries in a household as people assisted.

**How to Count Life of Award (LOA):** Count of all individual beneficiaries in all households that receive multipurpose cash assistance throughout the award without double counting

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

Age: 0-17.9 years; 18-49.9 years; 50 and above)

**DATA COLLECTION**

**Method:** Routine monitoring. Primary data collection through activity records. Count all individual beneficiaries in a household as people assisted.

<b>Source:</b> Beneficiary registration records
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Implementing partner staff who manage beneficiary registration records
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity basis.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

**M2: Percent of (beneficiary) households who report being able to meet the basic needs of their households (all/most/some/none), according to their priorities**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Multipurpose Cash Assistance
<b>SUB-SECTOR</b>	Multipurpose Cash
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> Basic needs (as in <a href="#">CaLP Glossary</a>): “The concept of basic needs refers to the essential goods, utilities, services or resources required on a regular or seasonal basis by households for ensuring long term survival AND minimum living standards, without resorting to negative coping mechanisms or compromising their health, dignity and essential livelihood assets.”</p> <p>This indicator attempts to measure how well beneficiary households are able to meet their basic needs (as they define the term) before and after receiving cash. The indicator does <i>not</i> attempt to indicate attribution, nor to measure the precise contribution of the multipurpose cash transfer. Depending on the size and duration of the transfer, the expected results will differ.</p>	
<p><b>Unit of Measure:</b> Percent (of beneficiary households)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of beneficiary households selecting each option (all, most, some, none) as a response by the total number of households surveyed, multiplied by 100.</p> <p>Numerator: Number of beneficiary households selecting each option (all, most, some, none) as a response Denominator: Total number of households surveyed</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values will be generated from the endline survey.</p>	
<p><b>Direction of Change:</b> For All and Most: + For Some and None: -</p>	
<p><b>Disaggregated By:</b> Amount of basic needs met: All, Most, Some, None</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Beneficiary survey with a representative sample of Multipurpose Cash beneficiaries.</p>	

The enumerator may use locally-validated wording, or word the question as “Is your household able to meet all, most, some, or none of its basic needs, as you define them?” or similar. The question should not specifically mention the cash transfer, nor should the enumerator rigidly define ‘basic needs.’ (If necessary, the enumerator can prompt by providing examples, such as food, water, shelter.)

**Source:** Questionnaire

**Who Collects:** Implementing partner staff, enumerator, or third party firm

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Data collection at baseline, or shortly before the first transfer, and shortly after the last transfer. This indicator does not need to be measured after every cash distribution. Data will be reported semi-annually, annually and at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline survey. Baseline data collection may be combined with beneficiary registration/enrolment. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity in the final report.

#### **ADDITIONAL INFORMATION**

- N/A

**M3: Percent of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Multipurpose Cash Assistance
<b>SUB-SECTOR</b>	Multipurpose Cash

**INDICATOR DESCRIPTION**

**Definition:**

**Safe:** Assistance prevents and minimizes as much as possible any unintended negative effects of the intervention which can increase people’s vulnerability to both physical and psychosocial risks.

**Accessible:** Aid agencies arrange for people’s access to assistance and services—in proportion to need and without any barriers (e.g. discrimination); and pay special attention to individual beneficiaries and groups who may be particularly vulnerable or have difficulty accessing assistance and services.

**Accountable:** Aid agencies use power responsibly through an active commitment to include the people affected by humanitarian crises in decision-making. Agencies set up appropriate mechanisms through which affected populations can measure the adequacy of interventions and address concerns and complaints.

**Participatory:** Beneficiaries and affected populations have been involved in the different stages of the activity, including needs assessment, activity design, response, and monitoring; specific mechanisms are in place to enable beneficiaries and affected populations to provide feedback and complaints. Assistance supports the development of self-protection capacities and assists people to claim their rights.

*Note: The indicator and associated definitions are adapted from the [draft ECHO Protection Mainstreaming Indicator questionnaire](#), with slight additions from the [Core Humanitarian Standard](#) and the [Global Protection Cluster Protection Mainstreaming Toolkit](#).*

**Unit of Measure:** Percent (of individual beneficiaries)

**Calculation:** The percent will be calculated by dividing the total mark by the maximum score (see [tool](#) for calculation),

Numerator: Averaged scores of positive/preferred answers to survey questions

Denominator: Total possible score of survey questions (see tool for calculation)

**How to Count Life of Award (LOA):** The LOA values are the average across all beneficiaries surveyed.

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

Age: 0-19 years; 19-49 years; 50 or above years

Where possible, further disaggregation of respondents by disability status allows for a comparison of beneficiary numbers and population estimates to see whether the expected percent of older people and persons with disabilities are included in beneficiary numbers. (Suggested guidance: the [Washington Group Short Set of Questions on Disability](#).)

**DATA COLLECTION**

**Method:** Beneficiary Survey with a representative sample of Multipurpose Cash beneficiaries.

USAID requires applicants to use at least one of the questions in the questionnaire for each of the four categories from the [draft ECHO Protection Mainstreaming Indicator](#):

- Safe: Questions #5,6
- Accessible: Questions #2,15
- Accountable: Questions #18,18.1
- Participatory: Question #1

USAID highly recommends collecting at least seven of these, which constitute the seven questions identified as mandatory by ECHO (Questions #1, 2, 5, 6, 15, 18, 18.1), plus the question on ‘timeliness’. Use the tool at the link and the questions in the questionnaire. Locally-validated wording may be used; also see the pilot feedback on pp. 8-9 of the tool on alternative wordings, particularly for questions 15 and 18. Please consider asking clarifying or follow-up, such as “if not, why not?” questions to “no” answers for certain questions, to better inform iterative activity design.

Please use the scoring in the ECHO Tool to determine the percent. (Please note that for some questions, the ‘preferred’ or positive answer is “no”, e.g. the desired answer to question 9, “did the assistance deteriorate your relation with your family?” is “no.”)

**Source:** Post distribution monitoring survey questionnaires

**Who Collects:** Implementing partner staff, enumerators or third-party firm

**From Whom:** Direct beneficiaries

**Frequency of Collection and Reporting:** This indicator can be but does not need to be measured after every cash distribution. It may be most appropriate to measure it after the last transfer. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- Monitors should adhere to best practices on the ethical collection of protection-related data, such as in the [Global Protection Cluster Protection Mainstreaming Toolkit](#).

## M4: Percent of (beneficiary) households whose shelter solutions meet agreed technical and performance standards

<b>APPLICABILITY</b>	Required to select 3
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Multipurpose Cash Assistance
<b>SUB-SECTOR</b>	Multipurpose Cash
INDICATOR DESCRIPTION	
<p><b>Definition:</b> To “meet agreed technical and performance standards” is based on either a) the Sphere Handbook includes standards for shelter and settlements (<a href="http://spherehandbook.org/en/1-shelter-and-settlement/">http://spherehandbook.org/en/1-shelter-and-settlement/</a>) and adequate covered living spaces or, b) the country of response may have its own standards for shelter. The Shelter cluster may have further defined minimum shelter in a given context; if so, use that threshold.</p>	
<p><b>Unit of Measure:</b> Percent (of households)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of beneficiary households reporting their shelters meet minimum adequacy by the total number of households surveyed.</p> <p>Numerator: Number of beneficiary households reporting their shelters meet minimum adequacy Denominator: Total number of households surveyed</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values will be generated from the endline survey.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> (Optional) Household Compo: F&amp;M, FNM, MNF, CNA</p>	
DATA COLLECTION	
<p><b>Method:</b> Beneficiary survey of a representative sample of Multipurpose Cash beneficiary households, with direct observation of shelter conditions (if feasible).</p> <p>Sphere or national standards should inform survey design. The questionnaire may refer to language from Sphere, such as asking whether the covered living space is sufficient to provide thermal comfort, fresh air, protection from the elements, privacy, safety and health. If at all possible given humanitarian access, a technical specialist or an enumerator trained in shelter issues should provide quality checks to an appropriate confidence interval. This will help to verify the accuracy of the self-reported responses from households.</p>	

<b>Source:</b> Questionnaire
<b>Who Collects:</b> Implementing partner staff or enumerators
<b>From Whom:</b> Direct beneficiary households
<b>Frequency of Collection and Reporting:</b> This indicator does not need to be measured after every cash distribution. It may be most appropriate to measure it at baseline, or shortly before the first transfer, and after the last transfer.
<b>Baseline Value Information:</b> Baseline value will be derived from the baseline survey. Baseline data collection may be combined with beneficiary registration/enrollment. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity in the final report.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## M5: Percent of target (beneficiary households) population living in safe and dignified shelters

<b>APPLICABILITY</b>	Required to select 3
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Multipurpose Cash Assistance
<b>SUB-SECTOR</b>	Multipurpose Cash
INDICATOR DESCRIPTION	
<p><b>Definition:</b></p> <p><u>Safe</u>: “Refers to people’s physical and personal wellbeing and integrity as well as to their freedom from physical, environmental, social, spiritual, political, emotional or psychological harm” (<a href="#">Sphere Glossary</a>)</p> <p><u>Dignified</u>: Supporting people’s dignity, which is “the capacity to make one’s own deliberate choices and consequently to be acknowledged as a free subject. It reflects the integrity of the person and is seen as the source from which all human rights derive...The foundation of life with dignity is the assurance of access to basic services, security and respect for human rights” (<a href="#">Sphere Glossary</a>)</p> <p>The questionnaire should use locally-appropriate language about safety and dignity. This indicator attempts to measure self-perceptions about shelter, and the question should be worded appropriately.</p> <p>“The right to access adequate housing is protected by international law. It is the right to live somewhere in security, peace and dignity. This right contains freedoms such as the right to choose one’s residence and entitlements such as security of tenure. It enshrines protection principles such as protection from forced eviction.” (<a href="#">Sphere Shelter Standards</a>)</p> <p>Safe, adequate housing “enabl[es] essential household and livelihoods activities to be undertaken with dignity.” (<a href="#">Sphere Shelter Standards</a>)</p>	
<b>Unit of Measure:</b> Percent (of households)	
<p><b>Calculation:</b> The percent is derived by dividing the number of beneficiary households reporting living in safe and dignified shelter by the total number of households surveyed.</p> <p>Numerator: Number of beneficiary households reporting living in safe and dignified shelter Denominator: Total number of households surveyed</p>	
<b>How to Count Life of Award (LOA):</b> LOA values will be generated from the endline survey.	
<b>Direction of Change:</b> +	

**Disaggregated By:**

(Optional) Gendered Household Type: F&M, FNM, MNF, CNA

**DATA COLLECTION**

**Method:** Beneficiary survey of a representative sample of Multipurpose Cash beneficiary households.

This indicator does not need to be measured after every cash distribution. It may be most appropriate to measure it at baseline, or shortly before the first transfer, and after the last transfer.

**Source:** Questionnaire

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Direct beneficiary households

**Frequency of Collection and Reporting:** This indicator does not need to be measured after every cash distribution. It may be most appropriate to measure it at baseline, or shortly before the first transfer, and after the last transfer.

**Baseline Value Information:** Baseline value will be derived from the baseline survey. Baseline data collection may be combined with beneficiary registration/enrollment or conducted using a rolling baseline. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity in the final report.

**ADDITIONAL INFORMATION**

- N/A

## M6: Percent of (beneficiary) households reporting adequate access to household non-food items

<b>APPLICABILITY</b>	Required to select 3
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Multipurpose Cash Assistance
<b>SUB-SECTOR</b>	Multipurpose Cash
INDICATOR DESCRIPTION	
<p><b>Definition:</b></p> <p><u>Access:</u> The ability to secure or use a good, service or facility. Full access “means that there are no practical, financial, physical, security-related, structural, institutional or cultural barriers to accessing services or facilities.” For this indicator, ‘access’ means both availability and affordability -- people can find the products they need in the market, and they have enough money to buy them. (adapted from the <a href="#">Sphere glossary</a>).</p> <p><u>Non-food items (NFIs):</u> The Sphere Handbook includes standards for non-food items (NFIs) (<a href="https://handbook.spherestandards.org/en/sphere/#ch008_006">https://handbook.spherestandards.org/en/sphere/#ch008_006</a>). NFIs include things such as clothing, bedding, cooking utensils, and fuel and lighting. The Shelter and NFI cluster may have further defined minimum NFIs in a given context; if so, use that threshold.</p>	
<p><b>Unit of Measure:</b> Percent (of households)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of beneficiary households reporting households reporting adequate access to non-food items by the total number of households surveyed.</p> <p>Numerator: Number of beneficiary households reporting adequate access to non-food items Denominator: Total number of households surveyed</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values will be generated from the endline survey.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> (Optional) Gendered Household Type: F&amp;M, FNM, MNF, CNA</p>	
DATA COLLECTION	
<p><b>Method:</b> Beneficiary Survey of a representative sample of Multipurpose Cash beneficiary households.</p>	

The questionnaire may wish to use examples from Sphere (see above) when asking the household about access to these items (since the term “non-food items” may not be a commonly used term). The questionnaire does not need to, and indeed should not, ask individually about each type of NFI.

**Source:** Questionnaire

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Direct beneficiary households

**Frequency of Collection and Reporting:** This indicator does not need to be measured after every cash distribution. It may be most appropriate to measure it at baseline, or shortly before the first transfer, and after the last transfer.

**Baseline Value Information:** Baseline value will be derived from the baseline survey. Baseline data collection may be combined with beneficiary registration/enrollment. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity in the final report.

#### ADDITIONAL INFORMATION

- N/A

**M7: Percent of (beneficiary) households using an unsafe water source because they cannot afford to use a safer water source**

<b>APPLICABILITY</b>	Required to select 3
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Multipurpose Cash Assistance
<b>SUB-SECTOR</b>	Multipurpose Cash
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            Unsafe water: For the purpose of this indicator, "unsafe water" is defined as not meeting, at a minimum, the following two requirements at the point of distribution:</p> <ul style="list-style-type: none"> <li>• 0 fecal coliforms per 100 ml sample; and</li> <li>• &gt; 0.2 mg/L free residual chlorine (FRC) and &lt; 5 nephelometric turbidity units (NTU) for piped supplies, trucked supplies.</li> </ul> <p>This indicator measures the proportion of households that are using unsafe water for drinking and cooking, as a result of not being able to afford safer water. This excludes water collected for livestock, agriculture, gardening, construction, or other livelihood generating purposes.</p>	
<p><b>Unit of Measure:</b> Percent (of households)</p>	
<p><b>Calculation:</b>            Percent is derived by dividing the number of beneficiary households reporting that they used unsafe or unimproved water for drinking and/or cooking needs of household members during the last two weeks because they could not afford a safer water source, by the total number of households surveyed</p> <p>Numerator: Number of beneficiary households reporting that they used unsafe or unimproved water for drinking and/or cooking needs of household members during the last two weeks because they could not afford a safer water source            Denominator: Total number of households surveyed</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values will be generated from the endline survey.</p>	
<p><b>Direction of Change:</b> -</p>	
<p><b>Disaggregated By:</b>            (Optional) Gendered Household Type: F&amp;M, FNM, MNF, CNA</p>	
<b>DATA COLLECTION</b>	

**Method:** Beneficiary household survey with water quality testing.

This is supplemented with testing data about the most common water sources in the area. To meet OFDA's minimum expectation regarding market assessments for access to safe water, partners should test the 3-4 most common water sources available in the market in the areas targeted for multipurpose cash distribution. These can be identified during the initial assessment, or during the beneficiary selection/verification process. Test chlorinated water for free residual chlorine (FRC); Test unchlorinated water and water with 0 FRC for E. coli. Testing does not require laboratory certified results. The local water, sanitation, and hygiene (WASH) cluster may also have this information. Testing is done because, while households will have their own perspectives about which sources of water are 'safe,' this may not necessarily align with the actual safety of the water source as defined for this indicator.

Questions should be sequential in order to ascertain whether: a) households are collecting water from safe water sources; b) if no, whether households are treating the water before using it; and c) if the answer to both a) and b) is no, whether this is because of a lack of resources to afford a cleaner water source and/or adequate water treatment.

First Question: "During the last two weeks, from which source(s) did you collect your water for drinking and cooking?" (multi choice question with an exhaustive list of safe and unsafe sources, adapted for local relevance);

Follow up questions (if any of the unsafe options was checked in the previous question):

-What is the main reason that you collect water from the source(s) mentioned above?"

- "Do you treat the water collected from [sources]?"

-(if no) "What is the reason you do not treat the water collected from [sources]?"

This information should be used to triangulate which sources are used, whether the source(s) used by the households for drinking and cooking are safe or unsafe, based on the available data about the safety of different water sources; and if the reason for using unsafe water is because the household cannot afford a safer water source. (If the use of unsafe water sources is mostly due to non-financial reasons, e.g. convenience or personal preference, or if households collect from an unsafe water source but adequately treat the water at home, then do not count the household in the numerator for this indicator.)

**Source:** Questionnaire and records of water quality results for chlorinated water (e.g., FRC) and for non-chlorinated water (e.g., number of fecal coliforms per ml of water sampled).

**Who Collects:** Implementing partner, enumerators or third party firm

**From Whom:** Direct beneficiaries

**Frequency of Collection and Reporting:** This indicator does not need to be measured after every cash distribution. It may be most appropriate to measure it at baseline, or shortly before the first transfer, and shortly after the last transfer.

**Baseline Value Information:** Baseline value will be derived from the baseline survey. Baseline data collection may be combined with beneficiary registration/enrollment, or conducted using a rolling

baseline. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity in the final report.

**ADDITIONAL INFORMATION**

- N/A

**M8: Percent of households who have reduced essential WASH related basic needs expenditures**

<b>APPLICABILITY</b>	Required- select 3
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Multipurpose Cash Assistance
<b>SUB-SECTOR</b>	Multipurpose Cash

**INDICATOR DESCRIPTION**

**Definition:**

WASH-related basic needs: The primary purpose of WASH related basic needs expenditures is to enable water, sanitation, or hygiene related behaviors. Examples of these include (but are not limited to): water treatment products, water transport/storage containers, soap, materials for anal cleansing, miscellaneous hygiene items (shampoo, razors, toothpaste, toothbrushes, nail clippers, etc.), menstrual hygiene management materials, diapers, cleaning materials and products.

Expenditures: Money spent on these particular needs.

**Unit of Measure:** Percent (of households)

**Calculation:** Percent is derived from dividing the number of beneficiary households that report a reduction in essential WASH-related basic needs expenditures during the past two weeks by the total number of households surveyed. Both numerator and denominator should be reported, in addition to percent.

Numerator: Number of beneficiary households that report a reduction in essential WASH-related basic needs expenditures during the past two weeks

Denominator: Total number of households surveyed

**How to Count Life of Award (LOA):** LOA values will be generated from the endline survey.

**Direction of Change:** -

**Disaggregated By:** N/A

**DATA COLLECTION**

**Method:** Representative beneficiary household survey

The enumerator may wish to use examples (see above) when asking the household about access to these items (since the term “WASH-related basic needs expenditures” may not be commonly used). The enumerator should not ask individually about each type of item.

Questions should be open-ended and use locally validated wording, e.g., “During the past two weeks, did your household purchase more, fewer, or the usual amount of [essential WASH related items]?” [if a reduction] “What is the main reason for the reduction in purchasing essential WASH related items?”; “What are the main essential WASH related items that were not purchased?”

This information should be used to understand if the household reduced expenditures for WASH related basic needs (and for which items), and if this is a coping strategy in response to having insufficient income to meet their basic needs. (If the household has reduced expenditures for a non-economic reason, e.g. they no longer buy diapers because a baby has just finished needing diapers, then the household should not be counted as having reduced their WASH-related item expenditure for purposes of this indicator.)

This indicator does not need to be measured after every cash distribution. It may be most appropriate to measure it at baseline, or shortly before the first transfer, and shortly after the last transfer.

**Source:** Questionnaire

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Baseline value will be derived from the baseline survey. Baseline data collection may be combined with beneficiary registration/enrolment. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity in the final report.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

#### ADDITIONAL INFORMATION

- N/A

**M9: Percent of households practicing open defecation because they cannot afford to pay to use a public latrine and/or to build a latrine**

<b>APPLICABILITY</b>	Required to select 3
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Multipurpose Cash Assistance
<b>SUB-SECTOR</b>	Multipurpose Cash
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator measures the proportion of households that practice open defecation or unsafe disposal of excreta, as a result of not being able to afford the use of a public latrine and/or to build a latrine.</p> <p>“Open defecation” refers to the practice of defecating in fields, bodies of water or other open spaces. Unsafe disposal of excreta can lead to environmental contamination and increased breeding of vectors that spread disease. Specifically, for this indicator, a latrine includes: a simple pit latrine; a ventilated improved pit (VIP) latrine; a flush latrine (pour-flush or cistern-flush) connected to a pit, septic, or sewer; and a chemical toilet; and the use of a potty for children/infants whereby excreta are then disposed of in a toilet.</p>	
<p><b>Unit of Measure:</b> Percent (of households)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of beneficiary households reporting having practiced open defecation during the past two weeks by the total number of households surveyed.</p> <p>Numerator: Number of beneficiary households reporting having practiced open defecation during the past two weeks Denominator: Total number of households surveyed</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values will be generated from the endline survey.</p>	
<p><b>Direction of Change:</b> -</p>	
<p><b>Disaggregated By:</b> N/A</p>	
DATA COLLECTION	
<p><b>Method:</b> Beneficiary household survey with a representative sample of Multipurpose Cash beneficiaries If household surveys are impossible for this indicator, this may not be a good indicator to measure; another WASH-related indicator should be used instead.</p>	

This indicator does not need to be measured after every cash distribution. It may be most appropriate to measure it at baseline, or shortly before the first transfer, and shortly after the last transfer.

Questions should be sequential in order to ascertain whether the practice of open defecation is a result of the cash assistance.

First question: “During the past two weeks, did you or anyone in your household practice open defecation?”.

Follow up question: “What is the main reason that you practiced open defecation?”.

This information should be used to understand if the household practices open defecation and if the reason for this practice is a direct result of not being able to afford to pay to use a public latrine and/or to build a latrine. If the reason is anything other than cost, count the household as “no” for this indicator.

**Source:** Beneficiary households

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Baseline value will be derived from the baseline survey. Baseline data collection may be combined with beneficiary registration/enrolment. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity in the final report.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

#### ADDITIONAL INFORMATION

- N/A

**M10: Percent of households by Livelihoods Coping Strategies (LCS) phase (Neutral, Stress, Crisis, Emergency)**

<b>APPLICABILITY</b>	Optional
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Multipurpose Cash Assistance
<b>SUB-SECTOR</b>	Multipurpose Cash

**INDICATOR DESCRIPTION**

**Definition:**

“Coping Strategy” is an action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation or in modifying one’s reaction to such a situation. Coping strategies typically involve a conscious and direct approach to problems.” (American Psychological Association)

“Livelihood Coping Strategies” The Livelihood Coping Strategies (LCS) is an existing WFP corporate indicator that is collected to understand the behaviors in which vulnerable households engage to meet their immediate food security needs in times of crisis or shock. It is designed to assess the extent to which households engage in such behaviors, but also considers the impact of these coping strategies on the household’s livelihood: given that certain behaviors may affect longer-term productive ability, households’ engaging in these will have a reduced capacity to cope when faced with future hardships.” (WFP)

See further information on this indicator from [WFP Guidance](#).

**Unit of Measure:** Percent (of households)

**Calculation:** For detailed calculation methods reference [WFP Guidance](#).

Numerator: Number of beneficiary households using: Neutral/no coping strategies; Stress coping strategies, Crisis coping strategies, and Emergency coping strategies [you will have 4 figures]

Denominator: Total number of households surveyed [for all]

**How to Count Life of Award (LOA):** LOA values will be generated from the endline survey.

**Direction of Change:** Neutral and Stress: + For Crisis and Emergency: -

**Disaggregated By:**

Coping strategy phase: Neutral, Stress, Crisis, Emergency.

(Optional) Gendered Household Type: F&M, FNM, MNF, CNA

## DATA COLLECTION

**Method:** Beneficiary Survey with a representative sample of Multipurpose Cash beneficiaries.

Please refer to the instructions [provided by WFP](#) for calculating this indicator.

Of note, coping strategies and their perceived severity can vary widely by context. This means that the appropriate 10 coping strategies to select for the questionnaire, and the severity of each, will need to be locally validated. The indicative master list [provided by WFP](#) for this indicator is a useful, but not exhaustive reference; other coping strategies may also be relevant to include. It is highly encouraged to see if other agencies present in-country have already developed a list of common coping strategies that can be used.

This indicator does not need to be measured after every cash distribution. It may be most appropriate to measure it at baseline, or shortly before the first transfer, and after the last transfer.

**Source:** Questionnaire

**Who Collects:** Implementing partner, enumerators, or third party firm

**From Whom:** Direct beneficiary

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline. Baseline data will be reported in baseline report and endline data will be reported at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline survey. Baseline data collection may be combined with beneficiary registration/enrollment. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity in the final report.

## ADDITIONAL INFORMATION

- N/A

## MONITORING AND EVALUATION

There are no BHA indicators for the Monitoring and Evaluation sector. The partner must, however, use custom indicators for each sub-sector according to the requirements in the table below.

Please note: the table below does not include indicator numbers since the table summarizes indicator requirements, not standard BHA indicators (as is the case in other sectors within this handbook). Partners should number each custom indicator using the letter “C” plus a letter, i.e., “C1” would be the first custom indicator that appears in the Indicator Tracking Table. Section 6 includes an annotated PIRS template that partners should use when creating custom indicator PIRs.

Sub-Sector	Indicator Requirement
Advancing Evaluation for Humanitarian Assistance	Include one custom <b>output</b> indicator specific to the activities proposed (e.g., number of evaluations conducted; or number of organizations receiving evaluation products disseminated by the activity).
	Include one custom <b>outcome</b> indicator specific to the activities proposed (e.g., number of organizations utilizing evaluation findings).
Monitoring & Data Utilization	Include one custom <b>output</b> indicator specific to the activities proposed (e.g., number of individual beneficiaries or organizations utilizing the new method or approach; or number of participants trained in application of the proposed monitoring approach).
	Include one custom <b>outcome</b> indicator specific to the activities proposed (e.g., percentage of participants demonstrating increased knowledge related to monitoring for HA; number of organizations integrating improved monitoring methods in implementation).

## NUTRITION

#	Indicator	Preferred Data Collection Method	Applicability Criteria	Page #
Nutrition Sector Level				
N1	<a href="#">Number of children under five (0-59 months) reached with nutrition-specific interventions through BHA</a>	Routine Monitoring	RiA	260
N2	<a href="#">Number of pregnant women reached with nutrition-specific interventions through BHA</a>	Routine Monitoring		263
Management of Acute Malnutrition (or Wasting)				
N3	<a href="#">Number of health care staff trained in the prevention and management of acute malnutrition</a>	Routine Monitoring	Required	266
N4	<a href="#">Number of supported sites managing acute malnutrition</a>	Routine Monitoring		268
N5	<a href="#">Number of individuals admitted, rates of recovery, default, death, relapse, and average length of stay for individuals admitted to Management of Acute Malnutrition sites</a>	Routine Monitoring		270
N6	<a href="#">Number of Management of Acute Malnutrition sites rehabilitated</a>	Routine Monitoring	RiA	273
N7	<a href="#">Number of individuals screened for malnutrition by community outreach workers</a>	Routine Monitoring		275
Maternal Infant and Young Child Nutrition in Emergencies				
N8	<a href="#">Percent of infants 0-5 months of age who are fed exclusively with breast milk</a>	Beneficiary Survey, Population-based Survey	Required	277
N9	<a href="#">Percent of children 6–23 months of age who receive foods from 5 or more food groups (MDD)</a>	Beneficiary survey, Population based survey		279
N10	<a href="#">Percent of women of reproductive age consuming a diet of minimum diversity (MDD-W)</a>	Beneficiary Survey, Population-based Survey	RiA	281
N11	<a href="#">Number of individuals receiving behavior change interventions to improve infant and young child feeding practices</a>	Routine Monitoring		283
N12	<a href="#">Number of individuals receiving micronutrient supplement</a>	Routine Monitoring		285
Supplemental Nutrition Assistance				
N13	<a href="#">Number of nutritionally vulnerable individuals who receive specialized nutritious foods, cash or vouchers intended to achieve a nutritional outcome</a>	Routine Monitoring	Required	287

**NI: Number of children under five (0-59 months) reached with nutrition-specific interventions through BHA**

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Nutrition
<b>SUB-SECTOR</b>	N/A

**INDICATOR DESCRIPTION**

**Definition:**

This indicator counts the number of children under five reached with nutrition-specific interventions through BHA-supported activities. “Children under five” are those zero to 59 months of age.

A child can be counted as reached if she receives one or more of the following “Nutrition-specific interventions” directly or through the mother/caretaker:

1. Social and behavior change (SBC) interventions that promote essential infant and young child feeding (IYCF) behaviors including, but not limited to the following:
  - Exclusive breastfeeding for six months after birth
  - Continued breastfeeding until at least age two
  - Age-appropriate complementary feeding of children 6-23 months of age (including improved dietary diversity and appropriate frequency, amount, and consistency)
  - Hygienic preparation and feeding of food to a young child
  - Appropriate responsive feeding of young children
2. Vitamin A supplementation in the past 6 months
3. Zinc supplementation during episodes of diarrhea
4. Multiple Micronutrient Powder (MNP) supplementation
5. Admitted for treatment of severe acute malnutrition
6. Admitted for treatment of moderate acute malnutrition
7. Direct food assistance of fortified/specialized food products (e.g., CSB+, Super cereal Plus)

Children are often reached through interventions that target adults such as mothers and caregivers. 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 an activity provides counseling on complementary feeding to a mother or other primary caretaker, then the child should be counted as reached. Implementers should not count a child as “reached” during pregnancy.

A child should not be counted as “reached” if the mother or caretaker was solely exposed to a mass media or social media behavior change campaign such as radio, video, or television messages. However, activities should still use mass communication interventions to reinforce SBC messages. Children

reached through community drama or community video should only be counted if their caregivers participated in a small group discussion or other interactive activity along with it.

If BHA supports a nutrition activity that purchases nutrition commodities (e.g., vitamin A, zinc, MNPs) or provides “significant” support for the delivery of the supplement, then the child should be counted as reached. Significant is defined as: a reasonable expectation that the intervention would not have occurred in the absence of BHA funding.

This indicator requires disaggregation by sex of the child and type of intervention (see list above or below, under “Disaggregate By.”) Activities that support growth monitoring and promotion (GMP) interventions should report children reached under the SBC “Intervention Type” disaggregate.

A child can be counted under more than one “Intervention Type” disaggregate if s/he receives more than one intervention, but double counting should be eliminated when calculating the total number of children reached. In order to avoid double counting when estimating the total number of children reached under five across interventions, the implementing partner (IP) should follow a two-step process:

1. 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; then
2. Eliminate double counting when estimating the total number of children under five reached and to disaggregate by gender.

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.

The gender disaggregates must sum to the total number of children reached.

In Community Management of Acute Malnutrition (CMAM) activities, some children who are discharged as “cured” may relapse and be readmitted at a later date. There are standard methods for categorizing children as “relapsed”, but due to loss to follow-up, it is generally not possible to identify these children. Therefore, a limitation of this indicator is that there may be some double counting of children who were treated for severe and/or moderate acute malnutrition and relapsed during the same fiscal year.

**Unit of Measure:** Number (of children)

**Calculation:** This is a count of the number of children 0-59 months of age reached with nutrition-specific interventions through BHA-supported activities.

**How to Count Life of Award (LOA):** For the LOA overall and gender disaggregates, the aggregate is the unique number of children under five reached. For LOA intervention type disaggregates, the counts should be the unique individuals within each disaggregate but the same child can be counted under different disaggregates.

<b>Direction of change:</b> +
<b>Disaggregated By:</b> Sex: female, male Intervention Type: <ul style="list-style-type: none"> <li>● Reached through parents/caregiver who received social behavior change (SBC) interventions that promote essential infant and young child feeding behaviors</li> <li>● Received vitamin A supplementation in the past 6 months</li> <li>● Received zinc supplementation during episode of diarrhea</li> <li>● Received Multiple Micronutrient Powder (MNP) supplementation</li> <li>● Admitted for treatment of severe acute malnutrition</li> <li>● Admitted for treatment of moderate acute malnutrition</li> <li>● Received direct food assistance of fortified/specialized food products</li> </ul>
<b>DATA COLLECTION</b>
<b>Method:</b> Routine Monitoring
<b>Source:</b> Attendance/registration records; monitoring checklist/form
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Caregiver of direct beneficiary children 0-59 months of age
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual and annual basis, and at the end of the activity.
<b>Baseline Value Info:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>● This indicator measures the progress of USAID’s Multi-Sectoral Nutrition Strategy (2014-2025).</li> <li>● This indicator is adapted from HL.9-I</li> </ul>

## N2: Number of pregnant women reached with nutrition-specific interventions through BHA

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Nutrition
<b>SUB-SECTOR</b>	N/A

### INDICATOR DESCRIPTION

#### Definition:

This indicator captures the reach of interventions that target women during pregnancy and are intended to contribute to the health of both the mother and the child, and to positive birth outcomes.

A pregnant woman can be counted as “reached” if she receives one or more of the following interventions:

1. Iron and folic acid (IFA) supplementation
2. Individual or small group 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, 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 activities. 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 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 be counted as reached.

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

A woman may be double-counted across the “Intervention Type” disaggregate category if she receives more than one intervention, but only in one age disaggregate category. In other words, the number of unique women must be entered into the age disaggregates and the age disaggregates must sum to the total number of pregnant women reached. In order to avoid double counting, the implementing partner should follow a two-step process:

1. Count each pregnant woman under each type of intervention from which she benefited in the reporting year. For example, a woman who receives IFA and also receives nutrition counseling should be counted once under each intervention;
2. Eliminate double counting when estimating the total number of pregnant women reached. This can be accomplished by maintaining records at the participant level, e.g., in a participant database that records the age, intervention type and date of participation/benefit by each woman. In the case where no database is maintained, estimate the overlap of participants among 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 of Measure:** Number (of women)

**Calculation:** This is a count of the number of pregnant women reached with nutrition-specific interventions through BHA-supported activities.

**How to Count Life of Award (LOA):** For the LOA overall and age disaggregate, the aggregate is the unique number of pregnant women reached. For LOA intervention disaggregates, the counts should be the unique individuals within each disaggregate.

**Direction of change:** +

**Disaggregated By:**

Age: <19, 19+ years

Intervention Type:

- Reached through parents/caregiver who received social behavior change (SBC) 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 of fortified/specialized food products

**DATA COLLECTION**

**Method:** Routine Monitoring

**Source:** Attendance/registration records, Health cards, Government health information systems

**Who Collects:** Implementing partner staff

**From Whom:** Direct beneficiary pregnant women

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual and annual basis, and at the end of the activity.

**Baseline Value Info:** Baseline value is zero.

#### **ADDITIONAL INFORMATION**

- This indicator measures the progress of USAID's Multi-Sectoral Nutrition Strategy (2014-2025)
- This indicator is adapted from HL.9-3

### N3: Number of health care staff trained in the prevention and management of acute malnutrition

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Nutrition
<b>SUB-SECTOR</b>	Management of Acute Malnutrition (or Wasting)

#### INDICATOR DESCRIPTION

**Definition:**

This indicator counts the number of health care staff trained in the prevention and management of acute malnutrition.

“Health care staff” includes individuals working in or alongside a health facility, working towards a common goal for improving the health status of the surrounding population/catchment area. This indicator counts individuals formally trained (e.g., doctor, nurse) and informally trained (e.g., traditional birth attendants) as well as any cleaning staff and clerks. Technical narratives must specify the type of health care worker/staff and trainings to be given.

An individual is “trained” when she/he has completed all requirements specified for successful completion of a specific training that may include attendance and/or written, verbal, or hands-on demonstration of knowledge and skills. Training can include courses, workshops, or training sessions that build or update skills relevant to the support and provision of health care services. Trainings under this indicator includes new training or retraining. Trainings must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants.

How to count the number of individuals trained:

- If a training course covers more than one topic, individuals should only be counted once for that training course.
- If a training course is conducted in more than one session/training event, only individuals who complete the full course should be counted; do not sum the participants for each training event.
- If individuals are re-trained within the reporting period, having received training prior to the activity or reporting period, they should be included in the count once in the reporting year.
- If individuals receive multiple, different trainings in the reporting period, they should be included in the count once in the fiscal year.

**Unit of Measure:** Number (of individuals)

**Calculation:** This is a count of health care staff trained in the prevention and management of acute malnutrition.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of health care staff, without double counting, who received training in the prevention and management of acute malnutrition.

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

### DATA COLLECTION

**Method:** Routine Monitoring

**Source:** Attendance/registration records

**Who Collects:** Implementing partner staff

**From Whom:** Direct beneficiaries of trainings

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual and annual basis, and at the end of the activity.

**Baseline Value Information:** Baseline value is zero

### ADDITIONAL INFORMATION

- N/A

## N4: Number of supported sites managing acute malnutrition

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Nutrition
<b>SUB-SECTOR</b>	Management of Acute Malnutrition (or Wasting)
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator counts the number of supported sites managing acute malnutrition. Management of Acute Malnutrition sites: An outpatient therapeutic feeding (OTP), supplementary feeding program (SFP), or Stabilization center (SC) that provides community management of acute malnutrition at a health post, health center, health clinic (fixed or mobile), hospital, or stand-alone site.</p> <ul style="list-style-type: none"> <li>• Outpatient Therapeutic Feeding Program (OTP): A unit within a health facility or as a stand-alone site at which children are enrolled when diagnosed with Severe Acute Malnutrition (SAM) with no complications to receive a screening and treatment for disease, and Ready to Use Therapeutic Food (RUTF) as a total therapeutic diet. After initial enrollment, children should return once each week for medical and nutritional follow up.</li> <li>• Supplementary Feeding Program (SFP): A unit or stand-alone site which may be within or attached to a health facility in which children or pregnant and lactating women (PLW) are enrolled when diagnosed with Moderate Acute Malnutrition and receive screening and treatment for disease and a ready to use supplementary food (RUSF) or fortified blended food (FBF) as a take home ration.</li> <li>• Stabilization Center (SC): An inpatient unit within a health facility in which children diagnosed with SAM with complications are admitted and receive screening and treatment for disease as well as therapeutic milk and RUTF.</li> </ul>	
<b>Unit of Measure:</b> Number (of facilities/treatment units)	
<b>Calculation:</b> This is a count of supported sites managing acute malnutrition.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of supported sites managing acute malnutrition.	
<b>Direction of Change:</b> +	
<p><b>Disaggregated By:</b> Type of Facility: OTP, SFP, SC</p>	
DATA COLLECTION	
<b>Method:</b> Routine Monitoring	

<b>Source:</b> Monitoring checklist/form
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Health facility staff
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual and annual basis, and at the end of the activity.
<b>Baseline Value Information:</b> Baseline value is zero
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

**N5: Number of individuals admitted, rates of recovery, default, death, relapse, and average length of stay for individuals admitted to Management of Acute Malnutrition sites**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Nutrition
<b>SUB-SECTOR</b>	Management of Acute Malnutrition (or Wasting)

**INDICATOR DESCRIPTION**

**Definition:**

This indicator captures information about individuals admitted to supported Management of Acute Malnutrition sites.

Admitted: the number of malnourished individuals that enter an acute malnutrition treatment program (i.e., treatment protocol).

In addition to number of individuals admitted for acute malnutrition treatment, information on recovery, defaulter, death, and relapse rates and length of stay are collected:

- 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.

**Unit of Measure:** Number and Percent (of individuals admitted)

**Calculation:**

Number: This is a count of individuals admitted to supported acute malnutrition sites.

Percent - Numerator:

- 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). Please refer to the Standardized Indicators and Categories for Standardized Reporting (2015) for additional guidance.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries admitted to supported acute malnutrition sites.

**Direction of Change:** N/A

**Disaggregated By:**

Nested disaggregates: Individual type and sex

- Children 0 - 5 months: female, male
- Children 6 - 23 months: female, male
- Children 24 - 59 months: female, male
- Children ≥ 5: female, male
- Pregnant and lactating women

## DATA COLLECTION

**Method:** Routine Monitoring

**Source:** Monitoring checklist/form, CMAM Register

**Who Collects:** Implementing partner staff

**From Whom:** Health facility staff

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual and annual basis, and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

## ADDITIONAL INFORMATION

- Refer to the Save the Children and Humanitarian Innovation Fund (2015) [Standardized Indicators and Categories for Standardized Reporting](#) handbook.



## N6: Number of Management of Acute Malnutrition sites rehabilitated

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Nutrition
<b>SUB-SECTOR</b>	Management of Acute Malnutrition (or Wasting)
INDICATOR DESCRIPTION	
<p><b>Definition:</b>            This indicator counts the number of Management of Acute Malnutrition sites rehabilitated.            Management of Acute Malnutrition site: An outpatient therapeutic feeding (OTP), supplementary feeding program (SFP), or Stabilization center (SC) that provides community management of acute malnutrition at a health post, health center, health clinic (fixed or mobile), hospital, or stand-alone site.</p> <ul style="list-style-type: none"> <li>• Outpatient Therapeutic Feeding Program (OTP): A unit within a health facility or a stand-alone site at which children are enrolled when diagnosed with Severe Acute Malnutrition (SAM) with no complications to receive a screening and treatment for disease and Ready to Use Therapeutic Food (RUTF) as a total therapeutic diet. After initial enrollment, children should return once each week for medical and nutritional follow up.</li> <li>• Supplementary Feeding Program (SFP): A unit or stand-alone site which may be within or attached to a health facility in which children or pregnant and lactating women (PLW) are enrolled when diagnosed with Moderate Acute Malnutrition and receive screening and treatment for disease and a ready to use supplementary food (RUSF) or fortified blended food (FBF) as a take home ration.</li> <li>• Stabilization Center (SC): An inpatient unit within a health facility in which children diagnosed with SAM with complications are admitted and receive screening and treatment for disease as well as therapeutic milk and RUTF.</li> </ul> <p>Rehabilitated: Providing any type of structural improvement including electricity, repairing walls, ceilings, roofs, patient waiting areas, etc., with BHA funds.</p>	
<b>Unit of Measure:</b> Number (of facilities/treatment units)	
<b>Calculation:</b> This is a count of Management of Acute Malnutrition sites rehabilitated.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting the number of acute malnutrition sites that were rehabilitated.	
<b>Direction of Change:</b> N/A	
<b>Disaggregated By:</b> Type of Facility: OTP, SFP, SC	

<b>DATA COLLECTION</b>
<b>Method:</b> Routine Monitoring
<b>Source:</b> Monitoring checklist/form
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Implementing partner staff who manage Acute Malnutrition site rehabilitation intervention documentation.
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual and annual basis, and at the end of the activity.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## N7: Number of individuals screened for malnutrition by community outreach workers

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Nutrition
<b>SUB-SECTOR</b>	Management of Acute Malnutrition (or Wasting)
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator counts the number of individuals screened for malnutrition by community outreach workers.</p> <p>Screened: Refers to children under five and pregnant and lactating women measured by Mid-Upper Arm Circumference (MUAC) for malnutrition during community outreach work. This may be on a weekly, monthly, or some other frequency. Note: Screening for children may also be based on bilateral pitting oedema.</p> <p>Community outreach worker: Any community-level health or nutrition worker or volunteer trained to conduct MUAC screening alongside other community-based health and nutrition activities.</p>	
<b>Unit of Measure:</b> Number (of individuals)	
<b>Calculation:</b> This is a count of individuals screened for malnutrition by community outreach workers.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of individuals, without double counting, who were screened for malnutrition by community health workers.	
<b>Direction of Change:</b> +	
<p><b>Disaggregated By:</b> Sex: female, male Individual type: Children under 5 years, Pregnant and lactating women</p>	
DATA COLLECTION	
<b>Method:</b> Routine Monitoring	
<b>Source:</b> Monitoring checklist/form, MUAC tally sheets	
<b>Who Collects:</b> Implementing partner staff	

**From Whom:** Community health workers

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual and annual basis, and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**N8: Percent of infants 0–5 months of age who are fed exclusively with breast milk**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Nutrition
<b>SUB-SECTOR</b>	Maternal Infant and Young Child Nutrition in Emergencies
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> This indicator measures the percent of infants 0-5 months of age (i.e. under six months), who were exclusively breastfed during the day and night (i.e. 24 hours) preceding the survey. Exclusive breastfeeding means that the infant received breast milk (including milk expressed or from a wet nurse) and might have received oral rehydration solution (ORS), vitamins, minerals, and/or medicines, but did not receive any other food or liquid, including water.	
<b>Unit of Measure:</b> Percent (of infants 0-5 months of age)	
<b>Calculation:</b> The percent is derived by dividing the number of infants 0-5 months of age exclusively breastfed on the day and night preceding the survey by the number of infants 0-5 months of age with breastfeeding status data  Numerator: Number of infants 0-5 months of age exclusively breastfed on the day and night preceding the survey. Denominator: Number of infants 0-5 months of age from whom data on breastfeeding status were collected	
<b>How to Count Life of Award (LOA):</b> LOA values will be generated from the endline survey.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Sex: female, male	
<b>DATA COLLECTION</b>	
<b>Method:</b> Beneficiary Survey	
<b>Source:</b> Questionnaire or checklist	
<b>Who Collects:</b> Implementing partner staff or enumerators	
<b>From Whom:</b> Caregivers of infants 0-5 months of age in the sample frame (beneficiaries or target population)	

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline. Baseline data will be reported in the baseline report. Statistically comparable baseline and endline data will be reported at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline survey (or monitoring database).

#### **ADDITIONAL INFORMATION**

- Indicator is adapted from HL.9.1-b
- For detailed guidance on how to collect and tabulate this indicator, refer to the [WHO \(2010\) Indicators for assessing infant and young child feeding practices, Part 2: Measurement](#)

## N9: Percent of children 6–23 months of age who receive foods from 5 or more food groups

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Nutrition
<b>SUB-SECTOR</b>	Maternal Infant and Young Child Nutrition in Emergencies

### INDICATOR DESCRIPTION

#### Definition:

The minimum dietary diversity score for children 6-23 months of age (MDD-C) 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. The MDD-C measures the percent of children 6-23 months of age who consume a diet of five or more food groups out of eight in the previous day and night.

Please note that historically this indicator had asked for four or more food groups out of seven. Partners can use the old indicator calculation methodology if the local cluster is still using the “minimum four food groups out of seven” indicator.

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-C measures the dietary diversity of both breastfed and non-breastfed children 6-23 months of age.

#### Food Groups

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:** Percent (of children 6-23 months of age)

**Calculation:** The percent is derived by dividing the number of children 6–23 months of age who received foods from  $\geq 5$  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>Numerator: Number of children 6–23 months of age who received foods from <math>\geq 4</math> 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>
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>
<p><b>Direction of Change:</b> +</p>
<p><b>Disaggregated By:</b> Sex: female, male</p>
<p><b>DATA COLLECTION</b></p>
<p><b>Method:</b> Beneficiary Survey</p>
<p><b>Source:</b> Questionnaire or checklist</p>
<p><b>Who Collects:</b> Implementing partner staff or enumerators</p>
<p><b>From Whom:</b> Caregivers of children 6-23 months of age in the sample frame (beneficiaries or target population)</p>
<p><b>Frequency of Collection and Reporting:</b> Data will be collected at the baseline and endline. Baseline data will be reported in the baseline report. Statistically comparable baseline and endline data will be reported at the end of the activity.</p>
<p><b>Baseline Value Information:</b> Baseline value will be derived from the baseline survey or monitoring database.</p>
<p><b>ADDITIONAL INFORMATION</b></p>
<ul style="list-style-type: none"> <li>● WHO. 2017. Global nutrition monitoring framework: Operational guidance for tracking progress in meeting targets for 2025. Available at <a href="https://www.who.int/nutrition/publications/operational-guidanceGNMF-indicators/en/">https://www.who.int/nutrition/publications/operational-guidanceGNMF-indicators/en/</a></li> <li>● International Dietary Data Expansion Project, “Minimum Dietary Diversity for Children”</li> </ul>

## N10: Percent of women of reproductive age consuming a diet of minimum diversity (MDD-W)

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Nutrition
<b>SUB-SECTOR</b>	Maternal Infant and Young Child Nutrition in Emergencies

### INDICATOR DESCRIPTION

#### Definition:

This indicator captures the percent of women of reproductive age (15-49 years) in the population who are consuming a diet of minimum diversity (MDD-W). A woman of reproductive age is considered to consume a minimum dietary diversity if she consumed at least five of 10 specific food groups during the previous day and night.

#### MDD-W 10 Food Groups:

1. Grains, white roots and tubers, and plantains
2. Pulses (beans, peas, and lentils)
3. Nuts and seeds\* (including groundnut)
4. Dairy
5. Meat, poultry, and fish
6. Eggs
7. Dark green leafy vegetables
8. Other vitamin A-rich fruits and vegetables
9. Other vegetables
10. Other fruits

MDD-W is a new version of the Women's Dietary Diversity Score (WDDS) indicator. There are two main differences between the MDD-W and the WDDS. First, the MDD-W is a prevalence indicator, whereas the WDDS is a quasi-continuous score. Prevalence indicators, which reflect the percent of a population of interest that is above or below a defined threshold (in this case, women who are consuming a diet of minimum diversity), are more intuitive and understandable to a broad audience of stakeholders. MDD-W will be more useful for reporting and describing progress toward improved nutrition for women than the WDDS, which reports the mean number of food groups consumed by women. Second, the food groups used to calculate MDD-W are slightly different from those used to calculate WDDS. MDD-W uses 10 food groups, while WDDS uses nine. Please refer to the FAO's (2016) *Minimum Dietary Diversity for Women: A Guide to Measurement*.

\*Note that "Seeds" are used here in a culinary sense to refer to a limited number of seeds, excluding grains or pulses, which are typically high in fat content and are consumed as a substantial ingredient in

<p>local dishes or eaten as a substantial snack or side dish. Examples include squash/melon/gourd seeds used as a main ingredient in West African stews and sesame seed paste (tahini) in Middle Eastern cuisine.</p>
<p><b>Unit of Measure:</b> Percent (of women)</p>
<p><b>Calculation:</b> The percent is derived by dividing the number of women 15-49 who consumed foods from at least five of the 10 food groups during the previous day and night by the number (sample-weighted if collected via survey) of women 15-49 with food group data.</p> <p>Numerator: Number of women 15-49 who consumed foods from at least five of the 10 food groups during the previous day and night. Denominator: Number of women 15-49 with food group data.</p>
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>
<p><b>Direction of Change:</b> +</p>
<p><b>Disaggregated By:</b> Age: &lt;19, 19+ years</p>
<p><b>DATA COLLECTION</b></p>
<p><b>Method:</b> Beneficiary Survey</p>
<p><b>Source:</b> Questionnaire or checklist</p>
<p><b>Who Collects:</b> Implementing partner staff or enumerators</p>
<p><b>From Whom:</b> Women 15-49 years in the sample frame (beneficiaries or target population)</p>
<p><b>Frequency of Collection and Reporting:</b> Data will be collected at the baseline and endline. Baseline data will be reported in the baseline report. Statistically comparable baseline and endline data will be reported at the end of the activity.</p>
<p><b>Baseline Value Information:</b> Baseline value will be derived from the baseline survey or monitoring database.</p>
<p><b>ADDITIONAL INFORMATION</b></p>
<ul style="list-style-type: none"> <li>• This indicator is adapted from HL.9.1-d</li> <li>• FAO's (2016) <a href="#">Minimum Dietary Diversity for Women: A Guide to Measurement</a>.</li> </ul>

## NII: Number of individuals receiving behavior change interventions to improve infant and young child feeding practices

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Nutrition
<b>SUB-SECTOR</b>	Maternal Infant and Young Child Nutrition in Emergencies

### INDICATOR DESCRIPTION

**Definition:**

This indicator counts the number of individuals receiving behavior change interventions to improve infant and young child feeding practices.

“Individuals” counted under this indicator include members of the communities that make up the area of intervention. This should include community and religious leaders, mothers, caregivers, grandmothers, husbands, mother-baby pairs, traditional birth attendants, women of reproductive age with and without children, etc.

Behavior change interventions that promote essential infant and young child feeding (IYCF) behaviors include, but are not limited to the following:

- Exclusive breastfeeding for six months after birth
- Continued breastfeeding until at least age two
- Age-appropriate complementary feeding of children 6-23 months old (including improved dietary diversity and appropriate frequency, amount, and consistency)
- Hygienic preparation and feeding of food to a young child
- Appropriate responsive feeding of young children

Individuals should not be counted if the mother or caregiver was solely exposed to a mass media or social media behavior change campaign such as radio, video, or television messages. However, BHA activities should still use mass communication interventions to reinforce SBC messages. IYCF messages through community drama or community video should only be counted if their caregivers participated in a small group discussion or other interactive activity along with it.

**Unit of Measure:** Number (of individuals)

**Calculation:** This is a count of individuals receiving behavior change interventions to improve infant and young child feeding practices.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting, who received behavior change interventions to improve infant and young child feeding practices.

<b>Direction of Change:</b> +
<b>Disaggregated By:</b> Sex: female, male
<b>DATA COLLECTION</b>
<b>Method:</b> Routine Monitoring
<b>Source:</b> Monitoring checklist/form, Attendance/registration records
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Direct beneficiaries
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.
<b>Baseline Value Info:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## NI2: Number of individuals receiving micronutrient supplement

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Nutrition
<b>SUB-SECTOR</b>	Maternal Infant and Young Child Nutrition in Emergencies
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator counts the number of individuals receiving micronutrient supplements.</p> <p>“Micronutrient supplements” include any vitamin or mineral (drops, tablets), multiple micronutrient powders, or lipid based nutrient spreads.</p>	
<p><b>Unit of Measure:</b> Number (of individuals)</p>	
<p><b>Calculation:</b> This is a count of individuals receiving micronutrient supplement.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting, who received micronutrient supplement.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b></p> <p>Micronutrient Supplement Type: Drops, Tablets, Powders, Spreads, Other</p> <p>By Type of Recipient (Age and Sex):</p> <ul style="list-style-type: none"> <li>● Number of female children 6 - 23 months receiving micronutrient supplement(s)</li> <li>● Number of male children 6 - 23 months receiving micronutrient supplement(s)</li> <li>● Number of female children 24 - 59 months receiving micronutrient supplement(s)</li> <li>● Number of male children 24 - 59 months receiving micronutrient supplement(s)</li> <li>● Number of pregnant and lactating women receiving micronutrient supplement(s)</li> </ul>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring</p>	
<p><b>Source:</b> Monitoring checklist/form</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	

**From Whom:** Direct beneficiaries

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Info:** Baseline value is zero.

#### **ADDITIONAL INFORMATION**

- Note that micronutrient supplements are considered a restricted good, requiring pharmaceutical approval. Please see BHA Resource webpage for Pharmaceutical & Medical Commodity Guidance.

**NI3: Number of nutritionally vulnerable individuals who receive specialized nutritious foods, cash or vouchers intended to achieve a nutritional outcome**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Nutrition
<b>SUB-SECTOR</b>	Supplemental Nutrition Assistance
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator counts the number of nutritionally vulnerable individuals who receive specialized nutritious foods, cash or vouchers to achieve a nutritional outcome.</p> <p>Nutritionally vulnerable individuals are those who given age and/or health status have unique nutritional deficiencies, needs or gaps. These include children 6-23 months of age, 24-59 months of age, pregnant and lactating women, and other individuals whose health status creates a unique set of nutritional needs.</p> <p>Specialized nutritious foods are lipid-based nutrient supplements (LNS) or fortified blended foods (FBF) specially formulated to meet the unique nutritional needs of a specific population, including but not limited to Super Cereal, Super Cereal+, Corn Soy Blend, Corn Soy Blend +, and LNS products.</p>	
<p><b>Unit of Measure:</b> Number (of individuals)</p>	
<p><b>Calculation:</b> This is a count of nutritionally vulnerable individuals who receive specialized nutritious foods, cash or vouchers to achieve a nutritional outcome.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of nutritionally vulnerable individuals, without double counting, who receive specialized nutritious foods, cash or vouchers to achieve a nutritional outcome.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> Nested disaggregation is required for this indicator, first by Modality and then by Type (Age/Sex) of Recipient. The bullet points below illustrate how these disaggregates should be reported.</p> <p><u>Specialized Nutritious Foods</u></p> <ul style="list-style-type: none"> <li>● Number of female children 6 - 23 months receiving specialized nutrition foods</li> <li>● Number of male children 6 - 23 months receiving specialized nutrition foods</li> </ul>	

- Number of female children 24 - 59 months receiving specialized nutrition foods
- Number of male children 24 - 59 months receiving specialized nutrition foods
- Number of pregnant and lactating women receiving specialized nutrition foods
- Other Vulnerable individuals receiving specialized nutrition foods

Cash

- Number of female children 6 - 23 months receiving cash
- Number of male children 6 - 23 months receiving cash
- Number of female children 24 - 59 months receiving cash
- Number of male children 24 - 59 months receiving cash
- Number of pregnant and lactating women receiving cash
- Other Vulnerable individuals receiving cash

Vouchers

- Number of female children 6 - 23 months receiving vouchers
- Number of male children 6 - 23 months receiving vouchers
- Number of female children 24 - 59 months receiving vouchers
- Number of male children 24 - 59 months receiving vouchers
- Number of pregnant and lactating women receiving vouchers
- Other Vulnerable individuals receiving vouchers

**DATA COLLECTION**

**Method:** Routine Monitoring

**Source:** Monitoring checklist/form

**Who Collects:** Implementing partner staff

**From Whom:** Caregivers of direct beneficiary children 6-23 months of age and 6-59 months of age, direct beneficiary pregnant and lactating women, other direct beneficiaries vulnerable individuals.

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Info:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## PROTECTION

#	Indicator	Preferred Data Collection Method	Applicability Criteria	Pg #
Child Protection				
P1	<a href="#">Number of individuals participating in child protection services</a>	Routine Monitoring	Required	290
P2	<a href="#">Number of dollars allocated for child protection interventions</a>	Routine (endline) Monitoring		292
C	At least one additional custom indicator to measure protection outcomes of the proposed activities. This indicator should measure and capture a decrease in children's vulnerability, a minimized threat, a reduction of risk, or an improvement in the well-being of children who have been harmed, exploited, or abused.	Include in PIRS		N/A
Prevention and Response to Gender Based Violence				
P3	<a href="#">Number of individuals accessing GBV response services</a>	Routine Monitoring	Required	293
P4	<a href="#">Number of dollars allocated for GBV interventions</a>	Routine (endline) Monitoring		295
C	At least one additional indicator to measure protection outcomes of the proposed interventions. This indicator should measure and capture a decrease in the vulnerability of those who have experienced GBV or an increase in the protection environment of those who are most vulnerable to GBV.			N/A
Protection Coordination, Advocacy, and Information				
P5	<a href="#">Number of individuals trained in protection</a>	Routine Monitoring	Required	296
C	At least one additional custom indicator to measure protection outcomes of the proposed activities. This indicator must capture a change in the protective environment for the affected population.			N/A
Psychosocial Support Services				
P6	<a href="#">Number of individuals participating in psychosocial</a>	Routine Monitoring	Required	298

	<a href="#">support services</a>			
C	At least one additional custom indicator to measure protection outcomes of the proposed activities. This indicator should capture a change in the psychosocial well-being of the targeted population.			N/A

<b>PI: Number of individual beneficiaries participating in child protection services</b>	
<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Protection
<b>SUB-SECTOR</b>	Child Protection
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>  <b>Child protection services:</b> The full range of individual and community-based child protection services designed to reduce and minimize the risk that children and adolescents have to exploitation and abuse during an emergency. Interventions can include but are not limited to:</p> <ul style="list-style-type: none"> <li>● Child protection case management,</li> <li>● Alternative and foster care,</li> <li>● Parenting courses,</li> <li>● Safe spaces for children to play and learn,</li> <li>● Family tracing and reunification,</li> <li>● Reintegration for children associated with armed groups,</li> <li>● Psychosocial support,</li> <li>● The establishment of child protection community mechanisms, and</li> <li>● Training in child protection issues.</li> </ul> <p>Child protection issues can vary depending on the context, but in general refer to protection from any forms of abuse, neglect, exploitation, and violence affecting children. Participating in child protection activities involves more than one-time casual exposure activities designed to improve the protective environment for children. Activities should be designed around an articulated objective and participation defined per activity to reflect the anticipated exposure intended to lead to the desired results.</p>	
<b>Unit of Measure:</b> Number (of individuals)	
<b>Calculation:</b> This indicator is a count of the number of individuals who participated in any kind of child protection services.	

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of individuals who participated in child protection services.

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

Age: 0-59 months, 5-9, 10-14, 15-18, 19-29, 30-59, 60+

**DATA COLLECTION**

**Method:** Routine Monitoring

Semi-annual reporting can be limited to the number participating in a particular period. Final reports should report the total number of participants who participated during the activity's implementation. Avoid double-counting by counting one individual only once for the entire reporting period.

**Source:** Activity records, activity records, attendance sheets, and supervision records.

**Who Collects:** Implementing partner staff

**From Whom:** Staff/supervisors who manage child protection service activities

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## P2: Number of dollars allocated for child protection interventions

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Input
<b>SECTOR</b>	Protection
<b>SUB-SECTOR</b>	Child Protection

### INDICATOR DESCRIPTION

**Definition:**  
This indicator should provide details on the total amount of funding allocated to the child protection sub-sector. This is a required indicator but is not one that BHA will use to monitor performance.

**Unit of Measure:** Number (amount in USD)

**Calculation:** This indicator is a count of the number of dollars (USD) allocated towards child protection interventions.

**How to Count Life of Award (LOA):** The LOA value will be the sum of all annually reported values.

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Endline Monitoring

**Source:** Activity records, budgets

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner finance/budget staff

**Frequency of Collection and Reporting:** Endline data will be collected in the final budget variance analysis and reported at the end of the activity

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- This indicator is for congressional reporting.



**P3: Number of individual beneficiaries accessing gender based violence (GBV) response services**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Protection
<b>SUB-SECTOR</b>	Prevention and Response to Gender-based Violence
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            Accessing GBV response activities involves individuals utilizing services including service centers, action planning, group-based support activities, outreach, case management, or any other service that is responding to a need. These activities can be accessible to and relevant for any individual. This includes but is not limited to survivors of GBV. This can also include those at risk of GBV, but who have not been exposed to any incident of GBV. Activities should be designed around an articulated objective and participation defined per activity to reflect the anticipated exposure intended to lead to the desired results.</p>	
<p><b>Unit of Measure:</b> Number (of individuals)</p>	
<p><b>Calculation:</b> This indicator is a count of the number of unique individuals who participated in any kind of child protection services.</p>	
<p><b>How to Count Life of Award (LOA):</b> The LOA value is the cumulative reported values at the end of the award counting only the unique number of individuals accessing GBV response services.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b>            Sex: female, male            Age: 0-59 months, 5-9, 10-14, 15-18, 19-29, 30-59, 60+</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Routine Monitoring</p>	
<p><b>Source:</b> Attendance/registration records</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Staff/supervisors who manage GBV service activities</p>	

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## P4: Number of dollars allocated for GBV interventions

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Input
<b>SECTOR</b>	Protection
<b>SUB-SECTOR</b>	Prevention and Response to Gender-based Violence
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator should provide details on the total amount of funding allocated to the GBV sub-sector (e.g. the entirety of the GBV budget including staffing and other non-direct activity costs). This is a required indicator but is recognized by BHA as one that will not monitor interventions.</p>	
<p><b>Unit of Measure:</b> Number (amount in USD)</p>	
<p><b>Calculation:</b> This indicator is a count of the number of dollars (USD) allocated towards GBV activities.</p>	
<p><b>How to Count Life of Award (LOA):</b> The LOA value is the same as the final year's value.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine (Endline) Monitoring</p>	
<p><b>Source:</b> Activity records, budgets</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Implementing partner finance/budget staff</p>	
<p><b>Frequency of Collection and Reporting:</b> Endline data will be collected from final budget variance analysis reported at the end of the activity.</p>	
<p><b>Baseline Value Information:</b> Baseline value is zero.</p>	
ADDITIONAL INFORMATION	
<ul style="list-style-type: none"> <li>• This indicator is for congressional reporting.</li> </ul>	



## P5: Number of individuals trained in protection

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Protection
<b>SUB-SECTOR</b>	Protection Coordination, Advocacy, and Information
INDICATOR DESCRIPTION	
<p><b>Definition:</b> Total number of individuals trained according to standard protection guides for humanitarian agencies or other recognized protocols, who are responsible for addressing protection issues over the period of the activity. Protection coordination activities can include</p> <ul style="list-style-type: none"> <li>• Protection information gathering and dissemination,</li> <li>• Assistance in the development of referral systems,</li> <li>• Advocating to government officials,</li> <li>• Organizing sensitization campaigns,</li> <li>• Training humanitarian workers, and</li> <li>• Tracking/mapping protection initiatives.</li> </ul>	
<p><b>Unit of Measure:</b> Number (of individuals)</p>	
<p><b>Calculation:</b> This indicator is a count of the number of unique individuals who participated in any kind of child protection services.</p>	
<p><b>How to Count Life of Award (LOA):</b> The LOA value is the cumulative reported values at the end of the award counting only the unique number of individuals trained in protection.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> Sex: female, male Age: 0-59 months, 5-9, 10-14, 15-18, 19-29, 30-59, 60+</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring during implementation activities such as collecting attendance sheets during a training.</p>	
<p><b>Source:</b> Attendance rosters and records</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Implementing partner staff who manage the training intervention documentation</p>	

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of activity basis.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## P6: Number of individual beneficiaries participating in psychosocial support services

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Protection
<b>SUB-SECTOR</b>	Psychosocial Support Services
INDICATOR DESCRIPTION	
<p><b>Definition:</b> Participating in psychosocial services involves more than one-time casual exposure and should be designed to improve the psychosocial well-being. Services should be designed around an objective articulated by the partner and participation defined to reflect the anticipated exposure intended to lead to the desired results.</p> <p><b>Psychosocial support:</b> Activities that builds a community's social and psychological resiliency to</p> <ul style="list-style-type: none"> <li>• Survive extreme shock and exposure to traumatic events,</li> <li>• Overcome its impact, and</li> <li>• Strengthen competencies in dealing with recurring events.</li> </ul> <p>Services may support strengthening positive coping strategies which become critically important when dealing with the loss of life, losing family members, loss of property, loss of community ties, and other resulting stressors.</p>	
<b>Unit of Measure:</b> Number (of individuals)	
<b>Calculation:</b> This indicator is a count of the number of individuals who participated in any kind of psychosocial services.	
<b>How to Count Life of Award (LOA):</b> The LOA is the cumulative reported values at the end of the award counting only the unique number of individuals who participated in psychosocial support services.	
<b>Direction of Change:</b> +	
<p><b>Disaggregated By:</b> Sex: female, male Age: 0-59 months, 5-9, 10-14, 15-18, 19-29, 30-59, 60+</p>	
DATA COLLECTION	
<b>Method:</b> Routine Monitoring	
<b>Source:</b> Attendance/registration records	

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff who manage the training intervention documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual and annual basis, and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## SHELTER AND SETTLEMENTS

#	Indicator	Preferred Data Collection Method	Applicability Criteria	Page #
S&S Disaster Risk Reduction				
S1	<a href="#">Number of individuals and households benefiting from shelters incorporating DRR measures in settlements</a>	Routine Monitoring	Required	302
S2	<a href="#">Number of individuals and households benefiting from settlements adopting DRR measures</a>	Routine Monitoring		304
S3	<a href="#">Number and percent of individuals in settlements retaining shelter and settlement DRR knowledge two months after training</a>	Routine Monitoring, Beneficiary Survey	RiA: For implementing partners conducting shelter and settlement DRR trainings	307
S&S Non-food Items				
S4	<a href="#">Number and per item cost of NFIs distributed</a>	Routine Monitoring	Required	308
S5	<a href="#">Number and percent of households meeting emergency NFI needs of identified settlement(s) through use of cash/vouchers</a>	Routine Monitoring	RiA: For implementing partners providing NFIs to households through use of cash/vouchers	310
S6	<a href="#">Number and percent of households receiving NFIs in identified settlement(s) through use of in-kind NFIs</a>	Routine Monitoring	RiA: For implementing partners providing NFIs to households through use of in-kind NFIs	312
S7	<a href="#">Number and percent of individuals reporting satisfaction with the quality of the NFIs received</a>	Routine Monitoring, Beneficiary Survey	Required	314

S8	<a href="#">Number of individuals in the settlement receiving support from settlements interventions</a>	Routine Monitoring		316
Settlements				
S9	<a href="#">Percent individuals receiving shelter assistance out of the total number residents in identified settlement(s)</a>	Routine Monitoring	Required	318
S10	<a href="#">Percent of settlement beneficiaries who believe settlement interventions met or exceeded expectations</a>	Routine Monitoring, Beneficiary Survey		320
Shelter				
S11	<a href="#">Number of households occupying shelter that is provided pursuant to relevant guidance appearing in the Sphere Project Handbook</a>	Routine Monitoring	RiA	322
S12	<a href="#">Number and percent of households in identified settlements occupying shelter that is provided</a>	Routine Monitoring		324
S13	<a href="#">Amount and percent of the activity budget spent on goods and services produced/procured in country</a>	Routine Monitoring	Required	326

**SI: Number of individuals and households benefiting from shelters incorporating DRR measures in settlements**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Shelter & Settlements (S&S)
<b>SUB-SECTOR</b>	S&S Disaster Risk Reduction
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator counts the number of individuals and households benefiting from BHA funded shelters providing safe, habitable, covered living space incorporating one or more identified Disaster Risk Reduction (DRR) measures defined in Sendai Framework for Disaster Risk Reduction section of the BHA Application Guidelines. Shelters that are not BHA-funded but have adopted BHA-supported DRR measures are included in this indicator.</p>	
<p><b>Unit of Measure:</b> Number (of individuals and households)</p>	
<p><b>Calculation:</b> This is a count of individuals and households who benefit from shelters incorporating DRR measures in settlements.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of individuals and households, without double counting, who benefit from shelters incorporating DRR measures in settlements.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring</p>	
<p><b>Source:</b> Monitoring checklist/form</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Direct beneficiaries</p>	
<p><b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.</p>	
<p><b>Baseline Value Information:</b> Baseline value is zero.</p>	

ADDITIONAL INFORMATION
• N/A

- N/A

## S2: Number of individuals and households benefiting from settlements adopting DRR measures

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Shelter & Settlements (S&S)
<b>SUB-SECTOR</b>	S&S Disaster Risk Reduction
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator counts the number of individuals and households in a BHA-supported activity benefiting from settlements adopting one or more DRR measures defined in Sendai Framework for Disaster Risk Reduction section of the BHA application guidelines.</p>	
<p><b>Unit of Measure:</b> Number (of individuals and households)</p>	
<p><b>Calculation:</b> This is a count of individuals and households benefiting from settlements adopting DRR measures.</p> <p>The percent is derived by dividing the number of individuals and households benefiting from settlements adopting DRR measures by individuals and households benefiting from settlement intervention.</p> <p>Numerator: Number of individuals and households benefiting from settlements adopting DRR measures Denominator: Total number of individuals and households benefiting from settlement intervention</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting, who benefit from settlements adopting DRR measures.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> Sex: female, male</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring</p>	
<p><b>Source:</b> Monitoring checklist/form</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Direct beneficiaries</p>	

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

### S3: Number and percent of individual beneficiaries in settlements retaining shelter and settlement DRR knowledge two months after training

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Shelter & Settlements (S&S)
<b>SUB-SECTOR</b>	S&S Disaster Risk Reduction
INDICATOR DESCRIPTION	
<p><b>Definition:</b>            This indicator captures the number and percent of individuals receiving shelter and settlements DRR training who have retained activity-defined threshold level of knowledge obtained through their training, when tested/quizzed two months (or more; can be up to 6 months) after the completion of their BHA-funded training. Retaining knowledge refers to individuals obtaining an adequate percentage of their training when tested/quizzed or able to perform the operational tasks two months (or more; can be up to 6 months) following the completion of their BHA-funded training. The level of knowledge obtained threshold is activity-defined due to the context specific nature of the training. These individuals can be tested/quizzed up to six months after training.</p> <p>Trainings under this indicator includes new training or retraining, and the training must be conducted according to national or international standards, when these exist. Trainings must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants. Only participants who complete a full training course should be counted.</p> <p><u>How to count the number of individuals trained:</u></p> <ul style="list-style-type: none"> <li>• If a training course covers more than one topic, individuals should only be counted once for that training course.</li> <li>• If a training course is conducted in more than one session/training event, only individuals who complete the full course should be counted; do not sum the participants for each training event.</li> <li>• If individuals are re-trained within the reporting period, having received training prior to the activity or reporting period, they should be included in the count once in the reporting year.</li> <li>• If individuals receive multiple, different trainings in the reporting period, they should be included in the count once in the fiscal year.</li> </ul>	
<p><b>Unit of Measure:</b> Number and percent (of individuals)</p>	
<p><b>Calculation:</b> This is a count of individuals receiving DRR training who have retained an activity-defined threshold level of knowledge obtained through their training, when tested/quizzed two months (or more; can be up to 6 months) following the completion of their BHA-funded training.</p>	

The percent is derived by dividing the number of individuals receiving DRR training who have retained activity-defined threshold level of knowledge obtained through their training, when tested/quizzed two months (or more; can be up to 6 months) following the completion of their BHA-funded training divided by the number of individuals who responded to the test/quiz.

Numerator: Number of individuals who have retained activity-defined threshold level of knowledge obtained through their training, when tested/quizzed two months (or more; can be up to 6 months) following the completion of their BHA-funded training.

Denominator: Number of individuals who responded to the test/quiz.

**How to Count Life of Award (LOA):** Number - LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting, who retained activity-defined threshold level of knowledge obtained through their training, when tested/quizzed two months (or more; can be up to 6 months) following the completion of their BHA-funded training.

Percent - LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries who retained activity-defined threshold level of knowledge obtained through their training, when tested/quizzed two months (or more; can be upto 6 months) following the completion of their BHA-funded training divided by the number of individuals who responded to the test/quiz.

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

### DATA COLLECTION

**Method:** Routine Monitoring or Beneficiary Survey

**Source:** Follow-up assessment form, post-test, questionnaire

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Direct beneficiaries of trainings

**Frequency of Collection and Reporting:** Data will be collected two months (or more; can be up to 6 months) following completion of the BHA-funded training. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** There is no baseline value.

### ADDITIONAL INFORMATION

- N/A

#### S4: Number and per item cost of NFIs distributed

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Shelter & Settlements (S&S)
<b>SUB-SECTOR</b>	S&S Non-food Items
INDICATOR DESCRIPTION	
<b>Definition:</b>	This indicator counts the number and per item cost of Non-Food Items (NFIs) distributed as part of an BHA-funded/supported activity by type of NFI.
<b>Unit of Measure:</b>	Number (of NFIs) and USD (of per item NFIs)
<b>Calculation:</b>	This is a count of NFIs distributed and per item cost of NFIs.
<b>How to Count Life of Award (LOA):</b>	LOA values are the cumulative reported values at the end of the award counting only the unique number and per item cost of NFIs distributed.
<b>Direction of Change:</b>	+
<b>Disaggregated By:</b>	NFI type: Mats, Blankets, Kitchen sets, Other Per item cost of NFI type: Mats, Blankets, Kitchen sets, Other
DATA COLLECTION	
<b>Method:</b>	Routine Monitoring
<b>Source:</b>	Monitoring checklist/form
<b>Who Collects:</b>	Implementing partner staff
<b>From Whom:</b>	Direct beneficiaries, implementing partner staff who manage NFI intervention documentation
<b>Frequency of Collection and Reporting:</b>	Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.
<b>Baseline Value Information:</b>	Baseline value is zero

**ADDITIONAL INFORMATION**

- N/A

**S5: Number and percent of beneficiary households meeting emergency NFI needs of identified settlement(s) through use of cash/vouchers**

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Shelter & Settlements (S&S)
<b>SUB-SECTOR</b>	S&S Non-food Items
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator measures the number and percent of households meeting emergency NFI needs of identified settlement(s) through use of cash/vouchers. The expected NFI household needs are a realistic estimate of cost of procuring those goods in the market in a pre-crisis setting. Cash/vouchers are proposed for Non-Food items (NFIs) as part of a BHA-funded/supported activity.</p>	
<p><b>Unit of Measure:</b> Number and Percent (of households)</p>	
<p><b>Calculation:</b> This is a count of households meeting emergency NFI needs of identified settlement(s) through use of cash/vouchers.</p> <p>The percent is derived by dividing the number of households meeting emergency NFI needs of identified settlement(s) through use of cash/vouchers by the number of households in identified settlement(s).</p> <p>Numerator: Number of households meeting emergency NFI needs of identified settlement(s) through use of cash/vouchers Denominator: Number of households in identified settlement(s)</p>	
<p><b>How to Count Life of Award (LOA):</b> Number - LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiary households receiving NFIs through use of cash/vouchers.</p> <p>Percent - LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiary households that met NFIs needs through use of cash/vouchers divided by number of households in identified settlement(s).</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Routine Monitoring</p>	

<b>Source:</b> Monitoring checklist/form
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Direct beneficiaries, Implementing partner staff who manage cash/voucher intervention documentation
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

**S6: Number and percent of beneficiary households receiving NFIs in identified settlement(s) through use of in-kind NFIs**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Shelter & Settlements (S&S)
<b>SUB-SECTOR</b>	S&S Non-food Items
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            This indicator counts the number and percent of households receiving NFI assistance (via in-kind provision) as part of an BHA-funded/supported activity in the identified settlement. Information on the type of NFIs received as part of proposed intervention (and documented as part of another Indicator in relevant shelter and settlements sub-sectors) can be linked to beneficiary characteristics in this indicator.</p>	
<p><b>Unit of Measure:</b> Number and Percent (of households)</p>	
<p><b>Calculation:</b> This is a count of households receiving NFIs through in-kind support.</p> <p>The percent is derived by dividing the number of households that received NFIs through in-kind support by the number of households in identified settlement(s).</p> <p>Numerator: Number of households receiving NFIs through in-kind support            Denominator: Number of households in identified settlement(s)</p>	
<p><b>How to Count Life of Award (LOA):</b> Number - LOA values are the cumulative reported values at the end of the award counting only the unique number of households receiving NFIs through in-kind support.</p> <p>Percent - LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiary households received NFIs through in-kind support divided by number of households in identified settlement(s).</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b>            NFI type: Mats, Blankets, Kitchen sets, Other</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Routine Monitoring</p>	

<b>Source:</b> Monitoring checklist/form
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Direct beneficiaries, Implementing partner staff who manage in-kind intervention documentation
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

**S7: Number and percent of beneficiaries reporting satisfaction with the quality of the NFIs received**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Shelter & Settlements (S&S)
<b>SUB-SECTOR</b>	S&S Non-food Items

**INDICATOR DESCRIPTION**

**Definition:**

This indicator counts the number and percent of beneficiaries receiving NFI assistance (either in-kind or via cash/vouchers) who report satisfaction with the quality of the NFIs they received when surveyed within maximum of two months following receipt of their BHA-funded NFI assistance. Only one person per household is surveyed.

**Unit of Measure:** Number and Percent (of individuals)

**Calculation:** This is a count of individuals reporting satisfaction with the quality of the NFIs they received.

The percent is derived by dividing the number of beneficiaries reporting satisfaction with the quality of the NFIs they received by the number of beneficiaries responding to the survey.

Numerator: Number of beneficiaries reporting satisfaction with the quality of the NFI they received  
Denominator: Number of responding to the survey

**How to Count Life of Award (LOA):** Number - LOA values are the cumulative reported values at the end of the award, without double counting, who report satisfaction with the quality of the NFIs they received.

Percent - LOA values are the cumulative reported values at the end of the award counting only the unique number of individuals who report satisfaction with the quality of the NFIs they received divided by the number of individuals responding to the survey.

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

**DATA COLLECTION**

**Method:** Routine Monitoring, Beneficiary Survey

<b>Source:</b> Post distribution monitoring questionnaire
<b>Who Collects:</b> Implementing partner staff or enumerators
<b>From Whom:</b> Direct beneficiaries
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## S8: Number of beneficiaries in the settlement receiving support from settlement interventions

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Shelter & Settlements (S&S)
<b>SUB-SECTOR</b>	Settlements
INDICATOR DESCRIPTION	
<p><b>Definition:</b>            This indicator counts the number of beneficiaries in the settlement receiving support from BHA-supported settlement interventions. Settlements are viewed as the basic platform for human activity, ranging in size from neighborhoods, rural hamlets, camps all the way to mega-cities, and the places where populations live, work and thrive. A settlement is defined by both geographic markers (e.g., roads, rivers, mountains, etc.) and the affinity relations of its members (e.g., culture, ethnic, socio-economic norms, etc.). The two basic elements of settlements are the built environment of human-made structures and the natural environment, the setting of structures.</p> <p>Neighborhoods are viewed as one form of a settlement in an urban setting. Settlement interventions:</p> <ul style="list-style-type: none"> <li>• Could include S&amp;S, WASH, Protection, DRR, and other activities,</li> <li>• Should be designed intentionally to be integrated and complementary, and</li> <li>• Are located in specific locations.</li> </ul> <p>Individuals who directly access these BHA-provided services should be considered beneficiaries, while individuals who may only receive indirect benefit, such as an improved quality of life thanks to a public good, are indirect beneficiaries and are not counted.</p>	
<b>Unit of Measure:</b> Number (of individuals)	
<b>Calculation:</b> This is a count of individuals in the settlement receiving support from settlement interventions.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting, who received support from settlement interventions.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Sex: female, male	
DATA COLLECTION	

<b>Method:</b> Routine Monitoring
<b>Source:</b> Monitoring checklist/form
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Direct beneficiaries
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

**S9: Percent individuals receiving shelter assistance out of the total number of residents in identified settlement(s)**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR OR KEYWORD</b>	Shelter & Settlements (S&S)
<b>SUB-SECTOR</b>	Settlements

**INDICATOR DESCRIPTION**

**Definition:**

This indicator captures the percent of individuals (beneficiaries) receiving shelter assistance out of the total number of residents in identified settlement(s). Individuals who directly access these BHA-provided services should be considered beneficiaries, while individuals who may only receive indirect benefit, such as an improved quality of life thanks to a public good, are indirect beneficiaries and are not counted.

Note: A reasonable, documented estimate is adequate for this indicator, given possible data limitations.

**Unit of Measure:** Percent (of individuals)

**Calculation:** The percent is derived by dividing the number of individuals receiving shelter assistance by the number of residents in identified settlement(s).

Numerator: Number of individuals receiving shelter assistance

Denominator: Total number of residents in identified settlement(s)

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries who receive BHA-funded shelter assistance divided by number of residents in identified settlements.

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

**DATA COLLECTION**

**Method:** Routine Monitoring

**Source:** Monitoring checklist/form

**Who Collects:** Implementing partner staff

**From Whom:** Direct beneficiaries

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**SI0: Percent of settlement beneficiaries who believe settlement interventions met or exceeded expectations**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Shelter & Settlements (S&S)
<b>SUB-SECTOR</b>	Settlements

**INDICATOR DESCRIPTION**

**Definition:**

This indicator captures the percent of beneficiaries who believe BHA-supported settlement intervention(s) met or exceeded expectations. Beneficiary perception is critical to understanding activity usefulness, acceptance, and appropriateness.

“Meeting expectations or exceeding expectations” are survey question response options reflecting general acceptance of the intervention(s). High-level of response rates in these categories indicates a positive activity outcome. Low-level response rates in these categories reflecting general dissatisfaction with the interventions and a negative activity outcome. To measure expectations, beneficiaries should be asked to recall their expectations before the assistance was provided and compare expectations with BHA-provided support.

**Unit of Measure:** Percent (of individuals)

**Calculation:** The percent is derived by dividing the number of individuals who believe BHA-supported settlement intervention(s) met or exceeded expectations by the number of individuals in the sample.

Numerator: Number of individuals who believe BHA-supported settlement intervention(s) met or exceeded expectations

Denominator: Number of individuals in the sample

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique number of individuals who believe BHA-supported settlement intervention(s) met or exceeded expectations divided by the number of individuals in the sample.

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

**DATA COLLECTION**

**Method:** Routine Monitoring, Beneficiary Survey

**Source:** Post distribution monitoring questionnaire, questionnaire

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Direct beneficiaries

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline and/or ongoing/rolling/monthly basis. Data will be reported semi-annually, annually and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

#### **ADDITIONAL INFORMATION**

- N/A

**SI 1: Number of households occupying shelter that is provided pursuant to relevant guidance appearing in the Sphere Project Handbook**

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Shelter & Settlements (S&S)
<b>SUB-SECTOR</b>	Shelter
INDICATOR DESCRIPTION	
<p><b>Definition:</b>            This indicator counts the number of households occupying in a BHA-supported or provided shelter consistent with <a href="#">Sphere Project</a> guidance. Shelter refers to covered living space within a structure that provides:</p> <ol style="list-style-type: none"> <li>1. Adequate space and protection from cold, damp, sun, rain, wind, or other threats to health;</li> <li>2. A location where essential household activities can be satisfactorily undertaken; and</li> <li>3. A location where livelihood support activities can be pursued, as required.</li> </ol> <p>According to <a href="#">Sphere Project</a> guidance, individuals should have sufficient covered living space to provide dignified accommodation, including where possible and practical, minimally adequate covered living space of 3.5 square meters per person.</p>	
<p><b>Unit of Measure:</b> Number (of households)</p>	
<p><b>Calculation:</b> This is a count of households occupying shelter that is provided by the activity pursuant to relevant guidance appearing in the Sphere Project Handbook.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b>            Gendered Household Type: F&amp;M, FNM, MNF, CNA</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring</p>	
<p><b>Source:</b> Monitoring checklist/form</p>	
<p><b>Who Collects:</b> Implementing partner staff</p>	
<p><b>From Whom:</b> Direct beneficiaries</p>	

**Frequency of Collection and Reporting:** Data will be collected during baseline. Baseline data will be reported in the baseline report.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## SI2: Number and percent of households in identified settlements occupying BHA provided shelter

<b>APPLICABILITY</b>	RiA
<b>TYPE</b>	Output
<b>SECTOR</b>	Shelter & Settlements (S&S)
<b>SUB-SECTOR</b>	Shelter

### INDICATOR DESCRIPTION

**Definition:**

This indicator captures the number and percent of households in identified settlements occupying shelter that is provided by BHA shelter support. A key objective of any Shelter and Settlement sector intervention should be the timely provision of shelter that is safe, secure, private, and habitable. It also should incorporate any relevant hazard mitigation measures. Shelter is critical to sustaining life as well as supporting economic/livelihood activities.

Note: Reasonable, documented estimate adequate, given possible data limitations.

**Unit of Measure:** Number and percent (of households)

**Calculation:** This is a count of households in identified settlements occupying shelter that is provided by the activity.

The percent is derived by dividing the number of households in identified settlements occupying shelter that is provided by the activity by the number of households in affected settlement(s).

Numerator: Number of households in identified settlements occupying shelter that is provided by the activity

Denominator: Number of households in affected settlement(s)

**How to Count Life of Award (LOA):**

Number - LOA values are the cumulative reported values at the end of the award counting only the unique number of households, without double counting, in identified settlements occupying shelter that is provided by the activity.

Percent - LOA values are the cumulative reported values at the end of the award counting only the number of households in identified settlements occupying shelter that is provided by the activity by the number of households in affected settlement(s).

**Direction of Change:** +

**Disaggregated By:**

Gendered Household Type: F&amp;M, FNM, MNF, CNA

**DATA COLLECTION****Method:** Routine Monitoring**Source:** Monitoring checklist/form**Who Collects:** Implementing partner staff**From Whom:** Direct beneficiaries**Frequency of Collection and Reporting:** Data will be collected during baseline. Baseline data will be reported in the baseline report.**Baseline Value Information:** Baseline value is zero.**ADDITIONAL INFORMATION**

- N/A

**SI3: Amount and percent of the activity budget spent on goods and services produced/procured in country**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Input
<b>SECTOR</b>	Shelter & Settlements (S&S)
<b>SUB-SECTOR</b>	Shelter
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            This indicator captures the amount and percent of total approved Shelter and Settlements (S&amp;S) sector activity budget in US Dollars (USD) produced/procured in the affected host country. The amount includes local staff salaries and overhead, rent and per diems, activity inputs purchased locally, and direct transfers to beneficiaries in the form of direct cash distributions (e.g., grants) or vouchers for shelter materials and labor. Goods and services purchased through foreign vendors are not counted in this indicator.</p>	
<p><b>Unit of Measure:</b> USD and percent (of activity budget)</p>	
<p><b>Calculation:</b> This is the amount from the Shelter and Settlements activity budget spent directly on goods and services produced/procured in country.</p> <p>The percent is derived by dividing the amount from the Shelter and Settlements activity budget spent directly on goods and services produced/procured in country by amount of BHA-supported Shelter and Settlements activity budget.</p> <p>Numerator: Amount from the Shelter and Settlements activity budget spent directly on goods and services produced/procured in country            Denominator: Amount of BHA-supported Shelter and Settlements activity budget</p>	
<p><b>How to Count Life of Award (LOA):</b> Amount: LOA values are the cumulative reported values at the end of the award, the amount from the Shelter and Settlements activity budget spent directly on goods and services produced/procured in country.</p> <p>Percent: LOA values are the cumulative reported values at the end of the award, the amount from the Shelter and Settlements activity budget spent directly on goods and services produced/procured in country divided by the amount of BHA-supported Shelter and Settlements activity budget.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated by:</b> N/A</p>	

<b>DATA COLLECTION</b>
<b>Method:</b> Routine Monitoring
<b>Source:</b> Monitoring checklist/form
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Implementing partner staff who manage shelter and settlement intervention documentation
<b>Frequency of Collection and Reporting:</b> Data will be collected during baseline. Baseline data will be reported in the baseline report.
<b>Baseline Value Information:</b> Baseline value will be derived from the baseline.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## NATURAL HAZARDS AND TECHNOLOGICAL RISKS

#	Indicator	Preferred Data Collection Method	Applicability Criteria	Page #
Geological Hazards				
T1	<a href="#">Number of individuals benefiting from geological disaster-related interventions</a>	Routine Monitoring	Required	329
T2	<a href="#">Number of geological policies or procedures modified as a result of the interventions to increase the preparedness for geological events</a>	Routine Monitoring	RiA for partners implementing activities with a goal to modify geological policies or procedures	331
T3	<a href="#">Number of individuals trained to reduce the impact of geological events</a>	Routine Monitoring	RiA for partners implementing trainings to reduce the impact of geological events	333
Hydrometeorological Hazards				
T4	<a href="#">Number of individuals who will benefit from proposed hydrometeorological activities</a>	Routine Monitoring	Required	335
T5	<a href="#">Number of hydrometeorological policies or procedures modified as a result of the activities to increase preparedness for hydrometeorological events</a>	Routine Monitoring	RiA for partners implementing activities with a goal to modify hydrometeorological policies or procedures	337
T6	<a href="#">Number and percentage of individuals trained in hydrometeorological-related interventions retaining knowledge two months after training</a>	Routine Monitoring	RiA for partners implementing hydrometeorological-related trainings	339
Technological Hazards				
T7	<a href="#">Number of individuals benefiting from response technological disaster interventions</a>	Routine Monitoring	Required	341
T8	<a href="#">Number of individuals trained to respond safely to technological disasters</a>	Routine Monitoring	RiA for partners implementing trainings to respond safely to	343

			technological disasters	
--	--	--	----------------------------	--

## TI: Number of individuals benefiting from geological disaster-related interventions

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Natural Hazards and Technological Risks
<b>SUB-SECTOR</b>	Geological Hazards
INDICATOR DESCRIPTION	
<p><b>Definition:</b> Provide an estimate of the number of individuals within the activity area that will be impacted, or receiving benefits from improvements to geological hazard protocols, safeguards, or measures, by the proposed activities.</p> <p>“Individuals benefiting from geological disaster-related interventions” refers to Vulnerable people in the activity target area, and participants in interventions</p> <p>“Geological disaster-related interventions” can include but are not restricted to activities such as:</p> <ul style="list-style-type: none"> <li>○ Trainings to improve knowledge about geological hazards and how to monitor them,</li> <li>○ Improving of monitoring networks,</li> <li>○ Assessments of geological hazards,</li> <li>○ Improvement of early warning systems where applicable, and</li> <li>○ Detailed mapping of geological hazards; forecasting of geological events</li> </ul>	
<b>Unit of Measure:</b> Number (of individuals)	
<b>Calculation:</b> This is a count of individuals.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.	
<b>Direction of Change:</b> +	
<p><b>Disaggregated By:</b> Sex: female, male</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring Review of census data or population data in the impacted area. Triangulation could occur against secondary sources, such as data from government population estimates, including census information.</p>	

**Source:** Secondary sources such as existing population or census data in the impacted area such as official estimates including census numbers

**Who Collects:** Implementing partner staff

**From Whom:** Third-party entities who manage census or population documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**T2: Number of geological policies or procedures modified as a result of the interventions to increase the preparedness for geological events**

<b>APPLICABILITY</b>	RiA for partners implementing activities with a goal to modify geological policies or procedures
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Natural Hazards and Technological Risks
<b>SUB-SECTOR</b>	Geological Hazards
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  “Geological policies and procedures” for the purpose of this indicator, include but are not limited to, changes in alert level, evacuation decisions, and major monitoring decisions</p> <p>“Modified” refers to any changes or differences that are due at least in part to the proposed intervention</p>	
<b>Unit of Measure:</b> Number (of policies or procedures)	
<b>Calculation:</b> This is a count of individual geological modified policies or procedures	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> N/A	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring  Data collection methods can include reviewing reports from impacted municipalities and developing an activity tracker to record and list specific differences in policies and procedures that have occurred since activity inception.</p>	
<b>Source:</b> Official government reports or communication with community leaders, triangulated with media reports.	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Implementing partner staff who manage policy/procedure documentation	

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline is zero.

**ADDITIONAL INFORMATION**

- N/A

### T3: Number of individuals trained to reduce the impact of geological events

<b>APPLICABILITY</b>	RiA for partners implementing trainings to reduce the impact of geological events
<b>TYPE</b>	Output
<b>SECTOR</b>	Natural Hazards and Technological Risks
<b>SUB-SECTOR</b>	Geological Hazards
INDICATOR DESCRIPTION	
<p><b>Definition:</b> Trained refers to a new training or retraining of individuals through a training or workshop and it assumes that the training is conducted according to national or international standards when these exist. Each training session must have specific learning objectives and expected knowledge, skills and/or competencies to be gained by participants. Only participants who complete a full training course should be counted.</p> <p>Examples of trainings or workshops to reduce the impact of geological events may include:</p> <ul style="list-style-type: none"> <li>○ Risk communication,</li> <li>○ Information dissemination,</li> <li>○ Early warning system development,</li> <li>○ Specific skills related to geologic equipment maintenance and installation, and</li> <li>○ Data interpretation</li> </ul>	
<b>Unit of Measure:</b> Number (of individuals trained)	
<b>Calculation:</b> This is a count of individual trainees.	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.	
<b>Direction of Change:</b> +	
<p><b>Disaggregated By:</b> Sex: female, male</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring Roll collection and a basic spreadsheet or database for adjusting for any double-counting</p>	
<b>Source:</b> Attendance/training records	
<b>Who Collects:</b> Implementing partner staff	

**From Whom:** Implementing partner staff who manage the training documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

#### T4: Number of individuals benefiting from hydrometeorological interventions

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Natural Hazards and Technological Risks
<b>SUB-SECTOR</b>	Hydrometeorological Hazards
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  “Individuals benefiting from hydrometeorological interventions” refers to individuals who will be impacted in a meaningful way by hydrometeorological DRR interventions and those who will likely benefit from improved effects of disaster preparedness, hydrometeorological early warning and other relevant DRR efforts.</p> <p>“Hydrometeorological DRR interventions” emphasize an “end-to-end” approach that identifies needs in existing systems and then increases resilience to hydrometeorological disasters through targeted capacity building. Identifying, monitoring, analyzing, and forecasting hydrometeorological and other components of early warning of these hazards are critical steps for the development of strategies and policies, and implementing measures to reduce risks.</p> <p>“Hydrometeorological hazards” are of atmospheric, hydrological or oceanographic origin. Examples are tropical cyclones (also known as typhoons and hurricanes); floods, including flash floods; drought; heatwaves and cold spells; and coastal storm surges. Hydrometeorological conditions may also be a factor in other hazards such as landslides, wildland fires, locust plagues, epidemics, transport and dispersal of toxic substances, and volcanic eruption material.</p>	
<b>Unit of Measure:</b> Number (of individuals)	
<b>Calculation:</b> This is a count of individuals	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Sex: female, male	
DATA COLLECTION	
<b>Method:</b> Routine Monitoring	

Census records, population enumeration estimates, total number of people who participated in the preparedness

**Source:**

Secondary sources such as household survey findings, government officials, other donor or third-party estimates

**Who Collects:** Implementing partner staff

**From Whom:** Third party entities who manage census or population documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- Definitions based on from UNDRR terminology: <https://www.undrr.org/terminology>

**T5: Number of hydrometeorological policies or procedures modified as a result of the intervention to increase preparedness for hydrometeorological events**

<b>APPLICABILITY</b>	RiA for partners implementing activities with a goal to modify hydrometeorological policies or procedures
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Natural Hazards and Technological Risks
<b>SUB-SECTOR</b>	Hydrometeorological Hazards

**INDICATOR DESCRIPTION**

**Definition:**

Hydrometeorological policies, procedures, guides, and frameworks should be counted if they can plausibly be connected to BHA-funded activities and it is reasonable to conclude that had it not been for the activities that the policy, framework, or procedure would not have been enacted or modified.

A “hydrometeorological policy or procedure” includes the system of institutions, mechanisms, policy and legal frameworks, procedures and other arrangements to guide, coordinate and oversee hydrometeorological early warning or disaster risk reduction actions at community to national, regional or international levels

**Unit of Measure:** Number (of policies or procedures)

**Calculation:** This is a count of policies or procedures.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award.

**Direction of Change:** +

**Disaggregated By:** N/A

**DATA COLLECTION**

**Method:** Routine Monitoring

Recommended checklist for routine tracking of policies or procedures

**Source:** Monitoring checklist/form

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff who manage preparedness intervention documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual, and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- Definition based on UNDRR terminology: <https://www.undrr.org/terminology>

## T6: Number and percent of individuals trained in hydrometeorological-related interventions retaining knowledge two months after training

<b>APPLICABILITY</b>	RiA for partners implementing hydrometeorological-related trainings
<b>TYPE</b>	Outcome
<b>SECTOR</b>	Natural Hazards and Technological Risks
<b>SUB-SECTOR</b>	Hydrometeorological Hazards

### INDICATOR DESCRIPTION

**Definition:**

This indicator captures the percent of individuals receiving hydrometeorological training who retain activity-defined threshold level of skills and knowledge after two months (or more; can be up to 6 months) after the training. Retaining skills and knowledge refers to individuals obtaining an adequate percentage of their training when tested/quizzed or able to perform the operational tasks two months (or more; can be up to 6 months) following the completion of their BHA-funded training. The level of skills and knowledge obtained threshold is activity-defined due to the context specific nature of the training.

“Trainings” included under this indicator includes new training or retraining, and the training must be conducted according to national or international standards, when these exist. Trainings must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants. Only participants who complete a full training course should be counted.

How to count the number of individuals trained:

- If a training course covers more than one topic, individuals should only be counted once for that training course.
- If a training course is conducted in more than one session/training event, only individuals who complete the full course should be counted; do not sum the participants for each training event
- If individuals are re-trained within the reporting period, having received training prior to the activity or reporting period, they should be included in the count once in the reporting year.
- If individuals receive multiple, different trainings in the reporting period, they should be included in the count once in the fiscal year

**Unit of Measure:** Number and percent (of individuals)

**Calculation:** The number is a count of individuals who responded to the test/quiz who retain activity-defined threshold level of skill and knowledge two months after the training

The percent is derived by dividing individuals who responded to the test/quiz who retain activity-defined threshold level of skills and knowledge two months after the training by the total number of individuals trained in hydrometeorological activities.

Numerator: Number of individuals who responded to the test/quiz who retain activity-defined threshold level of skills and knowledge after two months after the DRR training.

Denominator: Total number of individuals who responded to the test/quiz.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique individuals, without double counting

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

### DATA COLLECTION

**Method:** Beneficiary Survey Pre/post tests

Tally individuals who have completed an entire training course in hydro-meteorological activities who demonstrate that they have retained a crucial portion of knowledge or adequate percentage of skills/learning objectives through a post test at least two months after the training has finished.

**Source:** Pre/post test questionnaire

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partners staff who manage the training intervention documentation

**Frequency of Collection and Reporting:** Data will be collected before and after the training is conducted and attendance will be collected on a routine basis. Data will be reported annually and at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline data collection pre-test of initial knowledge or adequate percentage of skills/learning objectives from individuals immediately after training.

### ADDITIONAL INFORMATION

- N/A

## T7: Number of individuals benefiting from response technological disaster interventions

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	Natural Hazards and Technological Risks
<b>SUB-SECTOR</b>	Technological Hazards
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  “Technological hazards” originate from technological or industrial conditions, dangerous procedures, infrastructure failures or specific human activities. Examples include industrial pollution, nuclear radiation, toxic wastes, dam failures, transport accidents, factory explosions, fires and chemical spills. Technological hazards also may arise directly as a result of the impacts of a natural hazard event.</p> <p>“Individuals benefiting from response technological hazard interventions” refers to individuals who will be impacted in a meaningful way by the intervention in other words whose risks are measurably decreased by BHA-funded activities right after the technological disaster.</p>	
<b>Unit of Measure:</b> Number (of individuals)	
<b>Calculation:</b> This is a count of individuals.	
<b>How to Count Life of Award (LOA):</b> LOA value is the cumulative reported values at the end of the award	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Sex: female, male	
DATA COLLECTION	
<b>Method:</b> Routine Monitoring and Secondary Data Review E.g., using census records, population enumeration estimates at the target community, or activity beneficiaries (direct and indirect)	
<b>Source:</b> Census data, government population data, other donor or third-party estimates	
<b>Who Collects:</b> Implementing partner staff or enumerators	

**From Whom:** Third party entities who manage census or population documentation

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline and during monthly/quarterly/biannual/annual beneficiary survey. Data will be reported annually and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

#### ADDITIONAL INFORMATION

- Definitions based on UNDRR terminology: <https://www.undrr.org/terminology>

## T8: Number of individuals trained to respond safely to technological disasters

<b>APPLICABILITY</b>	RiA for partners implementing trainings to respond safely to technological disasters
<b>TYPE</b>	Output
<b>SECTOR</b>	Natural Hazards and Technological Risks
<b>SUB-SECTOR</b>	Technological Hazards
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  “Technological hazards” originates from technological or industrial conditions, dangerous procedures, infrastructure failures or specific human activities. Examples include industrial pollution, nuclear radiation, toxic wastes, dam failures, transport accidents, factory explosions, fires and chemical spills. Technological hazards also may arise directly as a result of the impacts of a natural hazard event. BHA-funded activities on technological disasters mainly respond to technological disasters or to reduce the immediate impact of disasters on human lives, health, or livelihood.</p> <p>“Training” refers to training of individuals for technological disaster response to ensure safety of human health and lives and livelihood right after the disaster occurs and assumes that training is conducted according to national or international standards, where these exist. Individuals who are able to participate in response right after disaster should be counted.</p>	
<b>Unit of Measure:</b> Number (of individuals)	
<b>Calculation:</b> This is a count of individuals who have completed an entire training course in technological hazards.	
<b>How to Count Life of Award (LOA):</b> LOA value is the cumulative reported values at the end of the award	
<b>Direction of Change:</b> +	
<b>Disaggregated By:</b> Sex: female, male	
DATA COLLECTION	
<b>Method:</b> Routine Monitoring	
<b>Source:</b> Training participant records	
<b>Who Collects:</b> Implementing partner staff	
<b>From Whom:</b> Implementing partner staff who manage the training intervention documentation.	

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

#### **ADDITIONAL INFORMATION**

- Definition based on UNDRR terminology: <https://www.undrr.org/terminology>

## WATER, SANITATION, AND HYGIENE

#	Indicator Title	Preferred Data Collection Method	Applicability Criteria	Page #
<b>Environmental Health</b>				
W1	<a href="#">Number of people receiving improved service quality from solid waste management, drainage, or vector control activities (without double-counting)</a>	Routine Monitoring	Required	349
W2	<a href="#">Average number of community cleanup/debris removal activities conducted per community targeted by the environmental health activity</a>	Routine Monitoring	Required - Select 2	351
W3	<a href="#">Average number of communal solid waste disposal sites created and in use per community targeted by the environmental health activity</a>	Routine Monitoring		353
W4	<a href="#">Percent of households targeted by the WASH promotion activity that are properly disposing of solid waste</a>	Population/beneficiary -based survey		355
W5	<a href="#">Average number of persistent standing water sites eliminated via drainage interventions per community targeted by the environmental health activity</a>	Routine Monitoring		357
W6	<a href="#">Average number of vector control activities conducted per community targeted by the environmental health intervention</a>	Routine Monitoring		359
<b>Hygiene Promotion</b>				
W7	<a href="#">Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)</a>	Routine Monitoring	Required	361
W8	<a href="#">Percent of households with soap and water at a handwashing station on premises</a>	Beneficiary-based Survey		363
W9	<a href="#">Percent of households targeted by the hygiene promotion activity with no evidence of feces in the living area</a>	Population/beneficiary -based Survey	Required - Select 2	365
W10	<a href="#">Percent of people targeted by the hygiene promotion activity who know at least three (3) of the five (5) critical times to wash hands</a>	Population-based HH survey		367
W11	<a href="#">Percent of households targeted by the hygiene promotion activity who store their drinking water safely in clean containers</a>	Population-based HH Survey		369
W12	<a href="#">Percent of people targeted by the hygiene promotion activity who report using a latrine the last time they defecated</a>	Population-based HH Survey		371
<b>Sanitation</b>				

W13	<a href="#">Number of individuals directly utilizing improved sanitation services provided with BHA funding</a>	Population-based Survey	Required	373
W14	<a href="#">Number of individuals gaining access to a basic sanitation service as a result of BHA assistance</a>	Routine Monitoring	RiA: for activities aim to repair sanitation facilities or build new sanitation facilities	375
W15	<a href="#">Percent of households in target areas practicing open defecation</a>	Beneficiary Survey (or Population-based)	RiA: for activities promoting safe sanitation behaviors.	377
W16	<a href="#">Number of communities verified as open defecation free (ODF) as a result of BHA assistance</a>	Routine Monitoring	RiA: for activities promoting open defecation free communities	379
W17	<a href="#">Number of basic sanitation facilities provided in institutional settings as a result of USG assistance</a>	Routine Monitoring	RiA: for activities that aim to repair sanitation facilities or build new sanitation facilities in institutional settings	381
W18	<a href="#">Percent of households targeted by latrine construction/promotion activity whose latrines are completed and clean</a>	Census		383
W19	<a href="#">Percent of latrines/defecation sites in the target population with handwashing facilities that are functional and in use</a>	Population-based Survey or Census	Required – Select 2	385
W20	<a href="#">Average number of users per functioning toilet</a>	Population-based Survey or Census		388
W21	<a href="#">Number of individuals per safe bathing facility completed in target population</a>	Population-based Survey or Census		391

W22	<a href="#">Percent of excreta disposal facilities built or rehabilitated in health facilities that are clean and functional</a>	Routine Monitoring		394
W23	<a href="#">Percent of hand washing stations built or rehabilitated in health facilities that are functional</a>	Routine Monitoring		396
W24	<a href="#">Percent of MHM facilities constructed in target population that are currently in use</a>	Routine Monitoring		398
<b>WASH Non-food Items</b>				
W25	<a href="#">Total number of individuals receiving WASH NFIs assistance through all modalities (without double-counting)</a>	Routine Monitoring	Required	401
W26	<a href="#">Percent of households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e. kits) or vouchers</a>	Routine Monitoring - PDM Survey		403
W27	<a href="#">Percent of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash</a>	Routine Monitoring - PDM Survey	Required - Select 2	405
W28	<a href="#">Percent of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash</a>	Routine Monitoring - PDM survey		407
<b>Water Supply</b>				
W29	<a href="#">Number of individuals directly utilizing improved water services provided with BHA funding</a>	Population/Beneficiary -based survey	Required	409
W30	<a href="#">Number of individuals gaining access to basic drinking water services as a result of BHA assistance</a>	Population/Beneficiary -based Survey	RIA: Required for activities promoting infrastructure-related WASH interventions	411
W31	<a href="#">Average liters/person/day collected from all sources for drinking, cooking, and hygiene</a>	Population Based HH survey		414
W32	<a href="#">Estimated safe water supplied per beneficiary in liters/person/day</a>	Census or Population-based HH survey		417
W33	<a href="#">Percent of households targeted by WASH programming that are collecting all water for drinking, cooking, and hygiene from improved water sources</a>	Population/Beneficiary -based Survey	Required - Select 2	420
W34	<a href="#">Percent of households whose drinking water supplies have 0 fecal coliforms per 100 ml sample</a>	Population/Beneficiary -based Survey		422
W35	<a href="#">Percent of households whose drinking water supplies have a free residual chlorine (FRC) &gt; 0.2 mg/L</a>	Population-based HH Survey		425

W36	<a href="#">Percent of households receiving point-of-use chlorine products whose water supplies have free residual chlorine (FRC) present</a>	Beneficiary HH Survey		427
W37	<a href="#">Percent of water points developed, repaired, or rehabilitated with 0 fecal coliforms per 100 ml sample</a>	Census		429
W38	<a href="#">Percent of water points developed, repaired, or rehabilitated with free residual chlorine (FRC) &gt; 0.2 mg/L</a>	Census		431
W39	<a href="#">Percent of water user committees created and/or trained by the WASH activity that are active at least three (3) months after training</a>	Routine Monitoring		433
W40	<a href="#">Percent of water points developed, repaired, or rehabilitated that are clean and protected from contamination</a>	Routine Monitoring		435
W41	<a href="#">Percent of water committees actively using Water Safety Plans that have been created for water points developed, repaired, or rehabilitated by the water supply activity</a>	Document Review/Audit		437
W42	<a href="#">Number of institutional settings gaining access to basic drinking water services as a result USG assistance</a>	Routine Monitoring	RiA: Required for activities promoting infrastructure-related water interventions that aim to improve access to drinking water in institutional settings.	439

**WI: Number of individuals receiving improved service quality from solid waste management, drainage, or vector control activities (without double-counting)**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Environmental Health

**INDICATOR DESCRIPTION**

**Definition:**

Individuals: People whose living environment has been improved through solid waste management, drainage, or vector control activities will typically include the entire catchment population within close vicinity of the activity performed.

The quality of “service” they receive is further “improved” as a result of BHA assistance in terms of its ease of accessibility, reliability, and/or affordability. Include a description of how the “catchment” population was determined for these activities.

Solid waste management: The process of handling and disposal of waste material which can pose public health risks and have negative impact on the environment if not attended to appropriately.

Drainage: The means of removing surplus surface water in or near settlements.

Vector control: A variety of initiatives used to limit or eradicate disease-carrying agents (e.g., insects, other arthropods, rodents).

**Unit of Measure:** Number (of individuals)

**Calculation:** This is a count of individuals. Each individual should only be counted once, regardless of the number of activities to which they are a beneficiary.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award.

**Direction of Change:** +

**Disaggregated By:**

Sex: female, male

**DATA COLLECTION**

**Method:** Two separate measurements are required for this indicator:

1. A documented measurement of the improvement to the living environment; and
2. The population of the area who benefit from the activity must be calculated. A variety of methods used to estimate the population receiving benefits from the activity are acceptable. Examples include
  - A full-counting of beneficiaries,
  - Official camp/shelter population data,
  - Conducting a household survey to determine number of people per household and then multiply by the number of households benefiting,
  - A key informant interview with community leader or local authority who has recently conducted population survey, and
  - Recent census data from national records.

Detail what sources were used to determine the number of beneficiaries and/or the number of beneficiary households.

**Source:** Documentation of the change or improvement in the living environment should be conducted as a primary data collection activity, with photographs or written documentation of the change.

1. Population data sources used will depend upon the setting and what current data is available. The sources used may include primary data and/or secondary data. Census data is likely the most accurate if it is recent and if there has not been a large population displacement since the census. If census data is old or no longer relevant, you may consider conducting primary data collection utilizing secondary data collected from the community/camp leader or local authority (if the community/camp leader or local authority has conducted a recent population survey), or through primary data collection. Detail what sources or processes were utilized to estimate the beneficiary population.
2. Where possible, conduct a direct count of beneficiary households and estimates of the number of people living in those households.
3. Where possible, household surveys of a representative and statistically significant sample of those who received improved service quality to verify the activity. This data source requires that a baseline must be established before the start of activity implementation through an initial household survey conducted by your organization or a third party evaluator using a representative and statistically significant sample of households in the zone of influence.

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Direct beneficiaries

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity basis.

**Baseline Value Information:** Baseline value is zero.

#### ADDITIONAL INFORMATION

- N/A

**W2: Average number of community cleanup/debris removal activities conducted per community targeted by the environmental health activity**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Environmental Health

**INDICATOR DESCRIPTION**

**Definition:**

This indicator measures the number of activities conducted at community level to remove accumulated solid waste and other debris that, if left unattended, can pose public health risks to the affected population and may have a negative impact on the environment. This indicator does not apply to rubble removal which falls under BHA’s Shelter and Settlements sector.

This indicator is intended to measure the removal of solid waste or debris that accumulated due to a shock to a community (e.g., a natural disaster) or a disruption in normal solid waste collection systems for reasons that were beyond the local government’s control (e.g., mass displacement). BHA does not support routine cleanup activities unless there is a clear and immediate public health risk (e.g. leishmaniasis) or if the activity is occurring in an internally displaced persons (IDP) camp, other than in exceptional circumstances such as in a conflict or post-conflict setting where public rubbish collection has ceased completely.

For this indicator, a community is generally defined as a group of households:

1. Having a defined geographic area;
2. Linked by social, economic, and/or cultural ties; and
3. Sharing a common leadership or governmental structure.

These are typically at the lower end of the governmental/administrative spectrum (e.g., towns, villages, hamlets, neighborhoods). An IDP camp (or its sub-divisions in the case of large camps) is considered a community. As “community” is highly contextual, you should adapt this definition to your setting and be consistent in its application.

For this indicator, an *activity* is defined as an organized effort in a defined location intended to for a specific purpose with a specified duration of time. Example: A two-week campaign in *Community X* to clean public drainage channels that were blocked by soil/debris/waste from a recent flood. Types of cleanup/debris removal activities include

- Removal of waste/debris resulting from a natural disaster (e.g., flood, hurricane, typhoon);
- Removal of waste/debris accumulated during conflict;
- Removal of solid waste/soil blocking public drainage channels;

<ul style="list-style-type: none"> <li>• Removal of solid waste that has accumulated in public areas; and</li> <li>• Other cleanup activities that will have a demonstrable and immediate positive public health effect on the community.</li> </ul>
<p><b>Unit of Measure:</b> Number (of community cleanup/debris removal activities).</p>
<p><b>Calculation:</b> The average (mean) is derived by dividing the number of community cleanup/debris removal activities by the total number of communities targeted by the environmental health activity for cleanup/debris removal activities.</p> <p>Numerator: Number of community cleanup/debris removal activities conducted in all communities which were targeted for such activities.</p> <p>Denominator: Total number of communities targeted by the environmental health activity for cleanup/debris removal activities.</p> <p>Both numerator and denominator are reported as well as the average.</p>
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award. Percent values should be calculated using cumulative values from the entire award period.</p>
<p><b>Direction of Change:</b> +</p>
<p><b>Disaggregated By:</b> N/A</p>
<p><b>DATA COLLECTION</b></p>
<p><b>Method:</b> Routine Monitoring Enumeration of the number of cleanup/debris removal activities conducted during the activity period. Enumeration of the total number of communities targeted for cleanup/debris removal activities during the activity period.</p>
<p><b>Source:</b> Activity records</p>
<p><b>Who Collects:</b> Implementing partner staff</p>
<p><b>From Whom:</b> Implementing partner staff who manage activity records</p>
<p><b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.</p>
<p><b>Baseline Value Information:</b> Baseline value is zero</p>
<p><b>ADDITIONAL INFORMATION</b></p>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

**W3: Average number of communal solid waste disposal sites created and in use per community targeted by the environmental health activity**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Environmental Health
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator measures the availability and functionality of disposal sites created for the final disposition of solid waste generated within a community.</p> <p>For this indicator, a community is generally defined as a group of households:</p> <ol style="list-style-type: none"> <li>1. Having a defined geographic area;</li> <li>2. Linked by social, economic, and/or cultural ties; and</li> <li>3. Sharing a common leadership or governmental structure.</li> </ol> <p>These are typically at the lower end of the governmental/administrative spectrum (e.g., towns, villages, hamlets, neighborhoods). An IDP camp (or its sub-divisions in the case of large camps) is considered a community. As “community” is highly contextual, you should adapt this definition to your setting and be consistent in its application.</p> <p>For the purpose of this indicator, <i>created</i> includes the development of new solid waste disposal sites as well as the reactivation of former solid waste disposal sites that have fallen into complete disuse. Creation of a solid waste disposal site means that, at a minimum, the site is</p> <ol style="list-style-type: none"> <li>1. Accessible to users;</li> <li>2. Fenced with a controlled entry/exit;</li> <li>3. Of a reasonable volume based on the size of its user population;</li> <li>4. Designed and operated in a manner that minimizes vector issues;</li> <li>5. Designed and operated in a manner that mitigates potential negative environmental impacts; and</li> <li>6. Accompanied by a written operations and maintenance (O&amp;M) plan to include collection and transport to the site.</li> </ol> <p>Determination of whether the site is “in use” will be based on</p> <ol style="list-style-type: none"> <li>1. The presence of improperly disposed solid waste within the supported community;</li> <li>2. Clear signs of use while observing the site (e.g. real time usage, proper maintenance, controlled operation, worn paths); and</li> <li>3. A structured interview with the caretaker or a focus group discussion (FGD) with beneficiaries.</li> </ol>	
<p><b>Unit of Measure:</b> Number (of solid waste disposal sites)</p>	

**Calculation:** The average (mean) is derived by dividing the number of communal solid waste disposal sites created and in use in all communities which were targeted for this activity by the total number of communities targeted by the environmental health activity for creation of communal solid waste disposal sites.

Numerator: Number of communal solid waste disposal sites created and in use in all communities which were targeted for this activity.

Denominator: Total number of communities targeted by the environmental health activity for creation of communal solid waste disposal sites.

Note: Both numerator and denominator are reported as well as the average

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award. Percent values should be calculated using cumulative values from the entire award period.

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Routine Monitoring

Data collection for the numerator will include:

1. A field observation at each disposal site;
2. A community crosswalk to assess the presence of improperly disposed solid waste;
3. A visual inspection of the site's written O&M plan; and
4. Either an interview with the caretaker or a FGD with the beneficiaries.

The denominator will be enumerated from activity records.

**Source:** For the numerator, records from field assessments completed at each solid waste disposal site initiated by the activity. Activity records for the denominator.

**Who Collects:** Implementing Partner Staff

**From Whom:** Implementing partner staff conducting the assessment and managing activity records

**Frequency of Collection and Reporting:** Data will be collected on an ongoing basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- This indicator has been adapted from the SPHERE standard indicator.

**W4: Percent of households targeted by the WASH promotion activity that are properly disposing of solid waste**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Environmental Health

**INDICATOR DESCRIPTION**

**Definition:**

This indicator measures the presence of proper solid waste disposal practices at household level.

Proper disposal of solid waste means that households

1. Have access to appropriate hardware for disposal of solid waste; and
2. Demonstrate appropriate usage of this hardware.

While “appropriate” hardware is contextual, it generally includes any household or communal refuse bin or pit which, when used properly, adequately reduces public health risks associated with vectors, flooding, and contamination of water sources.

Appropriate usage means that

1. There is no unhealthy accumulation of solid waste in the living area; and
2. The hardware is operated and maintained as designed (e.g., bins have lids, waste in pits is regularly covered with soil or ash, no obvious vector issues).

Living Area definition: In cases where different households are living collectively (e.g., an IDP camp, collective shelters, public buildings, transit centers), the living area is defined as inside the wall/fence that surrounds the collective area. If there is no wall/fence, then the living area is defined as the collective area plus a 20-meter radius around the group of houses, shelters, or structures that make up the collective area. In cases where households are living separately, the living area is defined as being inside the wall/fence that surrounds the household’s house, shelter, or structures (i.e., its compound). If there is no wall/fence, then the living area is defined as being within a 20-meter radius around the house, shelter or group of structures that make up the household.

**Unit of Measure:** Percent (of households)

**Calculation:** The percent is derived by dividing the number of households surveyed who properly dispose of solid waste by the total number of households surveyed in the target population

Numerator: Number of households surveyed who properly dispose of solid waste.

Denominator: Total number of households surveyed in the target population.

Note: Both numerator and denominator are reported as well as the average

**How to Count Life of Award (LOA):** The LOA values will be generated from the endline survey.

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Population-based/beneficiary household Survey

The presence of proper household solid waste disposal practices is measured by interview and direct observation during a quantitative, representative, population-based (household) survey.

To determine if the household's solid waste disposal practice complies with the definition stated above, enumerators will

1. Ask the respondent where his/her household disposes its solid waste;
2. Observe the stated disposal site and determine whether it is "appropriate" and properly operated and maintained; and
3. Assess the living area for unhealthy accumulations of solid waste.

**Source:** Questionnaire

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity in the final activity report.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

### ADDITIONAL INFORMATION

- This indicator is adapted from SPHERE standard for Solid Waste Management: "Percentage of households reporting appropriate and adequate waste storage at household level"

**W5: Average number of persistent standing water sites eliminated via drainage interventions per community targeted by the environmental health activity**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Environmental Health

**INDICATOR DESCRIPTION**

**Definition:**

This indicator measures the number of drainage activities aimed at eliminating persistent standing water sites, which, if left unattended, could have negative public health and environmental impacts.

A persistent standing water site is defined as one in which standing water remains over such a prolonged period of time that it causes potentially negative public health or environmental impacts.

Eliminated means that standing water is not present when inspecting the site no earlier than three months after activity completion, and that, as a result of the drainage measures undertaken, standing water is not expected to reappear in the foreseeable future.

Appropriate drainage interventions include

- Soakaway pits/trenches for sullage;
- Constructing new stormwater drainage channels;
- Rehabilitating existing drainage channels (e.g., clearing constrictions, expanding the network);
- Constructing/repairing diversion channels around key infrastructure; and
- Other measures that remove standing water and prevent future ponding of sullage, surface runoff, and stormwater.

**Unit of Measure:** Number (of standing water sites eliminated)

**Calculation:** The average (mean) is derived by dividing the number of persistent standing water sites eliminated via drainage interventions by the total number of communities targeted by the environmental health activity for drainage interventions aimed at eliminating persistent standing water sites. Both numerator and denominator are reported as well as the average.

Numerator: Number of persistent standing water sites eliminated via drainage interventions in all communities which were targeted for this activity.

Denominator: Total number of communities targeted by the environmental health activity for drainage interventions aimed at eliminating persistent standing water sites.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award.

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Routine Monitoring

Enumeration of the number of persistent standing water sites eliminated via drainage interventions during the activity period. Enumeration of the total number of communities targeted for drainage interventions aimed at eliminating persistent standing water sites during the activity period.

**Source:** Activity records

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff who manage the site inspection and activity documentation

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- N/A

**W6: Average number of vector control activities conducted per community targeted by the environmental health intervention**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Environmental Health

**INDICATOR DESCRIPTION**

**Definition:**

This indicator measures the number of activities conducted for the sole purpose of controlling disease-causing vectors.

As noted beneath, for the purpose of this indicator, vector control activities include environmental modification, chemical and biological control, and personal protective measures. While other WASH efforts such as latrine promotion, solid waste management, drainage and hygiene promotion also contribute to a reduction in vector populations, they should not be counted within this indicator as they are captured in other indicators and are not generally done for the “sole” purpose of reducing disease vectors.

For the purpose of this indicator, the promotion of long-lasting insecticide-treated nets (LLINs) is not to be counted as a vector control activity even though it is a viable personal protective measure. As LLINs are a restricted item for BHA, LLINs fall under the Pest and Pesticides sub-sector of the Agriculture and Food Security Sector for procurement and the Health sector for activity implementation.

These are typically at the lower end of the governmental/administrative spectrum (e.g., towns, villages, hamlets, neighborhoods). An IDP camp (or its sub-divisions in the case of large camps) is considered a community. As “community” is highly contextual, you should adapt this definition to your setting and be consistent in its application.

An intervention is part of a BHA-funded activity; for the purposes of this indicator is defined as an organized effort in a defined location intended to for a specific purpose with a specified duration of time (e.g. a two-week indoor residual spraying campaign in an IDP camp to reduce the population of adult *Anopheles* mosquitoes). For this indicator, appropriate vector control activities include

1. Environmental modification (e.g., levelling land, filling borrow pits, removing unwanted vegetation around canals/ponds);
2. Chemical control methods (e.g., indoor residual spraying, application of larvicides or molluscicides);
3. Biological control methods (e.g., larvivorous fish); and

4. Promotion of personal protective measures (e.g., eliminating breeding sites in and around the living area, avoiding areas where and times when vectors are known to persist, rat-proofing houses).
<b>Unit of Measure:</b> Mean (average)
<b>Calculation:</b> Average (mean) is derived by dividing the number of vector control activities conducted in all communities which were targeted for this intervention by the total number of communities targeted by the environmental health activity for vector control activities. Both numerator and denominator are reported as well as the average.  Numerator: Number of vector control activities conducted in all communities which were targeted for this intervention. Denominator: Total number of communities targeted by the environmental health activity for vector control activities.
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award
<b>Direction of Change:</b> +
<b>Disaggregated By:</b> N/A
<b>DATA COLLECTION</b>
<b>Method:</b> Routine Monitoring Enumeration of the number of vector control activities conducted during the activity period. Enumeration of the total number of communities targeted for vector control activities during the activity period.
<b>Source:</b> Intervention or attendance records
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Implementing partner staff who manage the intervention documentation.
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.
<b>Baseline Value Information:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>N/A</li> </ul>

**W7: Number of individuals receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Hygiene Promotion
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            This indicator is a count of the number of direct recipients of hygiene promotion interventions who received hygiene messaging personally through a household visit or through participating in a group session implemented with BHA funding. People who participated in group sessions and also received household visits should only be counted once. People who received multiple household visits should also only be counted once. To be counted in this indicator, the person must have received messaging or behavior change communication as a means of improving personal or family hygiene behaviors.</p> <p>This indicator does not include:</p> <ul style="list-style-type: none"> <li>• People who did not receive hygiene messages directly from an agent of the activity should not be counted at all; or</li> <li>• People who only received non-food items (NFI) does not count as hygiene promotion.</li> </ul>	
<b>Unit of Measure:</b> Number (of individuals)	
<b>Calculation:</b> This is a count of the number of individuals who receive hygiene messaging	
<b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.	
<b>Direction of Change:</b> +	
<p><b>Disaggregated By:</b>            Sex: female, male</p>	
<b>DATA COLLECTION</b>	
<b>Method:</b> Routine Monitoring	
<b>Source:</b> Registration and records of beneficiaries directly receiving messages through hygiene promotion activities	
<b>Who Collects:</b> Implementing partner staff	

**From Whom:** Direct beneficiaries

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## W8: Percent of beneficiary households with soap and water at a handwashing station on premises

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Hygiene Promotion
INDICATOR DESCRIPTION	
<p><b>Definition:</b>  A “handwashing station” is a location where household members go to wash their hands. In some instances, these are permanent fixtures (e.g., cement sink), while in others the handwashing devices can be moved for the family’s convenience (e.g., tippy taps). The measurement takes place via observation during the household visit, and both soap and water must be available at the station. The soap may be in bar, powder, or liquid form. Shampoo is considered liquid soap. The cleansing product (i.e., soap) must be at the handwashing station or reachable by hand when standing in front of it.</p> <p>A “handwashing station on premises” is one that can be readily observed by the enumerator during the household visit, and where survey respondents indicate that family members generally wash their hands.</p> <p>Communal handwashing stations should not be counted under this indicator.</p>	
<p><b>Unit of Measure:</b> Percent (of households)</p>	
<p><b>Calculation:</b> The percent is calculated by dividing the number of beneficiary households in the sample where both water and soap or ash are found at the handwashing station on premises by the number of beneficiary households in the sample.</p> <p>Numerator: The numerator is the number of beneficiary households in the sample where both water and soap or ash are found at the handwashing station on premises.</p> <p>Denominator: The denominator is the number of beneficiary households in the sample.</p>	
<p><b>How to count LOA:</b> LOA values will be generated from the endline survey.</p>	
<p><b>Direction of change:</b> +</p>	
<p><b>Disaggregate By:</b>  Recommended:  Gendered Household Type: F&amp;M, FNM, MNF, CNA</p>	
DATA COLLECTION	

<b>Method:</b> Direct observation (during beneficiary survey)
<b>Source:</b> Direct observation by enumerator
<b>Who Collects:</b> Implementing partner staff or enumerator
<b>From Whom:</b> Beneficiary households
<b>Frequency of Collection and Reporting:</b> Data will be collected at the baseline and endline survey. Data will be reported in baseline report, and endline or evaluation report.
<b>Baseline Value Info:</b> Baseline value will be derived from the baseline survey.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• The Joint Monitoring Programme (JMP) for Water Supply and Sanitation by WHO and UNICEF: <a href="http://www.wssinfo.org/">http://www.wssinfo.org/</a>.</li> <li>• This indicator is adapted from adapted from HL.8.2-5</li> <li>• SPHERE: Percentage of affected households where soap and water are available for handwashing</li> </ul>

**W9: Percent of households targeted by the hygiene promotion activity with no evidence of feces in the living area**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Hygiene Promotion
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator measures the effectiveness of hygiene promotion efforts to reduce the practice of open defecation in immediate living areas.</p> <p>For this indicator, feces includes both human and animal feces.</p> <p>Living Area definition: In cases where different households are living collectively (e.g., an IDP camp, collective shelters, public buildings, transit centers), the living area is defined as inside the wall/fence that surrounds the collective area. If there is no wall/fence, then the living area is defined as the collective area plus a 20-meter radius around the group of houses, shelters, or structures that make up the collective area. In cases where households are living separately, the living area is defined as being inside the wall/fence that surrounds the household's house, shelter, or structures (i.e., its compound). If there is no wall/fence, then the living area is defined as being within a 20-meter radius around the house, shelter or group of structures that make up the household.</p>	
<p><b>Unit of Measure:</b> Percent (of households)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of households surveyed with no evidence of feces in the living area by the total number of households surveyed in the target population.</p> <p>Numerator: Number of households surveyed with no evidence of feces in the living area Denominator: Total number of households surveyed in the target population</p>	
<p><b>How to Count Life of Award (LOA):</b> The LOA values will be generated from the endline survey.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Direct observation (during beneficiary survey)</p>	

**Source:** Direct observation by enumerator

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity in the final report.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

#### **ADDITIONAL INFORMATION**

- Indicator adapted from SPHERE standard indicator: “There are no human faeces present in the environment in which people live, learn and work”

**WI0: Percent of individuals targeted by the hygiene promotion activity who know at least three (3) of the five (5) critical times to wash hands**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Hygiene Promotion
INDICATOR DESCRIPTION	
<p><b>Definition:</b>            This indicator measures individuals' knowledge of the hand washing practices which are most effective at preventing the spread of pathogens along the fecal-oral cycle. The five critical times to wash hands are defined as:</p> <ol style="list-style-type: none"> <li>1. After defecation/using the toilet;</li> <li>2. Before eating;</li> <li>3. After changing diapers or cleaning a child's bottom;</li> <li>4. Before preparing food; and</li> <li>5. Before feeding an infant.</li> </ol>	
<p><b>Unit of Measure:</b> Percent (of individuals)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of survey respondents who demonstrate that they know at least three (3) of the (5) critical times to wash hands by the total number of people surveyed in the target population.</p> <p>Numerator: Number of survey respondents who demonstrate that they know at least three (3) of the (5) critical times to wash hands.            Denominator: Total number of people surveyed in the target population.</p> <p>Note: Both numerator and denominator are reported as well as the percent.</p>	
<p><b>How to Count Life of Award (LOA):</b> The LOA values will be generated from the endline survey.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b>            Sex: female, male</p>	
DATA COLLECTION	

**Method:** Quantitative, representative, population-based or beneficiary-based (household) survey. Questions exploring handwashing knowledge must be open-ended, e.g., “Please state for me all of the occasions when it is most important to wash one’s hands.”

**Source:** Questionnaire

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Direct Beneficiaries

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline. Data will be reported in the baseline report and at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline survey in the first 90 days of the intervention. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity in the final report.

#### ADDITIONAL INFORMATION

- N/A

**WI I: Percent of households targeted by the hygiene promotion activity who store their drinking water safely in clean containers**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Hygiene Promotion
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator measures the existence of safe household water storage practices that reduce the risks of post-collection water contamination.</p> <p>A household is generally defined as one or more people living in shared space (a physical structure or compound) and sharing critical resources such as water, hygiene/sanitation facilities, or food preparation areas. You should adapt this household definition to your context to ensure consistency among enumerators.</p> <p>This indicator requires that water be stored in safe containers and that those containers be clean. A safe water storage container is defined as a drinking water storage vessel which limits the risk of contamination and prevents dipping instruments or hands from coming in contact with the water (e.g., sealed/covered buckets with spigots or narrow-necked jerry cans). The determination of whether a container is clean is based on the presence/absence of dirt, grime, sediment, or other foreign substances on the interior or exterior surfaces of the container.</p>	
<p><b>Unit of Measure:</b> Percent (of households)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of households surveyed who store their drinking water safely in clean containers by the total number of households surveyed in the target population.</p> <p>Numerator: Number of households surveyed who store their drinking water safely in clean containers. Denominator: Total number of households surveyed in the target population.</p> <p>Both numerator and denominator are reported as well as the percentage.</p>	
<p><b>How to Count Life of Award (LOA):</b> The LOA values will be generated from the endline survey.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	

## DATA COLLECTION

**Method:** Direct observation (during beneficiary survey)

The existence of safe water storage practices is measured by direct observation during a quantitative, representative, population-based (household) survey. Using the indicator definition, direct observation will determine whether the container is both (a) safe – meaning it is of a type that limits the risk of further contamination (e.g., sealed/covered container with a spigot or narrow-necked jerry can); and (b) clean.

**Source:** Direct observation

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline. Data will be reported in the baseline report and at the end of the activity. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity in the final report

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

## ADDITIONAL INFORMATION

- N/A

**WI2: Percent of people targeted by the hygiene promotion activity who report using a latrine the last time they defecated**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Hygiene Promotion
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator measures the effectiveness of hygiene promotion efforts to encourage people to use latrines when defecating. Use of this indicator generally assumes that household or communal latrines are accessible to the population.</p> <p>For this indicator, a latrine is defined as</p> <ul style="list-style-type: none"> <li>● A simple pit latrine;</li> <li>● A VIP latrine; or</li> <li>● A flush latrine (pour-flush or cistern-flush) connected to a pit, septic, or sewer.</li> </ul>	
<p><b>Unit of Measure:</b> Percent (of people)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of survey respondents who state that they used a latrine the last time they defecated by the total number of people surveyed in the target population.</p> <p>Numerator: Number of survey respondents who state that they used a latrine the last time they defecated.</p> <p>Denominator: Total number of individuals surveyed in the target population.</p> <p>Note: Both numerator and denominator are reported as well as the percentage.</p>	
<p><b>How to Count Life of Award (LOA):</b> The LOA values will be generated from the endline survey.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> Sex: female, male</p>	
DATA COLLECTION	

**Method:** Beneficiary or population-based household survey. Questions exploring whether a person used a latrine the last time they defecated must be open ended, e.g., “The last time you defecated, where did you do so?”

**Source:** Questionnaire

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Direct beneficiary

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline. Data will be reported in the baseline report and at the end of the activity. Baseline data will be reported in the baseline report and endline data will be reported at the end of the activity in the final report.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

#### ADDITIONAL INFORMATION

- N/A

### WI3: Number of individuals directly utilizing improved sanitation services provided with BHA funding

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Sanitation

#### INDICATOR DESCRIPTION

**Definition:**

This indicator is a count of the number of individuals targeted by the activity and who regularly utilize the sanitation facilities that were constructed, rehabilitated, or maintained either directly by the activity, or constructed by beneficiaries themselves as a result of the activity. In the latter case, this may be the result of the activity successfully creating communal demand for sanitation facilities.

“Sanitation services” refer to excreta disposal systems specifically.

This indicator does not count handwashing stations, bathing facilities, washing slabs, and MHM facilities.

**Unit of Measure:** Number (of people)

**Calculation:** This is a count of the number of people directly utilizing improved sanitation services provided with BHA funding.

**How to Count Life of Award (LOA):** LOA values will be generated from the endline survey.

**Direction of Change:** +

**Disaggregate By:**

Sex: female, male

#### DATA COLLECTION

**Method:**

Two measurements are required for this indicator:

1. Utilization of sanitation facilities should be documented either through an observed decrease in open defecation, observed usage of latrines, or household survey data of self-reported behaviors.
2. The population benefiting from the sanitation activity must be estimated. A variety of methods are acceptable to estimate the number of individuals served by the sanitation activity. A full counting of direct beneficiaries, where possible, is likely the most accurate means. This may not be possible in all cases. If a full counting is not possible, a household (HH) survey may be necessary in order to calculate average HH size. This can then be multiplied by the number of HHs served to obtain an

<p>estimate of the number of beneficiaries. The official camp/shelter population data may also be used. Alternatively, a key informant interview with a community leader or local authority who has recently conducted a population survey, or data from a recent census from national records may be used, either to calculate average HH size and/or the number of HHs served. Detail what sources or processes were used to estimate the number of beneficiaries and/or the number of households.</p>
<p><b>Source:</b></p> <ol style="list-style-type: none"> <li>1. Household surveys to determine utilization or direct observation of either usage of latrines or a reduction in open defecation.</li> <li>2. Population data sources utilized will depend upon the setting and what current data is available. It will also depend upon whether or not household (HH) latrines or communal latrines were constructed. If HH latrines were constructed, then either official population data or a representative average HH size must be determined in order to estimate the number of individual beneficiaries. If communal latrines are constructed, all of the HHs who have regular access to the latrines must somehow be determined. Data sources may be either primary data or secondary data, depending upon what data exists and what data is needed to create a realistic estimate of the population served. Detail what sources or processes were used to determine the number of beneficiaries.</li> </ol>
<p><b>Who Collects:</b> Implementing partner staff or enumerators</p>
<p><b>From Whom:</b> For population-based surveys: households living in the intervention area. For beneficiary-based surveys: beneficiary households.</p>
<p><b>Frequency of Collection and Reporting:</b> Endline data will be reported at the end of the activity.</p>
<p><b>Baseline Value Information:</b> Baseline value is zero.</p>
<p><b>ADDITIONAL INFORMATION</b></p>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

**WI4: Number of individuals gaining access to a basic sanitation service as a result of BHA assistance**

<b>APPLICABILITY</b>	RiA: Required for activities that aim to repair sanitation facilities or build new sanitation facilities
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Sanitation

**INDICATOR DESCRIPTION**

**Definition:**

“Basic sanitation service” is a sanitation facility that hygienically separates human excreta from human contact (i.e. an improved sanitation facility) and is not shared with other households. These include

- Flush or pour/flush facilities connected to piped sewer systems, septic systems or pit latrines;
- Composting toilet; or
- Pit or ventilated improved pit latrine (with slab).

All other sanitation facilities that do not meet this definition and are considered “unimproved.”

Unimproved sanitation includes: flush or pour/flush toilets without a sewer connection; pit latrines without slab; open pit latrines; bucket latrines; or hanging toilets/latrines.

This assistance may come in the form of hygiene promotion to generate demand. It may also come as activities facilitate access to supplies and services needed to install improved facilities or improvements in the supply chain(s).

Individuals can be counted as “gaining access” if they:

- Established (built) a basic sanitation facility during the reporting year; or
- Rehabilitated a basic sanitation facility from a non-functional or unimproved state during the reporting year.

**Unit of Measure:** Number (of people)

**Calculation:** This is a count of the total number of beneficiaries gaining access to a basic sanitation service as a result of BHA assistance.

**How to count LOA:** LOA will be a count of all individual beneficiaries at the end of the activity who gained and maintained access to a basic sanitation service with the support from BHA. If an individual gains access as the result of BHA assistance, but loses access (e.g., due to poor maintenance) but then access is re-established with BHA-assistance later during the LOA, s/he should not be counted again. (Exceptions might be made in the case of destruction due to conflict or natural disaster.)

<b>Direction of change:</b> +
<b>Disaggregate By:</b> Sex: female, male Residence: rural, urban/peri-urban
<b>DATA COLLECTION</b>
<b>Method:</b> Routine Monitoring
<b>Source:</b> Questionnaire, monitoring checklist
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Direct beneficiaries
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.
<b>Baseline Value Info:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• This indicator is adapted from HL.8.2-2</li> </ul>

## WI5: Percent of households in target areas practicing open defecation

<b>APPLICABILITY</b>	RiA: Required for activities promoting safe sanitation behaviors
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Sanitation
<b>INDICATOR DESCRIPTION</b>	
<b>Definition:</b> “Open defecation” refers to the practice of defecating in fields, forests, bushes, bodies of water or other open spaces. Households practicing open defecation have no sanitation facility or the sanitation facility is unusable.	
<b>Unit of Measure:</b> Percent (of households)	
<b>Calculation:</b> The percent is derived by dividing the number of households surveyed indicating that they do not use sanitation facilities by the number of households surveyed.  Numerator: The numerator is the number of households surveyed indicating that they do not use sanitation facilities. Denominator: The denominator is the total number of households surveyed.	
<b>How to count LOA:</b> The LOA should be the endline survey value.	
<b>Direction of change:</b> -	
<b>Disaggregate By:</b> Gendered Household Type: F&M, FNM, MNF, CNA	
<b>DATA COLLECTION</b>	
<b>Method:</b> Beneficiary Survey	
<b>Source:</b> Questionnaire	
<b>Who Collects:</b> Implementing partner staff or enumerators	
<b>From Whom:</b> Direct beneficiaries	
<b>Frequency of Collection and Reporting:</b> Data will be collected at the baseline and endline. Baseline data will be reported in the first annual report and endline data will be reported at the end of the activity.	

**Baseline Value Info:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- The Joint Monitoring Programme (JMP) for Water Supply and Sanitation by WHO and UNICEF:  
<http://www.wssinfo.org/>.

**WI6: Number of communities verified as “open defecation free” (ODF) as a result of BHA assistance**

<b>APPLICABILITY</b>	RiA: Required for activities promoting open defecation free communities
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Sanitation

**INDICATOR DESCRIPTION**

**Definition:**

“Open defecation free” (ODF) status in a community requires that everyone in the community has a designated location for sanitation (regardless of whether it meets the definition of a "basic sanitation facility", is a shared facility or otherwise unimproved) and that there is no evidence of open defecation in the community.

However, where higher national standards exist, ODF status should be defined in accordance with national regulations and/or an established national system. If a national policy does not exist, implementing partners shall agree upon a definition with USAID during development of the activity Monitoring and Evaluation Plan (MEP). Open defecation free status must be verified through an established certification process, reviewed by the implementing partner or a third party.

To count a community as “open defecation free,” the implementing partner must verify the community’s “open defecation free” status within the reporting period. Emergency activities longer than 12 months should verify the ODF status of each community every year and count and report every year that a community remains ODF.

**Calculation:** This is a count of the total number of communities verified as “open defecation free” as a result of BHA assistance.

**How to count LOA:** The LOA value is the same as the final year value, i.e., the number of communities that are verified as ODF at the end of the activity.

**Direction of change:** +

**Disaggregated by:** N/A

**DATA COLLECTION**

**Method:** Routine Monitoring

**Source:** Monitoring checklist - a community has to be declared as ODF by the appropriate authority

**Who Collects:** Implementing partner staff

**From Whom:** Activity communities' appropriate authorities

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline. Baseline data will be reported in the first annual report and endline data will be reported at the end of the activity.

**Baseline Value Info:** Baseline value is zero.

#### **ADDITIONAL INFORMATION**

- The Handbook on Community Led Total Sanitation produced by Kamal Kar and Robert Chambers in 2008 suggests a qualitative approach to determining open defecation free status. This may include: visiting former open defecation sites at dawn and dusk, determining whether open/hanging latrines are being used as well as paths to installed latrines, and observing existing community sanctions for infringements to ODF rules.
- This indicator is adapted from HL.8-2

**WI7: Number of basic sanitation facilities provided in institutional settings as a result of BHA assistance**

<b>APPLICABILITY</b>	RiA: Required for activities that aim to repair sanitation facilities or build new sanitation facilities in institutional settings
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Sanitation

**INDICATOR DESCRIPTION**

**Definition:**

“Institutional settings” are defined as schools and health facilities. Schools in the context of this indicator are day schools for children 6 to 18 years of age who return home after school. Schools may be public or private. Health facilities may provide different levels of service, but it is anticipated that sanitation facilities will be installed in health facilities at the lower echelons of the service hierarchy. Health facilities may be public or private.

A “basic sanitation facility” is one that provides privacy and hygienically separates human excreta from human contact and includes:

- Flush or pour/flush facility connected to a piped sewer system;
- A septic system or a pit latrine with slab;
- Composting toilets; or
- Ventilated improved pit latrines (with slab).

All other sanitation facilities do not meet the definition of “basic” and are considered “unimproved.” Unimproved sanitation includes: flush or pour/flush toilets without a sewer connection; pit latrines without slab/open pit; bucket latrines; or hanging toilets/latrines.

For latrine blocks with several squat holes, the “sanitation facility” count is the number of squat holes in the block. Sanitation facilities that are repaired in order to meet set local government standards will also be counted. Sanitation facilities counted are only those that have hand washing facilities within or near the toilets and are located on premises of the institution. In school settings, there must be gender-specific sanitation facilities and host country standards regarding the ratio of students per squat hole must be met.

**Unit of Measure:** Number (of basic sanitation facilities)

**Calculation:** This indicator is a count of the number of basic sanitation facilities provided in institutional settings as a result of BHA assistance.

<p><b>How to count LOA:</b> Implementing partners are encouraged to maintain a database as part of routine monitoring throughout the activity to record the total number without double counting.</p>
<p><b>Direction of change:</b> +</p>
<p><b>Disaggregate By:</b> Type of Facility: schools, health facilities (e.g., clinics, hospitals)</p>
<p><b>DATA COLLECTION</b></p>
<p><b>Method:</b> Routine Monitoring</p>
<p><b>Source:</b> Monitoring checklist</p>
<p><b>Who Collects:</b> Implementing partner staff</p>
<p><b>From Whom:</b> Implementing partner staff who manage the sanitation intervention documentation.</p>
<p><b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported after the annually and at the end of the activity.”</p>
<p><b>Baseline Value Information:</b> Baseline value is zero.</p>
<p><b>ADDITIONAL INFORMATION</b></p>
<ul style="list-style-type: none"> <li>• This indicator is adapted from HL.8.2-4</li> </ul>

**WI8: Percent of households targeted by latrine construction/promotion activities whose latrines are completed and clean**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Sanitation
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            This indicator measures an activity’s effectiveness in facilitating the construction of household latrines in order to prevent human excreta from being a source of contamination. Facilitation can range from direct construction by the implementing partner(100% subsidy) to promotion of household latrines (with no direct subsidy to beneficiary households).</p> <p>A latrine is defined as</p> <ul style="list-style-type: none"> <li>● A simple pit latrine;</li> <li>● A ventilated improved pit (VIP) latrine; or</li> <li>● A flush latrine (pour-flush or cistern-flush) connected to a pit, septic, or sewer.</li> </ul> <p>A “completed” latrine means that it is designed, located, built and maintained in a way that:</p> <ol style="list-style-type: none"> <li>1. Enables safe and convenient access to all users, and</li> <li>2. Safely contains excreta so that it is not a source of contamination.</li> </ol> <p>For this indicator, “clean” is defined as:</p> <ol style="list-style-type: none"> <li>1. The absence of feces or used anal cleansing material on the slab and within a five-meter radius around the exterior of the latrine; and</li> <li>2. The absence of unreasonably noxious odors and excess flies which may cause users to avoid the latrine.</li> </ol>	
<p><b>Unit of Measure:</b> Percent (of households)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of households targeted by the latrine construction/promotion activity whose latrines are completed and clean by the total number of households targeted by the latrine construction/promotion activity.</p> <p>Numerator: Number of households targeted by the latrine construction/promotion activity whose latrines are completed and clean.</p> <p>Denominator: Total number of households targeted by the latrine construction/promotion activity.</p>	

**How to Count Life of Award (LOA):** For activities 12 months or less, use the last available beneficiary-based survey value; for activities 12 months or more, use the endline survey value.

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** The preferred method of data collection is a census of all households targeted by the activity. In situations where a full census is not practical (e.g., due to the scale of the activity), a population-based household survey may be used.

**Source:** Direct observation checklist or questionnaire

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** All household in targeted catchment area

**Frequency of Collection and Reporting:** Endline data will be collected in the the endline survey and reported at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- N/A

**WI9: Percent of latrines/defecation sites in the target population with handwashing facilities that are functional and in use**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Sanitation

**INDICATOR DESCRIPTION**

**Definition:**

This indicator measures the prevalence of handwashing facilities at latrines and defecation sites. The indicator will be disaggregated by household latrines/defecation sites and public latrines/defecations sites.

For this indicator, a latrine is defined as

- A simple pit latrine;
- A ventilated improved pit (VIP) latrine;
- A flush latrine (pour-flush or cistern-flush) connected to a pit, septic, or sewer;
- or a chemical toilet.

The latrine must be designed, located, built and maintained in a way that

1. Enables safe and convenient access to all users; and
2. Safely contains excreta so that it is not a source of contamination.

A defecation site is defined as a specific location (other than a latrine) where defecation practices and excreta are managed in a way that isolates excreta and prevents it from being a source of contamination.

Defecation sites include

- Clearly demarcated areas where individuals defecate in catholes (generally at the very early stage of an emergency);
- Defecation fields; and
- Defecation trenches.

A functional handwashing facility is one which:

1. Is located no more than 10 meters from the latrine or defecation site;
2. Has both soap and water present; and
3. Appropriately manages gray water.

Determination of whether the handwashing facility is “in use” will be based on clear signs of recent usage while observing the site. Signs of recent use includes individuals actually washing hands during observation, evidence of proper maintenance, worn paths, wet soap, signs of rinse water on the ground.

<b>Unit of Measure:</b> Percent (of latrine/defecation sites with handwashing facilities)
<p><b>Calculation:</b> The percent is derived from the number of latrine/defecation sites surveyed with handwashing facilities that are functional and in use divided by the total number of latrines/defecation sites surveyed in the target population</p> <p>Numerator: Number of latrines/defecation sites surveyed with handwashing facilities that are functional and in use.</p> <p>Denominator: Total number of latrines/defecation sites surveyed in the target population.</p> <p>Note: Both numerator and denominator should be reported</p>
<b>How to Count Life of Award (LOA):</b> For activities 12 months or less, use the last available beneficiary-based survey value; for activities 12 months or more, use the endline survey value.
<b>Direction of Change:</b> +
<p><b>Disaggregated By:</b></p> <p>Type: Household, Public</p>
<b>DATA COLLECTION</b>
<p><b>Method:</b></p> <p>Household latrines: direct observation during population based household survey</p> <p>Public latrines and defecation sites: census (direct observation)</p> <p>For household latrines, this indicator should be measured by direct observation during a quantitative, representative, population-based (household) survey. If the household latrine complies with the definition above, the enumerator should observe the latrine to assess whether it has a handwashing facility that is functional and in use.</p> <p>For public latrines and defecation sites, this indicator should be measured by a census. Each public latrine and defecation site (as defined above) should be observed in order to assess whether it has a handwashing facility that is functional and in use.</p>
<b>Source:</b> For handwashing facilities at household latrines, records from statistically valid household surveys. For handwashing facilities at public latrines/defecation sites, records from a census of all public latrines.
<b>Who Collects:</b> Implementing partner staff or enumerators
<b>From Whom:</b> Households living in the intervention area or community observation
<b>Frequency of Collection and Reporting:</b> Endline data will be collected in the the endline survey and reported at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

**ADDITIONAL INFORMATION**

- N/A

## W20: Average number of users per functioning toilet

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Sanitation
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This is an IASC (Inter-Agency Standing Committee) indicator that provides a crude estimate of toilet coverage (number of people/functioning toilet) based on the estimated population size and the number of functioning toilets. This is useful as a guide primarily in the early stages of an emergency response to assess the extent to which people have access to toilets. For the purpose of this indicator, a toilet and a latrine are synonymous.</p> <p>“Average number of users” refers to the estimated population divided by the estimated number of functioning toilets.</p> <p>A toilet is defined as</p> <ul style="list-style-type: none"><li>• A simple pit latrine;</li><li>• A ventilated improved pit (VIP) latrine;</li><li>• A flush latrine (pour-flush or cistern-flush) connected to a pit, septic, or sewer;</li><li>• or a chemical toilet.</li></ul> <p>A “functioning” toilet is defined as one which is designed, located, built and maintained in a way that</p> <ol style="list-style-type: none"><li>1. Enables safe and convenient access to all users; and</li><li>2. safely contains excreta so that it is not a source of contamination.</li></ol>	
<b>Unit of Measure:</b> Number (of people)	
<p><b>Calculation:</b> Divide estimated or enumerated population size by estimated or enumerated number of functioning toilets.</p> <p>Numerator: Estimated or enumerated number of people in the target area Denominator: Estimated or enumerated number of functioning toilets in the target area Both numerator and denominator are reported as well as the average.</p>	
<b>How to Count Life of Award (LOA):</b> LOA values will be generated from the endline survey.	
<b>Direction of Change:</b> -	
<b>Disaggregated By:</b> N/A	

## DATA COLLECTION

**Method:** Census or Population-based Survey.

While a census of the population and an enumeration of the number of functioning toilets is the most accurate data collection method, it is unlikely this will be practical during the early stages of the response.

If census data is not available and a conducting a new census is impractical, the numerator and denominator must be estimated. A representative, population-based survey would be the preferred estimation method. For example, a representative household (HH) survey could reasonably estimate the average HH size and the percentage of HHs with a functioning toilet. The population could then be estimated by multiplying the average HH size by the estimated number of HHs. If using systematic random sampling, one benefit is that the survey will yield the estimated total number of HHs. The total number functioning toilets could be estimated by adding the number derived from the HH survey (i.e., the percentage of HHs with a functioning toilet multiplied by the total number of HHs) plus the total number of functioning public toilets (enumerated or estimated).

Alternately, if the area is too large to conduct a full HH survey but has a fairly homogenous population density, an estimate can be conducted from defined segments of the area and then extrapolated. This involves

1. Drawing a map of the area to be assessed (easily done with a GPS unit);
2. Estimating the area;
3. Superimposing a grid over the map and numbering each grid;
4. Going to randomly selecting grids and conducting a HH survey in a one-hectare square (100m x 100m) to estimate the number of HHs, average HH size, and number of functioning latrines;
5. Repeating step 4 until at least 1% of the area has been assessed; and
6. Extrapolating this data to the entire area.

The numerator and denominator can also be estimated either from secondary data or through key informant interviews (KIIs). The accuracy of data from either of these sources may be poor unless the data is based on a recent census or population-based assessment by a third party.

**Source:**

Census or statistically valid population-based survey.

Describe what sources or methods were used to estimate both the numerator and the denominator and the rationale for selecting the source or method.

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Households living in the intervention area

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline. Baseline data will be reported in baseline report and endline data will be reported at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

**ADDITIONAL INFORMATION**

- N/A

## W2I: Number of individuals per safe bathing facility completed in target population

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Sanitation

### INDICATOR DESCRIPTION

**Definition:**

This indicator provides a crude estimate of access to safe bathing facilities based on the estimated population size and the number of safe bathing facilities. This is useful as a guide primarily in emergency settings.

A safe bathing facility at household level is one whose access is limited solely to household members while also being conveniently accessible to each household member (adults, children, male, female, disabled). A safe communal bathing facility or a household facility shared with other community members must be:

1. Gender separated,
2. Lockable from the inside,
3. Well-lit or ensure users have access to torches, and
4. Conveniently accessible to all members of the community.

**Unit of Measure:** Number (of people)

**Calculation:** This is derived by dividing the estimated or enumerated population size by the estimated or enumerated number of safe bathing facilities

Numerator: Estimated or enumerated number of people in the target area

Denominator: Estimated or enumerated number of safe bathing facilities in the target area

Both numerator and denominator are reported as well as the ratio.

**How to Count Life of Award (LOA):** LOA values will be generated from the endline survey

**Direction of Change:** -

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Population-based HH Survey

While a census of the population and an enumeration of the number of safe bathing facilities is the most accurate data collection method, it is unlikely this will be practical during the early stages of the response.

If census data is not available and conducting a new census is impractical, the numerator and denominator must be estimated. A representative, population-based survey would be the preferred estimation method. For example, a representative household (HH) survey could reasonably estimate the average HH size and the percentage of HHs with a safe bathing facility. The population could then be estimated by multiplying the average HH size by the estimated number of HHs. If using systematic random sampling, one benefit is that the survey will yield the estimated total number of HHs. The total number of safe bathing facilities could be estimated by adding the number derived from the HH survey (i.e., the percentage of HHs with a safe bathing facility multiplied by the total number of HHs) plus the total number of public safe bathing facilities (enumerated or estimated).

Alternately, if the area is too large to conduct a full HH survey but has a fairly homogenous population density, an estimate can be conducted from defined segments of the area and then extrapolated. This involves

1. drawing a map of the area to be assessed (easily done with a GPS unit);
2. Estimating the area;
3. Superimposing a grid over the map and numbering each grid;
4. Going to randomly selecting grids and conducting a HH survey in a one hectare square (100m x 100m) to estimate the number of HHs, average HH size, and number of safe bathing facilities;
5. Repeating step 4 until at least 1% of the area has been assessed; and
6. Extrapolating this data to the entire area.

The numerator and denominator can also be estimated either from secondary data or through key informant interviews (KIIs). The accuracy of data from either of these sources may be poor unless the data is based on a recent census or population-based assessment by a third party.

**Source:**

Statistically valid population-based survey questionnaire or census

Describe what sources or methods were used to estimate both the numerator and the denominator and the rationale for selecting the source or method.

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Households living in the intervention area

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline. Baseline data will be reported in baseline report and endline data will be reported at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**W22: Percent of excreta disposal facilities built or rehabilitated in health facilities that are clean and functional**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Sanitation

**INDICATOR DESCRIPTION**

**Definition:**

This indicator measures the cleanliness and operational status of all excreta disposal facilities built or rehabilitated by the activity in targeted health facilities.

For this indicator, an excreta disposal facility is defined as

- A simple pit latrine;
- A VIP latrine; or
- A flush latrine (pour-flush or cistern-flush) connected to a pit, septic, or sewer.

Clean is defined as

- The absence of feces or used anal cleansing material on the slab and within a five-meter radius around the exterior of the excreta disposal facility; and
- The absence of unreasonably noxious odors and excess flies which may cause users to avoid the facility.

A “functional” excreta disposal facility at a health facility must

1. Be constructed of cleanable material;
2. Be supplied with water if water is required for flushing or anal cleansing;
3. Be lockable from the inside; and
4. Have a handwashing station with soap and water located no more than ten meters away.

**Unit of Measure:** Number (of excreta disposal facilities)

**Calculation:** The percent is derived by dividing the number of clean and functional excreta disposal facilities by the total number of excreta disposal facilities built or rehabilitated

Numerator: Number of clean and functional excreta disposal facilities in the target area

Denominator: Total number of excreta disposal facilities built or rehabilitated in the target area

Both numerator and denominator are reported as well as the percentage.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award.

<b>Direction of Change:</b> +
<b>Disaggregated By:</b> N/A
<b>DATA COLLECTION</b>
<p><b>Method:</b> Direct Observation  The functionality of all (100%) excreta disposal facilities built or rehabilitated by the activity in health facilities should be assessed by direct observation during a cross-sectional survey no earlier than three months after building or rehabilitating.</p>
<p><b>Source:</b> For the numerator, records from an assessment of all excreta disposal facilities during a health facility survey. For the denominator, activity records.</p>
<p><b>Who Collects:</b> Implementing partner staff or enumerators</p>
<p><b>From Whom:</b> Direct observation</p>
<p><b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.</p>
<p><b>Baseline Value Information:</b> Baseline value is zero.</p>
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

**W23: Percent of hand washing stations built or rehabilitated in health facilities that are functional**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Sanitation
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            This indicator measures the operational status of all hand washing stations built or rehabilitated by the activity in targeted health facilities. Handwashing facilities are generally associated with either a latrine or common area accessible to staff, patients, and caregivers.</p> <p>A “functional” handwashing station associated with a latrine must</p> <ol style="list-style-type: none"> <li>1. Be located no more than 10 meters from the latrine;</li> <li>2. Have both soap and water present; and</li> <li>3. Appropriately manage gray water.</li> </ol> <p>A “functional” handwashing station associated with other common areas accessible to staff, patients, and caregivers must</p> <ol style="list-style-type: none"> <li>1. Be in a location which makes hand washing convenient to patients, caregivers, and staff;</li> <li>2. Have both soap and water present; and</li> <li>3. Appropriately manage gray water.</li> </ol>	
<p><b>Unit of Measure:</b> Percent (of hand washing stations)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of functional hand washing stations by the total number of hand washing stations built or rehabilitated.</p> <p>Numerator: Number of functional hand washing stations in targeted health facilities.            Denominator: Total number of hand washing stations built or rehabilitated in targeted health facilities.</p> <p>Note: Both numerator and denominator are reported as well as the percentage.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	

## DATA COLLECTION

**Method:** Routine Monitoring, Direct Observation

The functionality of all (100%) hand washing stations built or rehabilitated by the activity in health facilities should be assessed by direct observation during a cross-sectional survey no earlier than three months after building or rehabilitating.

**Source:** For the numerator, records from an assessment of all handwashing stations during a health facility survey. For the denominator, activity records.

**Who Collects:** Implementing partner staff

**From Whom:** Direct Observation

**Frequency of Collection and Reporting:** Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

## ADDITIONAL INFORMATION

- N/A

**W24: Percent of Menstrual Hygiene Management facilities constructed in target population that are currently in use**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Sanitation

**INDICATOR DESCRIPTION**

**Definition:**

This indicator measures how acceptable and accessible communal menstrual hygiene management (MHM) (i.e., female friendly) facilities constructed by the activity are to the women and girls intended to use them. A key goal of these facilities is to improve the safety, privacy, and dignity with which women and girls can live in emergency contexts. In most contexts, rather than requiring added infrastructure, this simply requires modest improvements to commonly provided WASH infrastructure.

Communal MHM facilities may be constructed at public and institutional levels. They may be constructed in combination with latrines and bathing facilities. As well, stand-alone laundering facilities such as washing/drying areas and changing rooms may be constructed. Regardless of the type and location, for the purpose of this indicator, a constructed “MHM facility” must

1. Be designed with user input;
2. Be contextually appropriate;
3. Be safely and conveniently accessible;
4. Be gender segregated;
5. Afford privacy to the user;
6. Be lockable from the inside (where appropriate);
7. Ensure users have access to water and soap (ideally inside);
8. Be well-lit or ensure users have access to torches;
9. Incorporate appropriate waste management (from generation to final disposal) that enables discreet disposal of menstrual materials; and
10. Be sufficiently clean such that usage is not deterred. This includes no feces on latrine slabs, no solid waste outside of bins, and the absence of noxious odors and excess flies.

Whether an MHM facility is “in use” will be based on reported usage by women and girls. This should be measured through Focus Group Discussions (FGDs) or individual interviews as other quantitative methods may be inappropriate. If women and girls are reporting consistent usage of a specific MHM facility for its intended use, then the facility is categorized as “in use.” If, on the other hand, women and girls are reporting no usage, regardless of the reason, that MHM facility would not be considered “in use.” In this case, the FGD should explore reasons why the MHM facility is not in use and use the participants’ feedback to make necessary improvements. If participants are reporting inconsistent or

low usage of a facility, that may still qualify it as “in use” if the reason is simply that the facility is in high demand (indicating a need to increase the number of MHM facilities). If, however, the reason for low or inconsistent usage is due to poor user acceptance of the facility, it would not count as “in use.” In either case, the FGD should explore the reasons for low usage and make necessary activity improvements.

**Unit of Measure:** Number (of MHM facilities)

**Calculation:** The percent is derived by dividing the number of MHM facilities in use by the total number of MHM facilities constructed with BHA support in the target area.

Numerator: Number of MHM facilities in use in the target area.  
Denominator: Total number of MHM facilities constructed in the target area

**How to Count Life of Award (LOA):** LOA values will be generated from the endline survey

**Direction of Change:** +

**Disaggregated By:** N/A

**DATA COLLECTION**

**Method:** The denominator is collected from activity records then verified by direct observation using the definition above. All communal MHM facilities which activity records list as being constructed should be verified by direct observation.

The numerator will be assessed by FGDs or individual interviews with women and girls. Questions should include

1. During your period, where do you change your cloth/pad?;
2. Where do you wash and dry cloths/reusable pads?;
3. If not using MHM facilities for changing, washing or drying cloths/pads, are the areas you choose to do so acceptable – why or why not?;
4. Are the constructed MHM facilities acceptable – why or why not?;
5. What changes to existing MHM facilities are required to make them more acceptable?

**Source:** For the numerator, records from FGDs/interviews with women and girls. For the denominator, activity records and records from direct observation of MHM facilities.

**Who Collects:** Implementing partner staff

**From Whom:** Direct beneficiaries

**Frequency of Collection and Reporting:** Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

**W25: Total number of individuals receiving WASH NFIs assistance through all modalities (without double-counting)**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	WASH NFIs
INDICATOR DESCRIPTION	
<p><b>Definition:</b>            Individuals: Total number of people receiving WASH NFI assistance through the award activities.</p> <p>WASH NFIs: direct distribution of hygiene items, hygiene kits, cash or vouchers. Examples of WASH NFIs include (but are not limited to): water transport/storage containers, soap, materials for anal cleansing, miscellaneous hygiene items (shampoo, razors, toothpaste, toothbrushes, nail clippers, etc.), menstrual hygiene management materials, diapers, cleaning materials and products.</p> <p>Modality: direct distribution, voucher, or cash.</p>	
<p><b>Unit of Measure:</b> Number (of individuals)</p>	
<p><b>Calculation:</b> This is a count of individuals.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique number of beneficiaries, without double counting.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b>            Sex: female, male</p>	
DATA COLLECTION	
<p><b>Method:</b> Routine Monitoring</p> <p>The number of individuals may be estimated in a variety of ways depending upon the context and the means of increasing access to NFIs.</p> <ul style="list-style-type: none"> <li>• If direct distributions take place, records of the number of families or individuals receiving NFIs should be available. An average household size may need to be estimated, which can be done using either primary or secondary data.</li> </ul>	

<ul style="list-style-type: none"> <li>• If cash or vouchers are distributed to households or individuals, records of cash/voucher distributions will be necessary, as well as an estimate of household size, determined through primary or secondary data.</li> </ul> <p>Describe what data sources were used to determine an average household size if used to estimate the number of individual beneficiaries.</p>
<p><b>Source:</b> Records of distributions or transfers that took place. Secondary datasets if used to estimate average household size.</p>
<p><b>Who Collects:</b> Implementing partner staff</p>
<p><b>From Whom:</b> Implementing partner staff who manage the NFI distribution documentation.</p>
<p><b>Frequency of Collection and Reporting:</b> Data will be reported on a semi-annual, annual and at the end of the activity</p>
<p><b>Baseline Value Information:</b> The baseline value is zero.</p>
<p><b>ADDITIONAL INFORMATION</b></p>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

**W26: Percent of households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e. kits) or vouchers**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	WASH NFIs
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            This indicator assesses beneficiary households’ satisfaction with the <b>contents</b> of WASH NFIs (non-food items) received.</p> <p>The primary purpose of WASH NFIs is to enable water, sanitation, or hygiene related behaviors. Examples of WASH NFIs include: water transport/storage containers, soap, materials for anal cleansing, miscellaneous hygiene items (shampoo, razors, toothpaste, toothbrushes, nail clippers, etc.), menstrual hygiene management materials, diapers, cleaning materials and products.</p> <p>A household is generally defined as one or more people living in shared space (a physical structure or compound) and sharing critical resources such as water, hygiene/sanitation facilities, or food preparation areas. Partners should adapt this household definition to their context to ensure consistency among enumerators.</p> <p>A household’s “satisfaction” with the contents will be assessed by interviewing a household member who has direct knowledge of the household’s need for hygiene items and who is aware of the hygiene items received via kits or purchased via a voucher. The contents refers to the variety of WASH NFIs (examples of which are provided above) necessary to fulfill the household’s hygiene needs. To be satisfied with the contents implies that the household was able to obtain the items it deemed necessary to enable safe hygiene behaviors.</p>	
<p><b>Unit of Measure:</b> Percent (of households)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of households reporting satisfaction with the contents of WASH NFIs by the total number of households surveyed in the target population.</p> <p>Numerator: Number of households reporting satisfaction with the contents of WASH NFIs received through direct distribution (e.g. kits), vouchers, or cash.            Denominator: Total number of households surveyed in the target population.</p>	

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award counting only the unique households reporting satisfaction with the contents of WASH NFIs divided by the total number of households surveyed.

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Routine Monitoring through a post-distribution monitoring (PDM) survey. Post-distribution monitoring (PDM) using a probability-based representative household survey is the preferred method. If a survey is not feasible, focus group discussions with beneficiaries are acceptable. The sampling frame is limited to those households receiving WASH NFIs either through direct distribution or vouchers, or cash.

Questions to assess satisfaction may include

1. Were you satisfied with the variety of hygiene items your household received in the kit (or was able to purchase with the voucher)?
2. Why or why not?
3. What additional items would you have liked to receive in the kit (or have included in the voucher)?; and
4. Were there any items which you did not use? If so, why not?

**Source:** Post distribution monitoring questionnaire

**Who Collects:** Implementing partner staff

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Data will be collected after a WASH NFI distribution. Data will be reported semi-annual and annual reports, and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- N/A

**W27: Percent of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	WASH NFIs
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator assesses beneficiary households’ satisfaction with the <b>quantity</b> of WASH NFIs received.</p> <p>The primary purpose of WASH NFIs is to enable water, sanitation, or hygiene related behaviors. Examples of WASH NFIs include (but are not limited to): water transport/storage containers, soap, materials for anal cleansing, miscellaneous hygiene items (shampoo, razors, toothpaste, toothbrushes, nail clippers, etc.), menstrual hygiene management materials, diapers, cleaning materials and products.</p> <p>A household’s “satisfaction” with the quantity of WASH NFIs received will be assessed by interviewing a household member who has direct knowledge of the household’s need for hygiene items and who is aware of the hygiene items received via kits or purchased via a voucher/cash. The “quantity” refers simply to the number of each WASH NFI (examples of which are provided above) necessary to fulfill the household’s hygiene needs. For instance, if a family received only one water storage container and felt they needed three, they would not be satisfied. If a household with 11 members received a hygiene kit designed for 6 family members, they also may not be satisfied.</p>	
<p><b>Unit of Measure:</b> Percent (of households)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of households reporting satisfaction with the quantity of WASH NFIs by the total number of households surveyed in the target population.</p> <p>Numerator: Number of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash. Denominator: Total number of households surveyed in the target population.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique households reporting satisfaction with the quality of WASH NFIs divided by total households surveyed</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	

## DATA COLLECTION

**Method:** Routine Monitoring through a post-distribution monitoring (PDM) survey.

Post-distribution monitoring (PDM) using a probability-based representative household survey is the preferred method. If a survey is not feasible, focus group discussions with beneficiaries are acceptable. The sampling frame is limited to those households receiving WASH NFIs either through direct distribution or vouchers, or cash.

Questions to assess satisfaction with the quantity of WASH NFIs may include

1. Were there any issues with the quantity of items provided (or purchased with the voucher/cash?); and
2. If yes, which items and why.

**Source:** Post distribution monitoring questionnaire

**Who Collects:** Implementing partner staff

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Data will be collected after a WASH NFI distribution. Data will be reported semi-annual and annual reports, and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

## ADDITIONAL INFORMATION

- N/A

**W28: Percent of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	WASH NFIs
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            This indicator assesses beneficiary households’ satisfaction with the quality of WASH NFIs received.</p> <p>The primary purpose of WASH NFIs is to enable water, sanitation, or hygiene related behaviors. Examples of WASH NFIs include (but are not limited to): water transport/storage containers, soap, materials for anal cleansing, miscellaneous hygiene items (shampoo, razors, toothpaste, toothbrushes, nail clippers, etc.), menstrual hygiene management materials, diapers, cleaning materials and products.</p> <p>A household is generally defined as one or more people living in shared space (a physical structure or compound) and sharing critical resources such as water, hygiene/sanitation facilities, or food preparation areas. Partners should adapt this household definition to their context to ensure consistency among enumerators.</p> <p>A household’s “satisfaction” with the quality of WASH NFIs received will be assessed by interviewing a household member who has direct knowledge of the household’s need for hygiene items and who is aware of the hygiene items received via kits or purchased via a voucher/cash. The “quality” refers to a subjective assessment by the household of the suitability, functionality, and durability of each WASH NFI received or purchased.</p>	
<p><b>Unit of Measure:</b> Percent (of households)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of households reporting satisfaction with the quantity of WASH NFIs by the total number of households surveyed in the target population.</p> <p>Numerator: Number of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash            Denominator: Total number of households surveyed in the target population</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award counting only the unique households reporting satisfaction with the quality of WASH NFIs divided by total households surveyed.</p>	

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Routine Monitoring through a post-distribution monitoring (PDM) survey. Post-distribution monitoring (PDM) using a probability-based representative household survey is the preferred method. If a survey is not feasible, focus group discussions with beneficiaries are acceptable. The sampling frame is limited to those households receiving WASH NFIs either through direct distribution or vouchers, or cash.

Questions to assess satisfaction with the quality of WASH NFIs may include

1. Were there any issues with the quality of items provided (or purchased with the voucher/cash?); and
2. If yes, which items and why?

Please refer to the WASH NFI section in the Proposal Guidelines for a full list of sample questions recommended for PDM surveys.

**Source:** Post distribution monitoring questionnaire

**Who Collects:** Implementing partner staff

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Data will be collected after a WASH NFI distribution. Data will be reported semi-annual and annual reports, and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- N/A

**W29: Number of individuals directly utilizing improved water services provided with BHA funding**

<b>APPLICABILITY</b>	Required
<b>TYPE</b>	Output or Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Water Supply
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> Individuals: People counted as utilizing improved water services are those who, as a direct result of award activities, have improved water quality and/or increased water quantity available for drinking, personal hygiene, cooking, or other household uses.</p>	
<p><b>Unit of Measure:</b> Number (of individual beneficiaries)</p>	
<p><b>Calculation:</b> This is a count of the number of individual beneficiaries directly utilizing improved water services.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values will be generated from the endline survey</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> Sex: female, male</p>	
<b>DATA COLLECTION</b>	
<p><b>Method:</b> Population-based Household (HH) Survey Population-based Household (HH) Survey, including a determination of the quantity of water utilized per day within the home and water quality monitoring data as a determination of water quality within the home. HH survey is the best means to determine if beneficiaries are utilizing safe water in sufficient volumes within the home. If a household survey and household level water quality testing are not possible, please explain why not, and explain what other means were utilized to determine if households were utilizing more water and/or better-quality water inside the home.</p>	
<p><b>Source:</b> Primary data collection should be utilized to determine if beneficiaries use sufficient quantities of water inside the home and/or use improved water quality inside the home for drinking, cooking, personal hygiene, and other household uses.</p>	
<p><b>Who Collects:</b> Implementing partner staff or enumerators</p>	
<p><b>From Whom:</b> Beneficiary households</p>	

**Frequency of Collection and Reporting:** Data will be collected at the endline. Endline data will be collected in the endline survey and reported at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## W30: Number of individuals gaining access to basic drinking water services as a result of BHA assistance

<b>APPLICABILITY</b>	RIA: Required for activities promoting infrastructure-related WASH interventions
<b>TYPE</b>	Output
<b>SECTOR</b>	Water, Sanitation, and Hygiene
<b>SUB-SECTOR</b>	Water Supply

### INDICATOR DESCRIPTION

#### Definition:

“Basic drinking water services” are defined as improved sources or delivery points that by nature of their construction or through active intervention are protected from outside contamination, in particular from outside contamination with fecal matter, *and* where collection time is no more than 30 minutes for a roundtrip including queuing.

Drinking water sources meeting these criteria include:

- piped drinking water supply on premises;
- public tap/standpost; tube well/borehole;
- protected dug well; protected spring;
- rainwater; and/or
- bottled water (when another basic service is used for hand washing, cooking or other basic personal hygiene purposes).

All other services are considered to be “unimproved”, including: unprotected dug well, unprotected spring, cart with small tank/drum, tanker truck, surface water (river, dam, lake, pond, stream, canal, irrigation channel), and bottled water (unless basic services are being used for hand washing, cooking and other basic personal hygiene purposes).

All of the following criteria must be met for persons to be counted as “gaining access” to basic drinking water services as a result of BHA assistance:

1. The total collection time must be 30 minutes or less for a round trip (including wait time). Given this definition, the number of people considered to have “gained access” to a basic service will be limited by the physical distance to the service from participants’ dwellings, the amount of time typically spent queuing at the service, and the production capacity of the service.
2. The service must be able to consistently (i.e. year-round) produce 20 liters per day for each person counted as “gaining access.” This amount is considered the daily minimum required to effectively meet a person’s drinking, sanitation, and hygiene needs.
3. The service is either newly established or was rehabilitated from a non-functional state within the reporting fiscal year as a result of BHA assistance. If an individual loses access, e.g., due to a

breakdown, and the service is re-established with BHA assistance later during the LOA, s/he should not be counted again. (Exceptions might be made in the case of destruction due to conflict or natural disaster.)

4. Persons counting toward the indicator must not have previously, to the activity, had similar “access” to basic drinking water services, prior to the establishment or rehabilitation of the BHA-supported basic service.

To estimate count: Upon completion of construction or rehabilitation of an improved water source, the BHA implementing activities makes observations on and/or interviews initial users of the water source regarding the “time to collect” in relationship to the distance to their dwelling, and water source production volume measurements. This information is used to estimate the maximum distance from the source where “time to collect” among potential users would likely be 30 minutes or under. The number of persons living within that radius of the source currently not using an improved drinking water supply source according to the base value is the initial estimate of those “gaining access” to the source. This number might be further reduced, however, depending upon the measured production volume of the source in comparison to the 20 liters/capita/day minimum standard. These estimates would then be summarized and reported on an annual basis.

*Note: Although USAID expects that all drinking water services supported by BHA assistance be tested for fecal coliform and arsenic during the activity cycle, compliance with water quality standards is not required for attribution to this indicator.*

**Unit of Measure:** Number (of individual beneficiaries)

**Calculation:** This is a count of the number of individual beneficiaries gaining access to basic drinking water services as a result of BHA assistance

**How to count LOA:** LOA values are the cumulative reported values at the end of the award counting only the unique number of individual beneficiaries gaining access to basic drinking water services through the end of the activity.

**Direction of change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Population-based Survey, Routine Monitoring

**Source:** Questionnaire or Monitoring Checklist

**Who Collects:** Implementing partner staff or enumerator

**From Whom:** People living in the catchment areas of the water delivery/points

**Frequency of Collection and Reporting:** Depending on the monitoring and evaluation plan, data can be collected at the baseline and endline or through routine monitoring.

**Baseline Value Info:** Baseline value is zero.

#### **ADDITIONAL INFORMATION**

- For guidance on water testing requirements during the activity cycle, contact the USAID/E3/Water Office.
- This indicator is adapted from HL.8.1-1

### W3 I: Average liters/person/day collected from all sources for drinking, cooking, and hygiene

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Output or Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Water Supply

#### INDICATOR DESCRIPTION

**Definition:**

This indicator measures the average daily per capita usage in liters/person/day (l/p/d) of all water collected (safe as well as unsafe) for the purpose of drinking, cooking, and hygiene.

“All sources” means any source, regardless of the quality of water, from which water is collected for the purpose of satisfying the drinking, cooking, and hygiene needs of household members. This excludes water collected and used for

- Livestock
- Agriculture
- Gardening
- Construction
- Other livelihood generating purposes.

This indicator must be measured at household level. A household is generally defined as one or more people living in shared space (a physical structure or compound) and sharing critical resources such as water, hygiene/sanitation facilities, or food preparation areas. Partners should adapt this household definition to their context to ensure consistency among enumerators and to ensure that the indicator is accurately measuring per capita water consumption of all water consumers at the household.

**Unit of Measure:** Mean (average)

**Calculation:**

Mean is derived by dividing the sum of all per-capita water usage estimates (l/p/d) for drinking, cooking, and hygiene among surveyed households by the total number of households surveyed.

Numerator: Sum of all per-capita water usage estimates (l/p/d) for drinking, cooking, and hygiene among surveyed households

Denominator: Total number of households surveyed in the target population

Note: Numerator, denominator, and the average are reported.

**How to Count Life of Award (LOA):** LOA values will be generated from the endline survey.

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:**

Population-based (household) Survey OR other Population-based Survey (e.g., people at water points)

Average l/p/d will be estimated by a quantitative, representative, population-based (household) survey.

For each household surveyed, estimate the total volume of water used per day for all household members. This requires identifying and estimating the volume of each water container used, determining the number of times each container is filled per day, calculating the total volume collected per day (e.g., volume of container #1 multiplied by # times filled + volume of container #2 multiplied by # times filled + etc.), and dividing the total daily volume by the number of consumers (i.e. the household members). This information should be collected from a household member who is typically involved in collecting water. This process works whether households collect water directly from a water point or have water trucked into large, household storage tanks.

**Notes**

- It may be necessary to account for water that is used at the source (e.g., washing clothes at a river).
- Train enumerators to exclude water used for purposes other than drinking, cooking, and hygiene (e.g., water used for a kitchen garden)
- Train enumerators to account for cases where households do not collect water daily (e.g., every other day) to ensure that the ultimate per capita water usage estimate is in liters/person/**day**.
- Estimating this indicator will be difficult in areas where households are connected to piped water supplies and do not have metered connections.

**Source:** Questionnaire

**Who Collects:** Implementing partner staff or enumerators

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline and during monthly/quarterly/biannual/annual beneficiary survey. Data will be reported annually and at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

### ADDITIONAL INFORMATION

- N/A



## W32: Estimated safe water supplied per beneficiary in liters/person/day

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Water Supply
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator provides a crude estimate of safe water availability based on the estimated population size and the estimated production of safe water. This is useful as a guide in the early stages of an emergency. Otherwise, WSI (Water Usage) is preferred as it more directly measures the quantity of water people are using.</p> <p>Safe water is defined as, at a minimum, meeting the following two requirements at the point of distribution:</p> <ul style="list-style-type: none"><li>• 0 fecal coliforms per 100 ml sample; and</li><li>• &gt; 0.2 mg/L free residual chlorine (FRC) and &lt; 5 nephelometric turbidity units (NTU) for piped supplies, trucked supplies, and any water provided when there is a risk of a diarrheal epidemic.</li></ul> <p>Partners may make this definition more stringent as necessary to account for other known parameters which may pose significant, acute risks to water safety in their context (e.g., establishing maximum levels for toxins such as arsenic known to be prevalent in local groundwater supplies). If making the “safe water” definition more stringent, partners will clearly state the augmented definition in their proposal.</p> <p>Supplied means that the water is provided from an improved source available to the public. An improved source is one which has the potential to deliver safe water by nature of its design and construction. Specifically, for this indicator, an improved source is limited to: piped water; boreholes or tubewells; protected dug wells; protected springs; protected rainwater collection systems; packaged or delivered water; and emergency water treatment systems.</p>	
<b>Unit of Measure:</b> Ratio of liters/person/day.	
<p><b>Calculation:</b> This is derived by calculating the estimated volume of safe water provided per day (liters/day) for the target population divided by the estimated or enumerated size of the target population.</p> <p>Numerator: Liters per day of safe water Denominator: Number of people in target population</p>	

Both numerator and denominator are reported as well as the ratio (l/p/d) of safe water supplied per beneficiary per day.

**How to Count Life of Award (LOA):** LOA values will be generated from the endline

**Direction of Change:** +

**Disaggregated By:** N/A

## DATA COLLECTION

**Method:**

Routine Monitoring (liters/day)

Population-based household Survey or Census (number of people)

The numerator will be estimated by summing the estimated daily yields of each improved water source that complies with the definition of “safe water.” On-site yield estimates and confirmation of safe water compliance are preferred. Yield estimates should take into account losses which may occur during delivery or distribution (e.g., losses in a piped network). Where on-site estimates of all sources are not practical, explain how the safe water daily yield was estimated. Please refer to the PIRS for BHA indicators WS7 and WS8 for guidance on assessing fecal coliforms and free residual chlorine.

For the denominator, while a census is the most accurate method, it is unlikely to be practical in the early stages of the response. A representative, population-based survey is the preferred alternative. For example, a representative household (HH) survey could reasonably estimate the average HH size. The population could then be estimated by multiplying the average HH size by the estimated number of HHs. If using systematic random sampling, one benefit is that the survey will yield the estimated total number of HHs. Alternately, if the area is too large to conduct a full HH survey but has a fairly homogenous population density, an estimate can be conducted from defined segments of the area and then extrapolated. Please refer to the PIRS for BHA indicator S3 for an explanation of this method.

The numerator and denominator can also be estimated either from secondary data or through key informant interviews (KIIs). The accuracy of data from either of these sources may be poor unless the data is based on a recent census or population-based assessment by a third party.

**Source:**

For the numerator, records of estimated yields from each improved source providing safe water.

For the denominator, either: a census; a statistically valid population-based survey; secondary data; or KIIs. Partners must describe what sources or methods were used to estimate both the numerator and the denominator and the rationale for selecting the source or method.

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff who manage water source records; Households living in the intervention area.

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

**ADDITIONAL INFORMATION**

- N/A

**W33: Percent of households targeted by WASH activity that are collecting all water for drinking, cooking, and hygiene from improved water sources**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Water Supply

**INDICATOR DESCRIPTION**

**Definition:**

This indicator measures the proportion of the population that is collecting water for drinking, cooking, and hygiene solely from improved water sources.

A household is generally defined as one or more people living in shared space (a physical structure or compound) and sharing critical resources such as water, hygiene/sanitation facilities, or food preparation areas. Partners should adapt this household definition to their context to ensure consistency among enumerators.

This indicator focuses only on water collected for the drinking, cooking, and hygiene needs of household members. This excludes water collected for livestock, agriculture, gardening, construction, or other livelihood generating purposes

An “improved source” is one which has the potential to deliver safe water by nature of its design and construction. Specifically, for this indicator, an improved source is limited to: piped water; boreholes or tubewells; protected dug wells; protected springs; protected rainwater collection systems; packaged or delivered water; and emergency water treatment systems.

**Unit of Measure:** Percent (of households)

**Calculation:**

The percent is derived by dividing the number of households surveyed collecting all water for drinking, cooking and hygiene from improved sources by the total number of households surveyed.

Numerator: Number of households surveyed collecting all water for drinking, cooking and hygiene from improved sources

Denominator: Number of households surveyed in the target population.

Both numerator and denominator are reported as well as the percentage.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award. Percent values should be calculated using cumulative values from the entire award period.

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:**

Population-based (household) Survey

The practice of collecting all water for drinking, cooking and hygiene from improved sources is measured through interviews during a quantitative, representative, population-based (household) survey.

Questions must be open ended, e.g.: “From which source(s) do you collect water for drinking, cooking, and hygiene?”, “Are there times when water is unavailable from these sources?”; “If yes, where do you collect water for drinking, cooking, and hygiene when it is unavailable from these sources?;” “Do you collect water for drinking, cooking, and hygiene from any other sources other than those mentioned?”

**Source:**

Questionnaire

Records from interviews conducted during statistically valid household surveys are preferred. Other reliable population-based survey methods (e.g., people at water points) may be used when household surveys are not possible.

**Who Collects:** Implementing partner staff

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline and during monthly/quarterly/biannual/annual beneficiary survey. Data will be reported annually and at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

### ADDITIONAL INFORMATION

- N/A

**W34: Percent of households whose drinking water supplies have zero (0) fecal coliforms per 100 ml sample**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Output or Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Water Supply
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            This indicator measures the microbiological water quality at household level. A household is generally defined as one or more people living in shared space (a physical structure or compound) and sharing critical resources such as water, hygiene/sanitation facilities, or food preparation areas. Partners should adapt this household definition to their context to ensure consistency among enumerators.</p> <p>“Drinking water supplies” at household level may be stored water or, where households have a piped connection directly into the structure or compound, a faucet (i.e., a tap). For households that do not have a faucet, water stored for the purpose of drinking should be microbiologically tested. For households that do have a faucet, water directly from the faucet as well as any water stored for the purpose of drinking should be tested.</p> <p>For this indicator, “fecal coliforms” refers specifically to thermotolerant coliforms (see note beneath). As thermotolerant coliforms are typically enumerated as colony forming units (CFUs) or Most Probable Number (MPN), for this indicator, 0 fecal coliforms = 0 CFU = 0 MPN.</p> <p>Note:            The term “fecal coliform” has routinely been used in water microbiology to denote coliform organisms which grow at 44.0°C - 44.5°C and ferment lactose to produce acid and gas. That said, some organisms with these same characteristics may not be of fecal origin and the term “thermotolerant coliforms” is, therefore, more correct. Nonetheless, the presence of thermotolerant coliforms nearly always indicates fecal contamination. Usually, more than 95 per cent of thermotolerant coliforms isolated from water are <i>Escherichia coli</i> (<i>E. Coli</i>), the presence of which is definitive proof of fecal contamination. As a result, thermotolerant coliforms are deemed a sufficient indicator of the microbiological quality of water, and it is generally unnecessary to further isolate <i>E. Coli</i> or other fecal coliforms.</p>	
<b>Unit of Measure:</b> Percent (of households)	
<b>Calculation:</b>	

The percent is derived by dividing the number of households surveyed whose drinking water supplies have zero (0) fecal coliforms per 100 ml sample by the total number of households surveyed in the target population.

Numerator: Number of households surveyed whose drinking water supplies have zero (0) fecal coliforms per 100 ml sample

Denominator: Total number of households surveyed in the target population

Note: Both numerator and denominator are reported as well as the percentage.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award. Percent values should be calculated using cumulative values from the entire award period.

**Direction of Change:** +

**Disaggregated By:** N/A

## DATA COLLECTION

**Method:**

Household-level water quality testing

This indicator will be measured via household-level water quality testing during a quantitative, representative, household survey. You are not required to use commercial or government labs for water quality analyses. The use of appropriate field-based testing kits is acceptable and encouraged. If partners wish to test specifically for *E. Coli* instead of the broader category of thermotolerant coliforms, that is acceptable as long as the bacteria are cultured at 44°C (in this case, report *E. Coli* as a one-to-one equivalent of fecal coliforms).

Enumerators and partner staff/technicians must be trained and proficient in collecting, transporting, and processing water samples. As well, in order to ensure the maximum number of households agree to have their water tested, partners should develop an outreach plan in advance that addresses local cultural sensitivities and any potential concerns households may have related to having their water tested.

Household water samples will be analyzed for thermotolerant coliforms using either the membrane filtration method or the multiple fermentation tube/compartment method. Any alternative analysis methods proposed by partners should be clearly stated in the Water Supply section of partner proposals.

**Source:** Records of microbiological water quality results from water samples collected during statistically valid household surveys. Partners will indicate the water quality analysis method used when reporting.

**Who Collects:** Implementing partner staff

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline and during monthly/quarterly/biannual/annual beneficiary survey. Data will be reported annually and at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

**ADDITIONAL INFORMATION**

- N/A

**W35: Percent of households whose drinking water supplies have a free residual chlorine (FRC) > 0.2 mg/L**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Water Supply
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            This indicator measures the effectiveness of efforts to disinfect public water supplies and maintain adequate levels of free residual chlorine (FRC) all the way down to the point of consumption at the household.</p> <p>A household is generally defined as one or more people living in shared space (a physical structure or compound) and sharing critical resources such as water, hygiene/sanitation facilities, or food preparation areas. Partners should adapt this household definition to their context to ensure consistency among enumerators.</p> <p>“Drinking water supplies” at household level may be stored water or, where households have a piped connection directly into the structure or compound, a faucet (i.e. a tap). For households that do not have a faucet, water stored for the purpose of drinking should be tested for FRC. For households that do have a faucet, water directly from the faucet as well as any water stored for the purpose of drinking should be tested.</p> <p>FRC is the amount of residual chlorine in water in the form of hypochlorous acid, hypochlorite ions, and dissolved chlorine gas. It is the chlorine that remains available as a disinfectant after the chlorine demand has been met (i.e. consumed by oxidation and reactions with organic and inorganic materials) and other residual chlorine has combined with ammonia and other nitrogen compounds (significantly reducing its effectiveness as a disinfectant). The presence of FRC indicates that: (1) A sufficient amount of chlorine was added to the water to inactivate most of the pathogens that cause diarrheal disease; and (2) Some extended protection is provided (relative to the quantity of FRC) to prevent recontamination during transport home and storage of water in the household.</p>	
<p><b>Unit of Measure:</b> Percent (of households)</p>	
<p><b>Calculation:</b>            The percent is derived by dividing the number of households surveyed whose drinking water supplies have FRC &gt; 0.2 mg/L by the total number of households surveyed in the target population.</p>	

Numerator: Number of households surveyed whose drinking water supplies have FRC > 0.2 mg/L  
Denominator: Total number of households surveyed in the target population.

Note: Both numerator and denominator are reported as well as the percentage.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award. Percent values should be calculated using cumulative values from the entire award period.

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Household-level water quality testing survey  
This indicator will be measured via household-level water quality testing during a quantitative, representative, household survey.

Enumerators and partner staff/technicians must be trained and proficient in collecting and analyzing samples for FRC. As well, in order to ensure the maximum number of households agree to have their water tested, partners should develop an outreach plan in advance that addresses local cultural sensitivities and any potential concerns households may have related to having their water tested.

Household water samples will be analyzed for FRC using the DPD-colorimetric method.

**Source:** Records of FRC testing results from water samples collected during statistically valid household surveys.

**Who Collects:** Implementing partner staff

**From Whom:** Beneficiary households

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline and during monthly/quarterly/biannual/annual beneficiary survey. Data will be reported annually and at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

### ADDITIONAL INFORMATION

- N/A

**W36: Percent of households receiving point-of-use chlorine products whose water supplies have free residual chlorine (FRC) present**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Water Supply
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b>            This indicator measures how effective chlorine-based point-of-use (POU) products are being used at the household level. POU is also known as household water treatment (HHWT).</p> <p>A household is generally defined as one or more people living in shared space (a physical structure or compound) and sharing critical resources such as water, hygiene/sanitation facilities, or food preparation areas. Partners should adapt this household definition to their context to ensure consistency among enumerators.</p> <p>For the purpose of this indicator, POU products are limited to chlorine-based products (e.g., NaDCC tablets, sodium hypochlorite, combined flocculant/disinfectant sachets).</p> <p>For this indicator, “water supplies” refers to water stored at the household intended for drinking, cooking, or hygiene.</p> <p>FRC is the amount of residual chlorine in water in the form of hypochlorous acid, hypochlorite ions, and dissolved chlorine gas. It is the chlorine that remains available as a disinfectant after the chlorine demand has been met (i.e. consumed by oxidation and reactions with organic and inorganic materials) and other residual chlorine has combined with ammonia and other nitrogen compounds (significantly reducing its effectiveness as a disinfectant). The presence of FRC indicates that: (1) A sufficient amount of chlorine was added to the water to inactivate most of the pathogens that cause diarrheal disease; and (2) Some extended protection is provided (relative to the quantity of FRC) to prevent recontamination during transport home and storage of water in the household.</p> <p>For this indicator, the FRC must be greater than 0. (FRC &gt; 0 mg/L)</p>	
<p><b>Unit of Measure:</b> Percent (of households )</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of households surveyed whose water supplies have free residual chlorine present by the total number of households receiving chlorine based POU products which were surveyed.</p>	

Numerator: Number of households surveyed whose water supplies have free residual chlorine present  
Denominator: Total number of households receiving chlorine based POU products which were surveyed

Both numerator and denominator are reported as well as the percentage.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award. Percent values should be calculated using cumulative values from the entire award period.

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Household-level water quality testing survey

This indicator will be measured via household-level water quality testing during a quantitative, representative, household survey. The sample frame is only those households that received chlorine based POU products.

Enumerators and partner staff/technicians must be trained and proficient in collecting and analyzing samples for FRC. As well, in order to ensure the maximum number of households agree to have their water tested, partners should develop an outreach plan in advance that addresses local cultural sensitivities and any potential concerns households may have related to having their water tested.

Household water samples will be analyzed for FRC using the DPD-colorimetric method.

**Source:** Records of FRC testing results from water samples collected during statistically valid household surveys.

**Who Collects:** Implementing partner staff

**From Whom:** Beneficiary Households

**Frequency of Collection and Reporting:** Data will be collected at the baseline and endline and during monthly/quarterly/biannual/annual beneficiary survey. Data will be reported annually and at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

### ADDITIONAL INFORMATION

- N/A

**W37: Percent of water points developed, repaired, or rehabilitated with zero (0) fecal coliforms per 100 ml sample**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Water Supply
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator measures the microbiological water quality directly at the water point (i.e. the point of distribution).</p> <p>For this indicator, a “water point” is defined as a specific location which is available to the public for collecting water for drinking, cooking, and hygiene (regardless of the source of water and regardless of the method of extraction). This may include public tapstands, boreholes/tubewells, dug wells, and protected springs.</p> <p>For this indicator, “fecal coliforms” refers specifically to thermotolerant coliforms (see note beneath). As thermotolerant coliforms are typically enumerated as colony forming units (CFUs) or Most Probable Number (MPN), for this indicator, 0 fecal coliforms = 0 CFU = 0 MPN.</p> <p>Note: The term “fecal coliform” has routinely been used in water microbiology to denote coliform organisms which grow at 44.0°C - 44.5°C and ferment lactose to produce acid and gas. That said, some organisms with these same characteristics may not be of fecal origin and the term “thermotolerant coliforms” is, therefore, more correct. Nonetheless, the presence of thermotolerant coliforms nearly always indicates fecal contamination. Usually, more than 95 per cent of thermotolerant coliforms isolated from water are <i>Escherichia coli</i> (<i>E. Coli</i>), the presence of which is definitive proof of fecal contamination. As a result, thermotolerant coliforms are deemed a sufficient indicator of the microbiological quality of water, and it is generally unnecessary to further isolate <i>E. Coli</i> or other fecal coliforms.</p>	
<b>Unit of Measure:</b> Percent (of water points)	
<p><b>Calculation:</b> The percent is derived by dividing the number of water points developed, repaired, or rehabilitated with zero (0) fecal coliforms per 100 ml sample by total number of water points developed, repaired, or rehabilitated.</p> <p>Numerator: Number of water points developed, repaired, or rehabilitated with zero (0) fecal coliforms per 100 ml sample</p>	

Denominator: Total number of water points developed, repaired, or rehabilitated

Note: Both numerator and denominator are reported as well as the percentage.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award. Percent values should be calculated using cumulative values from the entire award period.

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:**

Census of all water points developed, repaired, or rehabilitated by the activity.

Partner staff and technicians must be trained and proficient in collecting, transporting, and processing water samples. Samples will be analyzed for thermotolerant coliforms using either the membrane filtration method or the multiple fermentation tube/compartment method. Any alternative analysis methods proposed by partners should be clearly stated in the Water Supply section of partner proposals.

**Source:**

Water quality records

Records of microbiological water quality results from water samples collected during a census of all water points developed, repaired, or rehabilitated by the activity. Partners will indicate the water quality analysis method used when reporting.

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff managing census data of water points and water quality records

**Frequency of Collection and Reporting:** Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero

### ADDITIONAL INFORMATION

- N/A

**W38: Percent of water points developed, repaired, or rehabilitated with free residual chlorine (FRC) > 0.2 mg/L**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Output
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Water Supply
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator measures free residual chlorine directly at the water point (i.e., the point of distribution).</p> <p>For this indicator, a “water point” is defined as a specific location which is available to the public for collecting water for drinking, cooking, and hygiene (regardless of the source of water and regardless of the method of extraction). This may include public tapstands, boreholes/tubewells, dug wells, and protected springs.</p> <p>FRC is the amount of residual chlorine in water in the form of hypochlorous acid, hypochlorite ions, and dissolved chlorine gas. It is the chlorine that remains available as a disinfectant after the chlorine demand has been met (i.e. consumed by oxidation and reactions with organic and inorganic materials) and other residual chlorine has combined with ammonia and other nitrogen compounds (significantly reducing its effectiveness as a disinfectant). The presence of FRC indicates that: (1) A sufficient amount of chlorine was added to the water to inactivate most of the pathogens that cause diarrheal disease; and (2) Some extended protection is provided (relative to the quantity of FRC) to prevent recontamination during transport home and storage of water in the household.</p>	
<p><b>Unit of Measure:</b> Percent (of water points)</p>	
<p><b>Calculation:</b> The percent is derived by dividing the number of water points developed, repaired, or rehabilitated with FRC &gt; 0.2 mg/L by total number of water points developed, repaired, or rehabilitated.</p> <p>Numerator: Number of water points developed, repaired, or rehabilitated with FRC &gt; 0.2 mg/L Denominator: Total number of water points developed, repaired, or rehabilitated</p> <p>Note: Both numerator and denominator are reported as well as the percentage.</p>	
<p><b>How to Count Life of Award (LOA):</b> LOA values are the cumulative reported values at the end of the award. Percent values should be calculated using cumulative values from the entire award period.</p>	
<p><b>Direction of Change:</b> +</p>	
<p><b>Disaggregated By:</b> N/A</p>	
<b>DATA COLLECTION</b>	

**Method:** Census of all water points developed, repaired, or rehabilitated by the activity. Partner staff and technicians must be trained and proficient in collecting and analyzing samples for FRC. Samples will be analyzed for FRC using the DPD-colorimetric method.

**Source:** Records of FRC testing results from water samples collected during a census of all water points developed, repaired, or rehabilitated by the activity.

**Who Collects:** Implementing Partner Staff

**From Whom:** Implementing partner staff who manage census data and FRC testing documentation

**Frequency of Collection and Reporting:** Data will be reported on a semi-annual, annual and at the end of the activity

**Baseline Value Information:** Baseline value is zero.

#### ADDITIONAL INFORMATION

- N/A

**W39: Percent of water user committees created and/or trained by the WASH activity that are active at least three (3) months after training**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Water Supply
INDICATOR DESCRIPTION	
<p><b>Definition:</b> This indicator provides a measure of the activity’s effectiveness in establishing functional water user committees.</p> <p>A “water user committee” is a designated group of community members who are representative of the community and are responsible for coordinating all aspects of the operation and maintenance of a specific community water supply system.</p> <p>“Created and/or trained” refers to newly created committees which are formed and trained (i.e. for new water systems or for existing systems that lack a committee) as well as existing committees which require training or retraining.</p> <p>For the purpose of this indicator, an “active” committee is defined as: (1) Having a designated group of individuals who are representative of the community and have been trained to perform as a water user committee; (2) Having a written set of bylaws that guide the conduct of the committee (e.g., member roles and responsibilities, meeting frequency, policies guiding the operation of the water supply system, fee collection policies, policies for preventive maintenance and repairs); and (3) Being in compliance with its bylaws.</p>	
<p><b>Unit of Measure:</b> Percent (of active water committees)</p>	
<p><b>Calculation:</b> The percent is derived by dividing number of water user committees created and/or trained by the WASH activity that are active at least three (3) months after training by total number of water user committees created and/or trained by the WASH activity.</p> <p>Numerator: Number of water user committees created and/or trained by the WASH activity that are active at least three (3) months after training Denominator: Total number of water user committees created and/or trained by the WASH activity</p> <p>Note: Both numerator and denominator are reported as well as the percentage.</p>	

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award. Percent values should be calculated using cumulative values from the entire award period.

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Focus group discussion

This indicator will be assessed no earlier than three (3) months after the committees have been trained.

The numerator will be assessed by conducting focus group discussions (FGDs) with each water user committee created and/or trained by the activity. In addition, a separate FGD should be conducted with a random group of community water users which the committee represents. Questions during the FGDs will be aimed at assessing whether the committee meets the definition of “active” described above.

The denominator will be collected from activity records.

**Source:** For the numerator, records from FGDs with water user committees and records from FGDs with groups of community water users. For the denominator, activity records.

**Who Collects:** Implementing partner staff

**From Whom:** Direct Beneficiaries

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- N/A

**W40: Percent of water points developed, repaired, or rehabilitated that are clean and protected from contamination**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Output or outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Water Supply
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> This indicator provides a measure of the sanitary conditions of water points developed, repaired, or rehabilitated by the activity.</p> <p>For this indicator, a “water point” is defined as a specific location which is available to the public for collecting water for drinking, cooking, and hygiene (regardless of the source of water and regardless of the method of extraction). This may include public tapstands, boreholes/tubewells, dug wells, and protected springs.</p> <p>To be considered “clean”, the area within a five (5) meter radius around the water point must be absent of: (1) Human feces; (2) Animal feces; (3) Solid waste; and (4) Any other substances that may compromise the sanitary condition of the water point (e.g., petroleum products).</p> <p>For water points that are co-located with a source (e.g., dug wells with a windlass, boreholes with a handpump), “protected” means that:</p> <ol style="list-style-type: none"> <li>1. The wellhead is raised and covered;</li> <li>2. There is a concrete apron that extends at least one meter beyond the edge of the source;</li> <li>3. The apron drains into a separate soak pit that prevents contamination of the source;</li> <li>4. There is no standing water; and</li> <li>5. Where necessary, effective fencing is provided to prevent livestock from coming in contact with the water point and contaminating the water source.</li> </ol> <p>For water points not co-located with a source (e.g., a public standpipe from a piped network, tapstands connected to a bladder), “protected” means that:</p> <ol style="list-style-type: none"> <li>1. The water collection area is designed to minimize standing water (e.g., a concrete or gravel base);</li> <li>2. The collection area drains to a soak pit;</li> <li>3. There is no standing water; and</li> <li>4. Where necessary to prevent livestock access, fencing is provided.</li> </ol>	
<b>Unit of Measure:</b> Percent (of water points)	

**Calculation:** The percent is derived by the number of water points developed, repaired, or rehabilitated that are clean and protected from contamination divided by the total number of water points developed, repaired, or rehabilitated

Numerator: Number of water points developed, repaired, or rehabilitated that are clean and protected from contamination

Denominator: Total number of water points developed, repaired, or rehabilitated

Note: Both numerator and denominator are reported as well as the percentage.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award. Percent values should be calculated using cumulative values from the entire award period

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Routine Monitoring, Direct Observation

This indicator will be assessed no earlier than three (3) months after the water point has been developed, repaired, or rehabilitated.

For the numerator, the sanitary condition of every (100%) water point developed, repaired, or rehabilitated by the activity will be assessed by direct observation during a water point survey. The denominator will be collected from activity records.

**Source:** For the numerator, records from observational data collected during water point surveys. For the denominator, activity records.

**Who Collects:** Implementing partner staff

**From Whom:** Implementing partner staff managing activity records and monitoring reports

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value will be derived from the baseline survey.

### ADDITIONAL INFORMATION

- N/A

**W4I: Percent of water committees actively using Water Safety Plans that have been created for water points developed, repaired, or rehabilitated by the water supply activity**

<b>APPLICABILITY</b>	Required – Select 2
<b>TYPE</b>	Outcome
<b>SECTOR</b>	WASH
<b>SUB-SECTOR</b>	Water Supply

**INDICATOR DESCRIPTION**

**Definition:**

This indicator provides a measure of the activity’s effectiveness in establishing functional Water Safety Plans.

A “water user committee” is a designated group of community members who are representative of the community and are responsible for coordinating all aspects of the operation and maintenance of a specific community water supply system.

A “water point” is defined as a specific location which is available to the public for collecting water for drinking, cooking, and hygiene (regardless of the source of water and regardless of the method of extraction). This may include public tapstands, boreholes/tubewells, dug wells, and protected springs. That said, this specific indicator is meant to capture the use of a Water Safety Plan that covers the entire water supply system (from source /catchment to consumer). So, even if partners’ technical work is focused only on a portion of a water supply system (e.g., extending a piped network, repairing a public tap, rehabilitating a cracked apron), they can also use this indicator if promoting a Water Safety Plan as a method for the community to holistically manage the safety of their entire water supply system.

**Unit of Measure:** Percent (of water user committees)

**Calculation:**

The percent is derived by dividing number of water committees actively using Water Safety Plans that have been created for water points developed, repaired, or rehabilitated by the water supply activity by total number of water committees for which Water Safety Plans have been created for water points developed, repaired or rehabilitated by the water supply activity.

Numerator: Number of water committees actively using Water Safety Plans that have been created for water points developed, repaired, or rehabilitated by the water supply activity

Denominator: Total number of water committees for which Water Safety Plans have been created for water points developed, repaired or rehabilitated by the water supply activity

Note: Both numerator and denominator are reported as well as the percentage.

**How to Count Life of Award (LOA):** LOA values are the cumulative reported values at the end of the award. Percent values should be calculated using cumulative values from the entire award period.

**Direction of Change:** +

**Disaggregated By:** N/A

### DATA COLLECTION

**Method:** Routine Monitoring including document review/audit/activity records  
This indicator will be assessed no earlier than three (3) months after establishment of Water Safety Plans.

For the numerator, an audit of each committee's Water Safety Plan will be conducted to assess whether the committee is following the actions outlined in the Water Safety Plan.

The denominator will be collected from activity records.

**Source:** For the numerator, records from audits of existing Water Safety Plans. For the denominator, activity records.

**Who Collects:** Implementing partner staff

**From Whom:** Water Safety Plan committees

**Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. Data will be reported on a semi-annual, annual and at the end of the activity.

**Baseline Value Information:** Baseline value is zero.

### ADDITIONAL INFORMATION

- Please refer to the following reference for Water Safety Plans, "*Water Safety Plan – Managing drinking-water quality from catchment to consumer*," WHO, 2005.  
[http://www.who.int/water\\_sanitation\\_health/dwq/wsp170805.pdf](http://www.who.int/water_sanitation_health/dwq/wsp170805.pdf)
- The criteria for determining whether the committee is "actively using" the Water Safety Plan are outlined in section 14.11 (Audit) of the WHO reference above. "*A Practical Guide to Auditing Water Safety Plans*," WHO & IWA, 2015" provides more comprehensive guidance on conducting audits of WSPs. When creating the WSP, partners will simultaneously develop an auditing plan that is simple and tailored to the community's water supply system.

## W42: Number of institutional settings gaining access to basic drinking water services as a result BHA assistance

<b>APPLICABILITY</b>	RiA: Required for activities promoting infrastructure-related water interventions that aim to improve access to drinking water in institutional settings.
<b>TYPE</b>	Output
<b>SECTOR OR KEYWORD</b>	WASH WASH in Health Facilities (keyword)
<b>SUB-SECTOR</b>	Water Supply

### INDICATOR DESCRIPTION

#### Definition:

“Institutional settings” are defined as schools and health facilities. Schools in the context of this indicator are day schools for children 6 to 18 years of age. Health facilities may provide different levels of service, but it is anticipated that water services will be installed in health facilities at the lower echelons of the service hierarchy. Health facilities may be public or private.

A “basic drinking water service” is defined as improved sources or delivery points that by nature of their construction or through active intervention are protected from outside contamination, in particular from outside contamination with fecal matter. Drinking water sources meeting these criteria include:

- Piped drinking water supply on premises;
- Public tap/standpost; tube well/borehole;
- Protected dug well; protected spring;
- Rainwater; and/or
- Bottled water (when another basic service is used for hand washing, cooking or other basic personal hygiene purposes).

An institution is counted as “gaining access” to a basic drinking water service if:

- The service is either newly established or rehabilitated from a non-functional state within the reporting fiscal year as a result of BHA assistance, and this institution did not previously have similar “access”; and
- The service is on the premises of the institution.

**Unit of Measure:** Number (of institutions)

**Calculation:** This is a count of the number of institutional settings gaining access to basic drinking water services as a result BHA assistance.

**How to count LOA:** LOA values are the cumulative reported values at the end of the award

<b>Direction of change:</b> +
<b>Disaggregated By:</b>
<u>Overall</u>
1. Number of institutional settings gaining access to basic drinking water services due to BHA assistance
<u>By Institution type</u>
2. Number of schools gaining access to basic drinking water services due to BHA assistance
3. Number of health facilities gaining access to basic drinking water services due to BHA assistance
<b>DATA COLLECTION</b>
<b>Method:</b> Routine monitoring
<b>Source:</b> Activity records and/or physical observation
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Implementing partner staff managing activity records and intervention documentation
<b>Frequency of Collection and Reporting:</b> Data will be collected on an ongoing/rolling/monthly basis. Data will be reported annually and at the end of the activity.
<b>Baseline Value Info:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>This indicator is adapted from HL.8.1-4</li> </ul>

### 3. PERFORMANCE INDICATOR REFERENCE SHEETS - KEYWORD INDICATORS

#	Indicator	Preferred Data Collection Method	Applicability Criteria	Page #
K1	<a href="#">Total USD value of cash transferred to beneficiaries</a>	Routine Monitoring	RiA - for activities that will transfer cash to beneficiaries	442
K2	<a href="#">Total USD value of vouchers redeemed by beneficiaries</a>	Routine Monitoring	RiA - for activities that will provide voucher to beneficiaries	444
K3	<a href="#">Total quantity (in metric tons) of food distributed to beneficiaries</a>	Routine Monitoring	RiA - for activities that use the in-kind keyword and include food distributions	446

**KI: Total USD value of cash transferred to beneficiaries**

<b>APPLICABILITY</b>	RiA: Required for activities that will transfer cash to beneficiaries
<b>TYPE</b>	Output
<b>SECTOR</b>	N/A
<b>SUB-SECTOR</b>	N/A
<b>KEYWORD</b>	Cash

**INDICATOR DESCRIPTION**

**Definition:**  
 “Cash” includes any sort of money, regardless of transfer mechanism, such as physical currency, checks/money orders, or electronic transfers such as direct deposits, ATM cards, or mobile money.  
 “USD” value refers to United States dollar (USD), which must be converted using the exchange rate at the time of the transfer (do not use purchasing power parity prices).  
 “Total” refers to the sum of the total value of each transfer.

**Unit of Measure:** Count (total USD at market prices)

**Calculation:** This is the sum of values for all cash transfers during the reporting period.

**How to count LOA:** Cumulative sum of values for all cash transfers

**Direction of change:** N/A

**Disaggregate By:** N/A

**DATA COLLECTION**

**Method:** Review of activity records, ledgers, electronic records, cell phone records, and electronic service providers such as Red Rose records. Convert the local values to US Dollar using market prices at the time of distribution. Do not include transfer fees or service charges.

**Source:** Programming and financial records, including records from any financial service providers used to distribute the assistance. Beneficiary post-distribution monitoring is a useful way to verify values.

**Who Collects:** Implementing partner staff

**From Whom:** Distribution ledgers, accounting records, cell phone service providers, operators of technology providers such as Red Rose, et cetera.

**Frequency of Collection and Reporting:** Data should be collected on an ongoing basis. Reporting is semi-annual and at the end of the activity.

**Baseline Value Info:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

## K2: Total USD value of vouchers redeemed by beneficiaries

<b>APPLICABILITY</b>	RiA: Required for activities that will provide vouchers to beneficiaries
<b>TYPE</b>	Output
<b>SECTOR</b>	N/A
<b>SUB-SECTOR</b>	N/A
<b>KEYWORD</b>	Vouchers
<b>INDICATOR DESCRIPTION</b>	
<p><b>Definition:</b> A “voucher” is a paper, token, or electronic instrument that can be exchanged for a set quantity or value of goods at participating vendors. BHA distinguishes between value vouchers and commodity vouchers:</p> <ul style="list-style-type: none"><li>• Value vouchers have a designated monetary value that can be exchanged for an array of commodities or services up to that amount.</li><li>• Commodity vouchers are valid for a fixed quantity and quality of specific goods or services at pre-negotiated prices.</li></ul> <p>“Total USD value” refers to the US dollar amount of the transfer. If a voucher is provided in local currency, the USD value must be converted using the exchange rate at the time of the transfer (do not use purchasing power parity prices).</p> <p>“Redeemed” refers to when the recipient exchanged it for the commodities that it were intended to be provided.</p>	
<b>Unit of Measure:</b> Count (total value in USD at market prices)	
<b>Calculation:</b> This is the sum of values for all vouchers redeemed during the reporting period	
<b>How to count LOA:</b> Cumulative sum of values for all vouchers redeemed	
<b>Direction of change:</b> N/A	
<b>Disaggregate By:</b> N/A	
<b>DATA COLLECTION</b>	
<b>Method:</b> Review of records of redeemed vouchers, electronic records, vendor records. Convert the local values to US Dollar using market prices at the time of distribution. Do not include transfer fees or service charges.	

**Source:** Records of redeemed vouchers, electronic records.

**Who Collects:** Implementing partner staff

**From Whom:** Participating vendors, cell phone service providers, operators of technology providers such as Red Rose.

**Frequency of Collection and Reporting:** Data should be collected on an ongoing basis. Reporting is semi-annual and at the end of the activity.

**Baseline Value Info:** Baseline value is zero.

**ADDITIONAL INFORMATION**

- N/A

### K3: Total quantity (in metric tons) of food distributed to beneficiaries

<b>APPLICABILITY</b>	RiA: Required for activities that include food distributions
<b>TYPE</b>	Output
<b>SECTOR</b>	Food Assistance
<b>SUB-SECTOR</b>	Conditional food assistance, Unconditional food assistance
<b>KEYWORD</b>	In-kind

#### INDICATOR DESCRIPTION

**Definition:**

This indicator captures the distribution of in-kind food commodities as measured in metric tons.

The distribution of in-kind food reflects a transfer of physical possession of food from the implementing partner to the beneficiary.

“In-kind food” constitutes food purchased by the U.S. Government or by the implementing partner on local, regional, or international markets, and may take the form of a monthly ration, a boxed kit of packaged goods, a cooked meal, or packets of ready-to-eat food.

“Distribution” takes place when an implementing partner, or an organization contracted by the implementing partner for the following purpose, verifies the identity of eligible beneficiaries and transfers in-kind food into their possession.

A “commodity” is defined here as any food related product, grown or produced through processing (such as milling, extraction of oil, or fortification), intended for human consumption.)

“Total” refers to the cumulative sum of all commodities distributed.

**Unit of Measure:** Count (total metric tons)

**Calculation:** This is a sum of all values for all distributions of commodities during the reporting period.

**How to count LOA:** Cumulative sum of values for all distributions.

**Direction of change:** +

**Disaggregate By:** Commodity

#### DATA COLLECTION

<b>Method:</b> Record data from activity documents (such as distribution records) and beneficiary management platforms.
<b>Source:</b> Activity documents and beneficiary management platforms; specifically distribution records.
<b>Who Collects:</b> Implementing partner staff
<b>From Whom:</b> Implementing partner staff who manage distribution logs, PDM verification
<b>Frequency of Collection and Reporting:</b> Data should be collected on an ongoing basis as distributions occur. Reporting is semi-annual and at the end of the activity.
<b>Baseline Value Info:</b> Baseline value is zero.
<b>ADDITIONAL INFORMATION</b>
<ul style="list-style-type: none"> <li>• N/A</li> </ul>

#### 4. PERFORMANCE INDICATOR REFERENCE SHEET TEMPLATE FOR CUSTOM INDICATORS

INDICATOR NUMBER: TITLE OF INDICATOR	
<b>CUSTOM</b>	Custom # [Partner should include a unique number for each custom indicator in the Indicator Tracking Table, e.g., “C2” for the second custom indicator]
<b>TYPE</b>	[Outcome, Output]
<b>SECTOR OR KEYWORD</b>	[Identify the applicable sector or keyword]
<b>SUB-SECTOR</b>	[Identify the applicable sub-sector]
INDICATOR DESCRIPTION	
<b>Definition:</b> [Definition should avoid repeating the indicator title and describe all key terms used in the indicator title. Any terms with potential ambiguity should be explained in detail (e.g. “effective,” “quality,” “youth.”) Technical terms not widely known should be defined.]	
<b>Unit of Measure:</b> [Number, ratio, score, or percentage, e.g., number of women, % of households, etc.]	
<b>Calculation:</b> [Describe how the indicator value will be calculated. If percentage or ratio, include numerator and denominator.]	
<b>How to Count Life of Award (LOA):</b> [Describe how the LOA values will be tabulated. For people indicators, articulate how beneficiaries will be accounted for without double-counting.]	
<b>Direction of Change:</b> [Desired movement of the indicator over time, e.g., + / -]	
<b>Disaggregated By:</b> [See the beginning of this handbook for guidance on disaggregation. All disaggregate categories should be clearly articulated in the custom PIRS. For nested disaggregates, the levels of disaggregation, e.g., Level 1 and Level 2, should also be clearly articulated in this section.]	
DATA COLLECTION	
<b>Method:</b> [Approaches and tools to gather data for this indicator, e.g. beneficiary-based survey, structured interviews, pre-post tests, etc.]	
<b>Source:</b> [From where the data is gathered, e.g., attendance/registration records, monitoring checklist, questionnaire, etc.]	
<b>Who Collects:</b> [Implementing partner staff, enumerators, third-party firm, etc.]	
<b>From Whom:</b> [Direct beneficiaries, beneficiary households, pregnant and lactating women, farmers, etc.]	

**Frequency of Collection and Reporting:** [Details when data is collected and how often it is reported to the donor.]

**Baseline Value Information:** [Specify the month/year of the baseline data collection. For indicators with a non-zero baseline value, describe how the baseline value was or will be determined or estimated. If it is expected that this indicator will have a rolling baseline, specify the dates when the baselines are expected to take place.]

#### **ADDITIONAL INFORMATION**

- [Reference resources, additional notes on applicability or rationale for the indicator, and/or any reporting notes. If applicable, note S.P.S. reference, or whether indicator has been adapted from standard F, FTF, IASC or SPHERE standard indicator.]