**Man in field**

**A picture containing tree, outdoor, green, plant, man

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USAID BUREAU FOR HUMANITARIAN ASSISTANCE

EMERGENCY APPLICATION GUIDELINES

ANNEX B: INDICATOR HANDBOOK FOR EMERGENCY ACTIVITIES

March 2021

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# ACRONYMS AND ABBREVIATIONS

ANC Antenatal Care

ARI Acute Respiratory Infection

BCC Behavior Change Communications

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

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

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

VIP Ventilated Improved Pit Latrine

VSLA Village Savings and Loan Association

WASH Water, Sanitation and Hygiene

WFP World Food Program

WHO World Health Organization

WSP Water Safety Plan

# INTRODUCTION

The USAID Bureau for Humanitarian Assistance (BHA) *Emergency Application Guidelines Annex B:* *Indicator Handbook for Emergency Activities* provides the performance indicator reference sheets (PIRS) for BHA emergency indicators. The handbook provides guidance on applicability criteria for each BHA emergency indicator, and guidance on what partners and applicants should include in custom indicator PIRSs. Each PIRS 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.

Note that applicants and partners should refer to the legacy USAID/Office of Food for Peace *FFP Indicators Handbook Part I: Indicators for Baseline and Endline Surveys for Development Food Security Activities* (May 2020) and *FFP Indicators Handbook Part II: Monitoring Indicators for Development Food Security Activities* (August 2019) for PIRSs and guidance on indicators that will be used to monitor or evaluate Resilience and Food Security (RFSA) or legacy Development Food Security (DFSA) activities.

## 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 PIRSs are defined. Section 1 includes a summary table of all BHA emergency indicators. **Sections 2** includes the PIRSs for activities with a Food Security purpose. **Section 3** includes PIRS for 15 sub-sections—one for each BHA sector—which are organized alphabetically from Agriculture to WASH. **Section 4** includes PIRSs for Keyword indicators that are not affiliated with a specific sector. Finally, **Section 5** includes an annotated PIRS template that partners may 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.

Note that several BHA indicators are used in more than one sub-sectors and/or Food Security. Table 2 includes a list of all indicators by sector, keyword, and Food Security section. The PIRS for each indicator only appears once in the handbook: it is located in the section/sub-section where that indicator is likely to be used/referenced most often by partners.

## INDICATOR NUMBERS

Each BHA emergency indicator has a unique, alphanumeric identifier. Food Security indicators are identified by “FS” plus a two-digit number (i.e., FS01, FS02, FS03). All sector indicators are identified by a single letter plus a two-digit number (e.g., Health indicators are H01, H02, H03). Keyword indicators are identified by the letter “K.” Table 1 outlines the lettering system used for BHA indicators.

Partners should use the letter “C” to designate custom indicators within their Indicator Tracking Table (ITT). For example, if a partner uses three customer indicators, they should number these as “C01, C02, and C03,” 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.

**Table 1. List of Indicator Sections and Associated Numbers**

|  |  |
| --- | --- |
| **Sector/Sub-Sector\*** | **Letter** |
| [Food Security](#_PERFORMANCE_INDICATOR_REFERENCE) | FS |
| [Agriculture](#bookmark=id.2p2csry) | A |
| [Disaster Risk Reduction Policy and Practice](#bookmark=id.tfnsagib1i1q) | D |
| [Economic Recovery and Market Systems](#bookmark=id.9ieygudfczu) | E |
| [Food Assistance](#bookmark=id.k0mjivbigwi7) | F |
| [Health](#bookmark=id.lqlssnu9w04s) | H |
| [Humanitarian Coordination, Information Management, & Assessments](#bookmark=id.h7e226xl2lgg) | I |
| [Humanitarian Policy, Studies, Analysis, or Applications (HPSAA)](#HPSAA) | \* |
| [Logistics](#bookmark=id.agcc5v8ytfp7) | L |
| [Monitoring and Evaluation (M&E)](#bookmark=kix.p3fsginocjwe) | \* |
| [Multipurpose Cash Assistance](#MPC) | M |
| [Nutrition](#bookmark=id.r8b4wrsba3ko) | N |
| [Protection](#bookmark=id.izpf01vum54y) | P |
| [Shelter and Settlements](#bookmark=id.6i4flmnbq2ij) | S |
| [Natural Hazards and Technological Risks](#bookmark=id.g1hd4dpqda4h) | T |
| [Water, Sanitation, and Hygiene](#bookmark=id.oz5308ynocj1) | W |
| [Keywords: Cash, Vouchers](#bookmark=id.32rsoto) and In-kind | K |

\*Humanitarian Policy, Studies, Analysis, or Applications (HPSAA) and Monitoring and Evaluation (M&E) do not have indicator numbers associated with them, so partners should designate these with “C” for custom.

## APPLICABILITY CRITERIA

You must select "Required", “Required- Select 2”, “Required- Select 3” and "Required if Applicable" indicators for each sector and sub-sector you propose in your activity. Optional indicators are up to your discretion. Some sectors and sub-sectors require custom indicators; custom indicators should be designated “C” and a number. For example, if three custom indicators are used, they should be numbered as “C01, C02, and C03”.

## 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 the *BHA Emergency 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). BHA uses the definitions for terms such as activity, program, and project found in USAID’s Automated Directive System Chapter 201 (October 2020).

**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). 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. Please note: the term “beneficiary” replaces the term “participant,” which was used in legacy USAID Office of Food for Peace award language and technical guidance documents. Also note that USAID/BHA funded Resilience and Food Security Activities (RFSA) use the term “participant.”

**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 internally displaced persons (IDP) camp (or its subdivisions, 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 the definition of “community” in the “Definition” section of the PIRS if or as needed.

**Gender** is the socially constructed set of roles, rights, responsibilities, entitlements, and behaviors associated with being a woman or a man in societies. The social definitions of what it means to be masculine or feminine, and negative consequences for not adhering to those expectations, vary among cultures, change over time, and often intersect with other factors such as age, class, disability, ethnicity, race, religion, and sexual orientation.

**Gendered Household Type** refers to the individual members that comprise a household. Household-level indicators are disaggregated by 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. This may include households with multiple adults of different genders, such as polygamous households or those with adults from multiple generations (e.g., an adult, unpartnered woman who shares a household with her elderly father).
* FNM - At least one adult female and no adult males. This may include households with more than one adult female, such as households with two adult female domestic partners or spouses, or an adult female who shares a household with her elderly mother.
* MNF - At least one adult male and no adult females. This may include households with more than one adult male, such as households with two adult male domestic partners or spouses, or an adult male who shares a household with his adult sons.
* CNA - Only children and no adults. Note that the local age of adulthood varies by country, so this may be different depending on the country context.

*Note that BHA does not use the “female-headed” or “male-headed” designations since it is not appropriate to monitor, study, or otherwise generate insights about gender inequality by comparing households by the gender of the so-called ‘head’ of the household. Many women live in so-called “male headed” households and are still deprived in specific and detrimental ways. In addition, men are rarely designated as the domestic partner or spouse of adult women in “female headed” households. While the concept of male headship may roughly proxy the socio-economic conditions of many adult men, the concept of female headship does not reflect the socio-economic conditions for the vast majority of adult women. Furthermore, the concept of headship assumes an equal share of, or access to, resources between household members. While this may hold true for some critical resources like housing, land or a household latrine, it is unlikely that nondurable items such as food, or cash, are divided up evenly among household members.*

**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.

**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.

**Sex** is the classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics including: chromosomes, hormones, internal reproductive organs, and genitalia. Please note: as indicated in the BHA Emergency Application Guidelines, all people-level indicators must be disaggregated by sex, which includes BHA emergency indicators as well as any custom indicators.

## 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 sum across the reporting periods.
* 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.

## DISAGGREGATION AND REPORTING

Disaggregation requirements are clearly defined in the “Disaggregation” section of each PIRS, which articulates the data needed for data entry in ART and reporting. 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 that may be used 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).

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 (e.g., sex and age), or for a disaggregation to be further disaggregated or “nested” up to three different levels (e.g., disaggregating by health condition by sex within age groups). This is denoted by the Levels, if disaggregation is Level 2 and beyond, it is nested within Level 1. The “Disaggregation'' section of the PIRS articulates how nested disaggregates should be reported in the ITT. Other additional reporting requirements are also mentioned in the “Disaggregation” section.

## DATA COLLECTION METHODS

Each PIRS indicates a recommended data collection method from the following options: 1) beneficiary-based baseline/endline survey; 2) beneficiary-based monitoring survey (e.g. post-distribution monitoring); 3) population-based survey; 4) routine monitoring; and/or 5) secondary data. Please refer to *BHA Emergency Guidance for Monitoring, Evaluation and Reporting* for additional guidance on each method.

The symbols next to indicators in the table below show representative surveys that are recommended per the BHA PIRS:

⬥ Measured by representative beneficiary or population-based baseline/endline surveys

◇ Measured by representative beneficiary-based monitoring surveys (e.g., PDM)

🞛 Measured by eitherrepresentative baseline/endline orbeneficiary-based monitoring surveys (e.g., PDM)

## [TABLE 2. PERFORMANCE INDICATOR REFERENCE SHEET](#_LIFE_OF_AWARD) [LIST](#_LIFE_OF_AWARD)

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Applica-bility** | **Indicator** | **Page** |
| [**Food Security**](#bookmark=id.2jxsxqh) | | | |
| FS01 | Required if Applicable | [Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS)](#_PERFORMANCE_INDICATOR_REFERENCE) 🞛 | 27 |
| FS02 | [Mean and median Reduced Coping Strategies Index (rCSI)](#bookmark=id.3whwml4) scores 🞛 | 31 |
| FS03 | [Percent of households with moderate and severe Household Hunger Scale (HHS) scores](#hhs) 🞛 | 34 |
| FS04 | [Number of individuals (beneficiaries) participating in BHA food security activities](#bookmark=id.3as4poj) | 36 |
| [**Agriculture**](#bookmark=id.2p2csry) | | | |
| Improving Agricultural Production | | | |
| A01 | Required | [Number of individuals (beneficiaries) directly benefiting from improving agricultural production](#bookmark=id.23ckvvd) | 38 |
| A02 | [Number of hectares under improved management practices or technologies with BHA assistance](#bookmark=id.ihv636) ⬥ | 39 |
| A03 | [Number of individuals (beneficiaries) who have applied improved management practices or technologies with BHA assistance](#bookmark=id.32hioqz) | 40 |
| A04 | [Number of beneficiary households using improved post-harvest storage practices](#bookmark=id.1hmsyys) ⬥ | 43 |
| A05 | Optional | [Percent of households with access to sufficient seed to plant](#A05) ⬥ | 44 |
| Seed System Security | | | |
| A04 | Required | [Number of beneficiary households using improved post-harvest storage practices](#bookmark=id.1hmsyys) ⬥ | 43 |
| A05 | [Percent of households with access to sufficient seed to plant](#A05) ⬥ | 44 |
| A06 | [Number of individuals (beneficiaries) directly benefiting from seed systems/agricultural input activities](#bookmark=id.2grqrue) | 46 |
| Irrigation | | | |
| A07 | Required | [Number of hectares under irrigation resulting from irrigation interventions](#bookmark=id.vx1227) | 47 |
| A08 | [Number of individuals (beneficiaries) directly benefiting from irrigation interventions](#bookmark=id.3fwokq0) | 48 |
| A09 | Required | [Length of irrigation system implemented from irrigation interventions](#bookmark=id.1v1yuxt) | 49 |
| Pest and Pesticides | | | |
| A10 | Required | [Number and percent of hectares protected against disease or pest attacks](#bookmark=id.4f1mdlm) ⬥ | 50 |
| A11 | [Number of individuals (beneficiaries) trained in appropriate crop protection practices](#bookmark=id.2u6wntf) | 52 |
| A12 | [Percent of individuals (beneficiaries) who received training who are practicing appropriate crop protection procedures](#bookmark=id.19c6y18) ◇ | 53 |
| Livestock | | | |
| A13 | Required | [Number of individuals (beneficiaries) benefiting from livestock activities](#bookmark=id.3tbugp1) | 55 |
| A14 | [Number of animals benefiting from livestock activities](#bookmark=id.28h4qwu) | 56 |
| A15 | [Average number of animals owned per individual](#bookmark=id.nmf14n) ◇ | 57 |
| A16 | Optional | [Number of individuals (beneficiaries) trained in livestock](#bookmark=id.37m2jsg) | 59 |

|  |  |  |  |
| --- | --- | --- | --- |
| Fisheries and Aquaculture | | | |
| A17 | Required | [Number of individuals (beneficiaries) benefiting from fisheries/aquaculture activities](#bookmark=id.1mrcu09) | 60 |
| A18 | [Number of fisheries/aquaculture productive assets reconstructed/repaired](#bookmark=id.46r0co2) | 61 |
| A19 | [Number of kilograms of aquatic resources harvested](#bookmark=id.2lwamvv) ⬥ | 62 |
| A20 | Optional | [Number of individuals (beneficiaries) trained in fisheries/aquaculture](#bookmark=id.111kx3o) | 63 |
| Veterinary Pharmaceuticals and Medical Commodities | | | |
| A21 | Required | [Number of animals treated or vaccinated](#bookmark=id.3l18frh) | 64 |
| A22 | [Number of animal disease outbreaks](#bookmark=id.206ipza) | 65 |
| A23 | [Number of veterinary facilities out of stock of any of the veterinary medical commodity tracer products, for longer than one week](#bookmark=id.4k668n3) | 67 |
| A24 | Optional | [Number of individuals trained in veterinary medical commodity supply chain management](#bookmark=id.2zbgiuw) | 69 |

|  |  |  |  |
| --- | --- | --- | --- |
| [**Disaster Risk Reduction**](#bookmark=id.tfnsagib1i1q) | | | |
| Building Community Awareness/Mobilization | | | |
| D01 | Required | [Number of individuals in the communities mobilized who completed a participatory hazard, vulnerability and capacity assessment](#bookmark=id.sqyw64) | 70 |
| D02 | [Number of community action plans developed based on participatory hazard, vulnerability and capacity assessment](#bookmark=id.3cqmetx) | 72 |
| D03 | [Number of public awareness campaigns and/or drills completed](#bookmark=id.1rvwp1q) | 73 |
| D04 | [Number of individuals reached through public awareness campaigns and/or participating in drills](#bookmark=id.4bvk7pj) | 74 |
| D05 | [Percent of individuals perceiving/recognizing a high likelihood of being severely affected by specific hazard](#bookmark=id.2r0uhxc) ⬥ | 75 |
| Capacity Building and Training | | | |
| D06 | Required | [Number of individuals trained in disaster preparedness, DRR and/or DRM](#bookmark=id.1664s55) | 76 |
| D07 | [Percent of individuals who retain disaster preparedness, DRR and/or DRM skills and knowledge two months after training](#bookmark=id.3q5sasy) ◇ | 78 |
| D08 | Required if Applicable | [Number of individuals trained in First Aid, Search and Rescue or health related Disaster Risk Reduction interventions](#bookmark=id.25b2l0r) | 80 |
| Global Advocacy and Engagement | | | |
| D09 | Required | [Number of jointly organized events that raise DRR awareness and support and/or increase collaboration for advancing DRR](#bookmark=id.kgcv8k) | 82 |
| D10 | [Number of attendees at jointly organized events that raise DRR awareness and support and/or collaboration for advancing DRR](#bookmark=id.34g0dwd) | 83 |
| D11 | [Number of documents, plans, joint publications and/or agreements written or revised to reflect improved DRR policy or practice](#bookmark=id.1jlao46) | 84 |
| Integration/Enhancement within Education Systems and Research | | | |
| D12 | Required | [Number of DRR curricula developed](#bookmark=id.43ky6rz) | 85 |
| D13 | [Number of students trained in disaster preparedness, DRR and/or DRM](#bookmark=id.2iq8gzs) | 86 |
| D14 | [Percent of students who retain disaster preparedness, DRR and/or DRM skills and knowledge two months after training](#bookmark=id.xvir7l) ◇ | 87 |

|  |  |  |  |
| --- | --- | --- | --- |
| Policy and Planning | | | |
| D15 | Required | [Number of DRR strategies, policies, disaster preparedness, and contingency response plans written or revised to reflect improved information and procedures](#bookmark=id.3hv69ve) | 89 |
| D16 | [Number of DRR strategies, policies, disaster preparedness and contingency response plans that are being adopted or utilized by communities and/or governments](#bookmark=id.1x0gk37) | 90 |
| [**Economic Recovery and Market Systems**](#bookmark=id.9ieygudfczu) | | | |
| Livelihoods Restoration | | | |
| E01 | Required | [Number of individuals assisted through livelihoods restoration activities](#bookmark=id.1baon6m) | 91 |
| E02 | [Percent of beneficiaries reporting net income from their livelihoods](#bookmark=id.3vac5uf) | 92 |
| New Livelihoods Development | | | |
| E02 | Required | [Percent of beneficiaries reporting net income from their livelihoods](#bookmark=id.3vac5uf) | 92 |
| E03 | [Number of individuals assisted through new livelihoods development activities](#bookmark=id.2afmg28) | 94 |
| E04 | [Percent of beneficiaries actively practicing their new livelihoods](#bookmark=id.pkwqa1) | 95 |
| E05 | Required if Applicable | [Number of full-time equivalent off-farm jobs created with BHA assistance](#bookmark=id.39kk8xu) | 96 |
| E06 | [Percent of beneficiaries in BHA-assisted activities designed to increase access to productive economic resources who are youth (15-29)](#bookmark=id.1opuj5n) | 98 |
| Market System Strengthening | | | |
| E07 | Required | [Estimated number of vulnerable disaster-affected individuals indirectly assisted through market system rehabilitation activities](#bookmark=id.48pi1tg) | 100 |
| E08 | Required if Applicable | [Amount of market infrastructure rehabilitated by type (kilometers of market feeder roads, kilometers of ditches, kilometers of irrigation canals; number of bridges; other)](#bookmark=id.2nusc19) | 102 |
| E09 | [Total number of critical market actors directly assisted through market system rehabilitation activities](#bookmark=id.1302m92) | 103 |
| Financial Services | | | |
| E10 | Required | [Number of individuals and/or MSEs participating in financial services with BHA assistance](#bookmark=id.3mzq4wv) | 104 |
| E11 | [Percent of financial service accounts/groups supported by BHA that are functioning properly](#bookmark=id.2250f4o) | 106 |
| Temporary Employment | | | |
| E12 | Required | [Number of individuals participating in CFW interventions](#bookmark=id.haapch) | 108 |

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| [**Food Assistance**](#bookmark=id.k0mjivbigwi7) | | | | |
| Conditional Food Assistance | | | | |
| F01 | | Required if Applicable | [Number of beneficiaries receiving food assistance](#bookmark=id.1tuee74) | 109 |
| F02 | | [Percent of households where women/men reported participating in decisions on the use of food assistance](#bookmark=id.4du1wux) 🞛 | 111 |
| F03 | | [Percent of food assistance decision-making entity members who are women](#bookmark=id.2szc72q) | 115 |
| FS01 | | [Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS)](#bookmark=id.1ci93xb) 🞛 | 27 |
| FS02 | | [Mean and median Reduced Coping Strategies Index (rCSI](#bookmark=id.3whwml4)) 🞛 | 31 |
| FS03 | | [Percent of households with moderate and severe Household Hunger Scale (HHS) scores](#hhs) 🞛 | 34 |
| Unconditional Food Assistance | | | | |
| F01 | | Required if Applicable | [Number of beneficiaries receiving food assistance](#bookmark=id.1tuee74) | 109 |
| F02 | | [Percent of households where women/men reported participating in decisions on the use of food assistance](#bookmark=id.4du1wux) 🞛 | 111 |
| F03 | | [Percent of food assistance decision-making entity members who are women](#bookmark=id.2szc72q) | 115 |
| FS01 | | [Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS)](#bookmark=id.1y810tw) 🞛 | 27 |
| FS02 | | [Mean and median Reduced Coping Strategies Index (rCSI)](#bookmark=id.3whwml4) 🞛 | 31 |
| FS03 | | [Percent of households with moderate and severe Household Hunger Scale (HHS) scores](#hhs) 🞛 | 34 |
| Cooked Meals | | | | |
| F02 | | Required if Applicable | [Percent of households where women/men reported participating in decisions on the use of food assistance](#bookmark=id.4du1wux) 🞛 | 111 |
| F03 | | [Percent of food assistance decision-making entity members who are women](#bookmark=id.2szc72q) | 115 |
| F04 | | [Number of cooked meals distributed](#bookmark=id.184mhaj) | 117 |
| FS01 | | [Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS)](#bookmark=id.1ci93xb) 🞛 | 27 |
| FS02 | | [Mean and median Reduced Coping Strategies Index (rCSI)](#bookmark=id.3whwml4) 🞛 | 31 |
| FS03 | | Required if Applicable | [Percent of households with moderate and severe Household Hunger Scale (HHS) scores](#hhs) 🞛 | 34 |
| [**Health**](#bookmark=id.lqlssnu9w04s) | | | | |
| Health Systems Support | | | | |
| H01 | Required | | [Number of health facilities supported](#bookmark=id.279ka65) | 118 |
| H02 | [Percent of total weekly surveillance reports submitted on time by health facilities](#bookmark=id.meukdy) | 119 |
| H03 | Required if  Applicable | | [Number of health facilities rehabilitated](#bookmark=id.36ei31r) | 121 |
| H04 | [Number of health care staff trained](#bookmark=id.1ljsd9k) | 122 |

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| Basic Primary Health Care | | | |
| H05 | Required | [Number of outpatient consultations](#bookmark=id.45jfvxd) | 124 |
| H06 | Required if Applicable | [Number of Community Health Workers (CHW) supported (total within activity area and per 10,000 population](#bookmark=id.2koq656)) | 126 |
| H07 | [Number and percent of deliveries attended by a skilled attendant](#bookmark=id.zu0gcz) | 128 |
| H08 | [Number and percent of pregnant women who have attended at least two complete antenatal clinics](#bookmark=id.3jtnz0s) | 130 |
| H09 | [Number and percent of newborns that receive postnatal care within 3 days of delivery](#bookmark=id.1yyy98l) | 132 |
| H10 | [Number of cases of sexual violence treated](#bookmark=id.4iylrwe) | 134 |
| H11 | [Number of consultations for communicable disease](#bookmark=id.2y3w247) | 136 |
| H12 | [Number of consultations for non-communicable diseases](#bookmark=id.1d96cc0) | 137 |
| H13 | [Number of consultations for any mental health condition](#bookmark=id.3x8tuzt) | 138 |
| H14 | [Number of consultations for trauma-related injuries](#bookmark=id.2ce457m) | 139 |
| H15 | [Number and percent of community members who can recall target health education messages](#bookmark=id.rjefff) ⬥ | 140 |
| H16 | [Number of children under five years of age who received community-based treatment for common childhood illnesses](#bookmark=id.3bj1y38) | 142 |
| Higher Level Care | | | |
| H17 | Required | [Number of hospitalizations](#bookmark=id.1qoc8b1) | 144 |
| H18 | [Case fatality ratio](#bookmark=id.4anzqyu) | 145 |
| H19 | Required if Applicable | [Number and percent of deliveries by caesarean section](#bookmark=id.2pta16n) | 146 |
| Public Health Emergencies | | | |
| H04 | Required | [Number of health care staff trained](#bookmark=id.1ljsd9k) | 122 |
| H20 | [Percent of target population who can recall 2 or more protective measures](#bookmark=id.14ykbeg) ⬥ | 147 |
| H21 | Required if Applicable | [Number of IPC-focused supervision visits conducted](#bookmark=id.3oy7u29) | 149 |
| H22 | [Number of safe and dignified burials completed](#bookmark=id.243i4a2) | 151 |
| Pharmaceuticals and other Medical Commodities | | | |
| H23 | Required | [Number of individuals trained in medical commodity supply chain management](#bookmark=id.j8sehv) | 152 |
| H24 | [Number of health facilities out of stock of any medical commodity tracer products, for longer than one week, 7 consecutive days](#bookmark=id.338fx5o) | 153 |
| H25 | Required if Applicable | [Number of individuals treated for the restricted use indication](#bookmark=id.1idq7dh) | 154 |
| H26 | [Quantity of pharmaceuticals purchased to treat individuals for the restricted use indications](#bookmark=id.42ddq1a) | 156 |
| H27 | [Number of individuals treated with each approved non-BHA EML pharmaceutical](#bookmark=id.2hio093) | 157 |

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| [**Humanitarian Coordination and Information Management, and Assessments**](#bookmark=id.h7e226xl2lgg) | | | |
| Coordination | | | |
| I01 | Required if Applicable | [Number of humanitarian organizations actively coordinating in the proposed area of work](#bookmark=id.1vsw3ci) | 159 |
| I02 | [Number of humanitarian organizations actively participating in inter-agency coordination mechanisms](#bookmark=id.4fsjm0b) | 160 |
| I03 | [Number and percent of humanitarian organizations participating in joint assessments](#bookmark=id.2uxtw84) | 161 |
| I04 | [Number of other key actors actively participating in humanitarian coordination mechanisms](#bookmark=id.1a346fx) | 163 |
| I05 | [Number of humanitarian organizations that received joint assessment information](#bookmark=id.3u2rp3q) | 164 |
| I06 | [Number of needs assessments coordinated with other clusters, agencies, or work groups](#bookmark=id.2981zbj) | 165 |
| Information Management | | | |
| I07 | Required | [Number and percent of humanitarian organizations utilizing information management services](#bookmark=id.odc9jc) | 166 |
| I08 | [Number and percent of humanitarian organizations directly contributing to information products](#bookmark=id.38czs75) | 168 |
| I09 | [Number of products made available by BHA funded information management services that are accessed by stakeholders](#bookmark=id.1nia2ey) | 169 |
| Coordinated Needs Assessments | | | |
| I10 | Required | [Average number of humanitarian assistance sectors involved in the coordinated needs assessment process per assessment](#bookmark=id.47hxl2r) | 170 |
| I11 | [Average number of humanitarian actors involved in the coordinated needs assessment process per assessment](#bookmark=id.2mn7vak) | 172 |
| I12 | [Average number of days elapsed from the coordinated needs assessment inception date to release of the first edition of the coordinated needs assessment report per assessment](#bookmark=id.11si5id) | 174 |
|  | Required | Include one custom indicator to measure outcomes related to the proposed coordinated needs assessment activities must be included for this subsector. Use the [Custom Indicator PIRS template](#bookmark=id.h7az5o28kobt) | |
| [**Humanitarian Policy, Studies, Analysis, or Applications (HPSAA)**](#_heading=h.kl6jwvw622ir) *(See the* [*Humanitarian Policy, Studies, Analysis, or Applications*](#HPSAA) *section for requirements.)* | | | |
| Applied Research and Studies | | | |
| Required | | 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 | | | |
| Required | | 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 | | | |
| Required | | 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 | | | |
| Required | | Include one custom output indicator specific to the activities proposed (e.g., number of workshops/conferences convened or number of participants in proposed activity). | |
| Required | | Include one custom outcome indicator specific to the activities proposed (e.g., percentage of participants demonstrating increased knowledge related to workshop/conference topic). | |
| [**Logistics**](#bookmark=id.agcc5v8ytfp7) | | | |
| Acquisition and Storage | | | |
| L01 | Required if Applicable | [Average completion rate of line items procured by implementing partner following approved institutional procurement and quality policies](#bookmark=id.1f7o1he) | 177 |
| L02 | [Weight, volume and duration of commodities using storage services](#bookmark=id.3z7bk57) | 179 |
| Transport (Air/Land/Sea) | | | |
| L03 | Required if Applicable | [Quantity of people transported through multimodal carriers](#bookmark=id.2eclud0) | 181 |
| L04 | [Weight, volume and duration of commodities transported through multimodal carriers](#bookmark=id.thw4kt) | 183 |
| [**Monitoring and Evaluation**](#bookmark=kix.p3fsginocjwe)*(See the* [*Monitoring and Evaluation section*](#bookmark=kix.p3fsginocjwe) *for indicator requirements.)* | | | |
| Advancing Evaluation for Humanitarian Assistance | | | |
| Required | | Include one custom output 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 outcome indicator specific to the activities proposed (e.g., number of organizations utilizing evaluation findings). | |
| Monitoring & Data Utilization | | | |
| Required | | Include one custom output 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 outcome 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). | |

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| [**Multipurpose Cash (MPC)**](#bookmark=id.b5m0kemeyl2q) | | | |
| M01 | Required | [Total number of individuals (beneficiaries) assisted through multipurpose cash activities](#bookmark=id.4cmhg48) | 188 |
| M02 | [Percent of (beneficiary) households who report being able to meet the basic needs of their households (all/most/some/none), according to their priorities](#bookmark=id.2rrrqc1) ◇ | 189 |
| M03 | Required | [Percent of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner](#bookmark=id.3qwpj7n) ◇ | 191 |
| FS01 | Required to Select Three from List | [Percent of households by Food Consumption Score (FCS) phase (Poor, Borderline, and Acceptable)](#bookmark=id.4i7ojhp) 🞛 | 27 |
| M04 | [Percent of (beneficiary) households whose shelter solutions meet agreed technical and performance standards](#bookmark=id.l7a3n9) 🞛 | 193 |
| M05 | [Percent of (beneficiary) households living in safe and dignified shelters](#bookmark=id.1kc7wiv) 🞛 | 195 |
| M06 | [Percent of (beneficiary) households reporting adequate access to household non-food items](#bookmark=id.2jh5peh) 🞛 | 197 |
| M07 | [Percent of (beneficiary) households using an unsafe water source because they cannot afford to use a safer water source](#bookmark=id.3im3ia3) 🞛 | 199 |
| M08 | [Percent of (beneficiary) households who have reduced essential WASH related basic needs expenditures](#bookmark=id.4hr1b5p) 🞛 | 201 |
| M09 | [Percent of (beneficiary) households practicing open defecation because they cannot afford to pay to use a public latrine and/or to build a latrine](#bookmark=id.1c1lvlb) 🞛 | 203 |
| FS02 | Optional | [Mean and median Reduced Coping Strategy Index (rCSI)](#bookmark=id.2bn6wsx) 🞛 | 31 |
| M10 | [Percent of (beneficiary) households by Livelihoods Coping Strategies (LCS) phase (Neutral, Stress, Crisis, Emergency)](#bookmark=id.2b6jogx) 🞛 | 205 |
| [**Nutrition**](#bookmark=id.r8b4wrsba3ko) | | | |
| Nutrition Sector Level | | | |
| N01 | Required if Applicable | [Number of children under five (0-59 months) reached with nutrition-specific interventions through BHA](#bookmark=id.2olpkfy) | 207 |
| N02 | [Number of pregnant women reached with nutrition-specific interventions through BHA](#bookmark=id.13qzunr) | 210 |
| Management of Acute Malnutrition (or Wasting) | | | |
| N03 | Required | [Number of health care staff trained in the prevention and management of acute malnutrition](#bookmark=id.3nqndbk) | 212 |
| N04 | [Number of supported sites managing acute malnutrition](#bookmark=id.22vxnjd) | 214 |
| N05 | [Number and percent of individuals admitted, rates of recovery, default, death, relapse, and average length of stay for individuals admitted to Management of Acute Malnutrition sites](#bookmark=id.i17xr6) | 215 |
| N06 | Required if Applicable | [Number of Management of Acute Malnutrition sites rehabilitated](#bookmark=id.320vgez) | 218 |
| N07 | [Number of individuals screened for malnutrition by community outreach workers](#bookmark=id.1h65qms) | 220 |

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| Maternal Infant and Young Child Nutrition in Emergencies | | | |
| N08 | Required | [Percent of infants 0-5 months of age who are fed exclusively with breast milk](#bookmark=id.415t9al) ⬥ | 221 |
| N09 | [Percent of children 6–23 months of age who receive foods from 5 or more food groups](#bookmark=id.2gb3jie) ⬥ | 222 |
| N10 | Required if Applicable | [Percent of women of reproductive age consuming a diet of minimum diversity](#bookmark=id.vgdtq7) ⬥ | 224 |
| N11 | [Number of individuals receiving behavior change interventions to improve infant and young child feeding practices](#bookmark=id.3fg1ce0) | 226 |
| N12 | [Number of individuals receiving micronutrient supplement](#bookmark=id.1ulbmlt) | 228 |
| Supplemental Nutrition Assistance | | | |
| N13 | Required | [Number of nutritionally vulnerable individuals who receive specialized nutritious foods, cash or vouchers intended to achieve a nutritional outcome](#bookmark=id.4ekz59m) | 230 |
| [**Protection**](#bookmark=id.izpf01vum54y) | | | |
| Child Protection | | | |
| P01 | Required | [Number of individual beneficiaries participating in child protection services](#bookmark=id.3sv78d1) | 232 |
| P02 | [Number of dollars allocated for child protection interventions](#bookmark=id.280hiku) | 234 |
|  | Required | Include one custom indicator to measure protection outcomes of the proposed interventions. 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. | |
| Prevention and Response to Gender Based Violence (GBV) | | | |
| P03 | Required | [Number of individual beneficiaries accessing GBV response services](#bookmark=id.n5rssn) | 235 |
| P04 | [Number of dollars allocated for GBV interventions](#bookmark=id.375fbgg) | 237 |
|  | Required | Include one outcome 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. | |
| Protection Coordination, Advocacy, and Information | | | |
| P5 | Required | [Number of individuals trained in protection](#bookmark=id.1maplo9) | 238 |
|  | Required | Include one outcome indicator to measure protection outcomes of the proposed interventions. This indicator must capture a change in the protective environment for the affected population. | |
| Psychosocial Support Services | | | |
| P06 | Required | [Number of individual beneficiaries participating in psychosocial support services](#bookmark=id.46ad4c2) | 240 |
|  | Required | Include one outcome indicator to measure protection outcomes of the proposed interventions. This indicator should capture a change in the psychosocial well-being of the targeted population. | |

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| [**Shelter and Settlements**](#bookmark=id.6i4flmnbq2ij) | | | |
| S&S Disaster Risk Reduction (DRR) | | | |
| S01 | Required | [Number of individuals and households benefiting from shelters incorporating DRR measures in settlements](#bookmark=id.3kkl7fh) | 242 |
| S02 | [Number and percent of individuals and households benefiting from settlements adopting DRR measures](#bookmark=id.1zpvhna) | 244 |
| S03 | Required if Applicable | [Number and percent of individuals in settlements retaining shelter and settlement DRR knowledge two months after training](#bookmark=id.4jpj0b3) ◇ | 246 |
| S&S Non-food Items | | | |
| S04 | Required | [Number and per item cost of NFIs distributed](#bookmark=id.2yutaiw) ◇ | 248 |
| S05 | [Number and percent of individuals reporting satisfaction with the quality of the NFIs received](#bookmark=kix.eejyp6burkos) ◇ | 250 |
| S06 | Required if Applicable | [Number and percent of households meeting emergency NFI needs of identified settlement(s) through use of cash/vouchers](#bookmark=id.1e03kqp) ◇ | 251 |
| S07 | [Number and percent of households receiving NFIs in identified settlement(s) through use of in-kind NFIs](#bookmark=id.3xzr3ei) ◇ | 253 |
| Settlements | | | |
| S08 | Required | [Number of individuals in the settlement receiving support from settlements interventions](#bookmark=kix.3dh3dfmzc4pk) | 255 |
| S09 | [Percent of individuals receiving shelter assistance out of the total number residents in identified settlement(s)](#bookmark=id.3c9z6hx) | 256 |
| S10 | [Percent of settlement beneficiaries who believe settlement interventions met or exceeded expectations](#bookmark=id.1rf9gpq) ◇ | 257 |
| Shelter | | | |
| S11 | Required | [Amount and percent of the activity budget spent on goods and services produced/procured in country](#bookmark=kix.ze2bkl2wbdq0) | 259 |
| S12 | Required if Applicable | [Number of households occupying shelter that is provided pursuant to relevant guidance appearing in the Sphere Project Handbook](#bookmark=id.4bewzdj) | 260 |
| S13 | [Number and percent of households in identified settlements occupying shelter that is provided by BHA](#bookmark=id.2qk79lc) | 261 |
| [**Natural Hazards and Technological Risks**](#bookmark=id.g1hd4dpqda4h) | | | |
| Geological Hazards | | | |
| T01 | Required | [Number of individuals benefiting from geological disaster-related interventions](#bookmark=id.jzpmwk) | 263 |
| T02 | Required if Applicable | [Number of geological policies or procedures modified as a result of the interventions to increase the preparedness for geological events](#bookmark=id.33zd5kd) | 264 |
| T03 | [Number of individuals trained to reduce the impact of geological events](#bookmark=id.1j4nfs6) | 265 |
| Hydrometeorological Hazards | | | |
| T04 | Required | [Number of individuals who will benefit from proposed hydrometeorological activities](#bookmark=id.434ayfz) | 266 |
| T05 | Required if Applicable | [Number of hydrometeorological policies or procedures modified as a result of the intervention to increase preparedness for hydrometeorological events](#bookmark=id.2i9l8ns) | 267 |
| T06 | [Number and percent of individuals trained in hydrometeorological-related interventions retaining knowledge two months after training](#bookmark=id.xevivl) | 268 |
| Technological Hazards | | | |
| T07 | Required | [Number of individuals benefiting from response technological disaster interventions](#bookmark=id.3hej1je) | 270 |
| T08 | [Number of individuals trained to respond safely to technological disasters](#bookmark=id.1wjtbr7) | 271 |

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| [**Water, Sanitation, and Hygiene**](#bookmark=id.oz5308ynocj1) | | | |
| Environmental Health | | | |
| W01 | Required | [Number of individuals receiving improved service quality from solid waste management, drainage, or vector control activities (without double counting)](#w01) ⬥ | 272 |
| W02 | Required to Select Two from List | [Average number of community cleanup/debris removal events conducted per community targeted by the environmental health activity](#bookmark=id.3utoxif) | 274 |
| W03 | [Average number of communal solid waste disposal sites created and in use per community targeted by the environmental health activity](#bookmark=id.29yz7q8) | 276 |
| W04 | [Percent of households targeted by the WASH promotion activity that are properly disposing of solid waste](#bookmark=id.p49hy1) ⬥ | 278 |
| W05 | [Average number of persistent standing water sites eliminated via drainage interventions per community targeted by the environmental health activity](#bookmark=id.393x0lu) | 280 |
| W06 | [Average number of vector control activities conducted per community targeted by the environmental health intervention](#bookmark=id.1o97atn) | 282 |
| Hygiene Promotion | | | |
| W07 | Required | [Number of individuals receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)](#bookmark=id.488uthg) | 284 |
| W08 | Required to Select Two from List | [Percent of households with soap and water at a handwashing station on premises](#bookmark=id.2ne53p9) ⬥ | 285 |
| W09 | [Percent of households targeted by the hygiene promotion activity with no evidence of feces in the living area](#bookmark=id.12jfdx2) ⬥ | 286 |
| W10 | [Percent of individuals targeted by the hygiene promotion activity who know at least three (3) of the five (5) critical times to wash hands](#bookmark=id.3mj2wkv) ⬥ | 287 |
| W11 | [Percent of households targeted by the hygiene promotion activity who store their drinking water safely in clean containers](#bookmark=id.21od6so) ⬥ | 289 |
| W12 | [Percent of individuals targeted by the hygiene promotion activity who report using a latrine the last time they defecated](#bookmark=id.gtnh0h) ⬥ | 291 |

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| Sanitation | | | |
| W13 | Required | [Number of individuals directly utilizing improved sanitation services provided with BHA funding](#bookmark=id.30tazoa) ⬥ | 293 |
| W14 | Required to Select Two from List | [Number of individuals gaining access to a basic sanitation service as a result of BHA assistance](#bookmark=id.1fyl9w3) | 295 |
| W15 | [Percent of households in target areas practicing open defecation](#bookmark=id.3zy8sjw) ⬥ | 297 |
| W16 | [Number of communities verified as open defecation free (ODF) as a result of BHA assistance](#bookmark=id.2f3j2rp) | 298 |
| W17 | [Number of basic sanitation facilities provided in institutional settings as a result of BHA assistance](#bookmark=id.u8tczi) | 300 |
| W18 | Required to Select Two from List    (continue from list above) | [Percent of households targeted by latrine construction/promotion activity whose latrines are completed and clean](#bookmark=id.3e8gvnb) ⬥ | 302 |
| W19 | [Percent of latrines/defecation sites in the target population with handwashing facilities that are functional and in use](#bookmark=id.1tdr5v4) ⬥ | 304 |
| W20 | [Average number of users per functioning toilet](#bookmark=id.4ddeoix) ⬥ | 307 |
| W21 | [Average number of individuals per safe bathing facility in target population](#bookmark=id.2sioyqq) ⬥ | 309 |
| W22 | [Percent of excreta disposal facilities built or rehabilitated in health facilities that are clean and functional](#bookmark=id.17nz8yj) | 311 |
| W23 | [Percent of hand washing stations built or rehabilitated in health facilities that are functional](#bookmark=id.3rnmrmc) | 313 |
| W24 | [Percent of MHM facilities constructed in target population that are currently in use](#bookmark=id.ly7c1y) | 315 |
| WASH Non-food Items | | | |
| W25 | Required | [Total number of individuals receiving WASH NFIs assistance through all modalities (without double-counting)](#bookmark=id.35xuupr) | 317 |
| W26 | Required to Select Two from List | [Percent of households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e. kits) or vouchers](#bookmark=id.452snld) ◇ | 319 |
| W27 | [Percent of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash](#bookmark=id.2k82xt6) ◇ | 321 |
| W28 | [Percent of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash](#bookmark=id.zdd80z) ◇ | 323 |

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| Water Supply | | | |
| W29 | Required | [Number of individuals directly utilizing improved water services provided with BHA funding](#bookmark=id.3jd0qos) ⬥ | 325 |
| W30 | Required to Select Two from List | [Number of individuals gaining access to basic drinking water services as a result of BHA assistance](#bookmark=id.4ihyjke) ⬥ | 326 |
| W31 | [Average liters/person/day collected from all sources for drinking, cooking, and hygiene](#bookmark=id.2xn8ts7) ⬥ | 328 |
| W32 | [Estimated safe water supplied per beneficiary in liters/person/day](#bookmark=id.1csj400) ⬥ | 330 |
| W33 | [Percent of households targeted by the WASH activity that are collecting all water for drinking, cooking, and hygiene from improved water sources](#bookmark=id.3ws6mnt) ⬥ | 332 |
| W34 | [Percent of households whose drinking water supplies have 0 fecal coliforms per 100 ml sample](#bookmark=id.2bxgwvm) ◇ | 334 |
| W35 | [Percent of households whose drinking water supplies have a free residual chlorine (FRC) > 0.2 mg/L](#bookmark=id.r2r73f) ◇ | 336 |
| W36 | Required to Select Two from List    (continue from list above) | [Percent of households receiving point-of-use chlorine products whose water supplies have free residual chlorine (FRC) present](#bookmark=id.3b2epr8) ◇ | 338 |
| W37 | [Percent of water points developed, repaired, or rehabilitated with 0 fecal coliforms per 100 ml sample](#bookmark=id.1q7ozz1) | 340 |
| W38 | [Percent of water points developed, repaired, or rehabilitated with free residual chlorine (FRC) > 0.2 mg/L](#bookmark=id.4a7cimu) | 342 |
| W39 | [Percent of water user committees created and/or trained by the WASH activity that are active at least three (3) months after training](#bookmark=id.2pcmsun) | 344 |
| W40 | [Percent of water points developed, repaired, or rehabilitated that are clean and protected from contamination](#bookmark=id.14hx32g) | 346 |
| W41 | [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](#bookmark=id.3ohklq9) | 348 |
| W42 | [Number of institutional settings gaining access to basic drinking water services as a result BHA assistance](#bookmark=id.23muvy2) | 350 |
| [**Keyword**](#bookmark=id.32rsoto)**s: Cash, Vouchers and In-Kind** | | | |
| K01 | Required if Applicable | [Total USD value of cash transferred to beneficiaries](#bookmark=id.41wqhpa) | 352 |
| K02 | [Total USD value of vouchers redeemed by beneficiaries](#bookmark=id.w7b24w) | 353 |
| K03 | [Total quantity (in metric tons) of food distributed to beneficiaries](#bookmark=id.1vc8v0i) | 354 |

# PERFORMANCE INDICATOR REFERENCE SHEETS - FOOD SECURITY

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| **FS01:** **Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS)** | |
| **APPLICABILITY** | **For Activities with a Food Security Purpose:** RiA: Required for all activities with a food security purpose in the activity ITT.  **For Food Assistance Activities:** RiA: Required for all activities with a food assistance intervention.  **For MPCA Activities:** Required - Select 3: Required for activities that include food costs as part of the transfer value. |
| **TYPE** | Outcome |
| **PURPOSE** | Food Security |
| **SECTOR** | Food Assistance, Multipurpose Cash |
| **SUB-SECTOR** | 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).  **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.  [Continued on following page.]  The FCS is calculated using nine standard food groups and weights, as indicated in the table below:   |  |  |  | | --- | --- | --- | | **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 diary | | 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 | | |
| **Unit of Measure:**   * Percent (of households in each FCS category)   Additional data points include:   * Mean * Confidence Interval * Median * Number (of households) | |
| **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.  **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 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.  **Number**: This is a count of households or specific type of households in the survey. | |
| **How to Count Life of Award (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: + | |
| **Disaggregation:**  (Recommended) Level 1 - Data points: mean, median, number of beneficiary households  (Recommended) Level 2 - Gendered Household Type: F&M, FNM, MNF, CNA  See below how these disaggregates should be reported.  Overall (Required)   1. Percent of households with “Poor” FCS scores 2. Percent of households with “Borderline” FCS scores 3. Percent of households with “Acceptable” FCS scores   Overall (Recommended)   1. Mean FCS score for all beneficiary households 2. Mean Confidence Interval (95%) for all beneficiary households - upper CI value 3. Mean Confidence Interval (95%) for all beneficiary households - lower CI value 4. Median FCS score for all beneficiary households 5. Total number of beneficiary households in the survey   Mean and Median and Gendered Household Type (Recommended)   1. Mean FCS score of F&M households 2. Median FCS score for F&M households 3. Total number of F&M households in the survey 4. Mean FCS score of FNM households 5. Median FCS score for FNM households 6. Total number of FNM households in the survey 7. Mean FCS score of MNF households 8. Median FCS score for MNF households 9. Total number of MNF households in the survey 10. Mean FCS score of CNA households 11. Median FCS score for CNA households 12. Total number of CNA households in the survey | |
| **DATA COLLECTION** | |
| **Method**: Beneficiary-based baseline/endline survey or beneficiary-based monitoring survey (e.g., PDM) | |
| **Source**: Questionnaire | |
| **Who Collects**: Implementing partner staff or enumerator | |
| **From Whom**: Beneficiary households | |
| **Frequency of Collection**: Data will be collected at baseline and endline for activities 12 months or more, or as indicated in the award. For activities less than 12 months, endline values may be derived from the last available beneficiary survey (e.g., PDM). In addition to baseline and endline values, data may be collected more frequently, at the discretion of the partner. | |
| **Frequency of Reporting**: Data will be reported in the baseline report and final performance report. If values are collected more frequently than baseline/endline, data should also be reported semi-annually and annually, as applicable. | |
| **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. (<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>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **FS02: Mean and median Reduced Coping Strategy Index (rCSI) score** | |
| **APPLICABILITY** | **For Activities with a Food Security Purpose:** RiA: Required for all activities with a food security purpose in the activity ITT.  **For Food Assistance Activities:** RiA: Required for all food assistance interventions  **For MPCA Activities:** Recommended for long-term interventions that include food costs as part of the transfer value and more than six months of transfers per household |
| **TYPE** | Outcome |
| **PURPOSE** | Food Security |
| **SECTOR** | Food Assistance, Multipurpose Cash |
| **SUB-SECTOR** | 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 \_\_\_\_\_\_?” | | 1. Rely on less preferred and less expensive foods |  | 1 |  | | 2. Borrow food or rely on help from friends or relatives |  | 2 |  | | 3. Limit portion size at mealtime |  | 1 |  | | 4. Restrict consumption by adults in order for small children to eat |  | 3 |  | | 5. Reduce the number of meals eaten in a day |  | 1 |  | | **TOTAL HOUSEHOLD SCORE** | Sum the subtotals | |  | | |
| **Units of Measure:**   * Mean rCSI score * Median rCSI score   Additional data points include:   * Confidence Interval for mean * Standard Deviation of mean * Number (of households) | |
| **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.  **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.  **Confidence Interval (CI):** 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).  **Standard Deviation (SD):** The standard deviation is a measure of variation or dispersion in a dataset. Basic statistical software can be used to calculate the standard deviation.  **Number**: This is a count of households or specific type of households in the survey. | |
| **How to Count Life of Award (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: - | |
| **Disaggregation:**  Level 1 - Data points: mean, median, SD, CI, number of beneficiary households  (Recommended) Level 2- Gendered Household Type: F&M, FNM, MNF, CNA  See below how these disaggregates should be reported.  Overall (Required)   1. Mean rCSI score for all beneficiary households 2. Mean rCSI score Confidence Interval (95%) for all beneficiary households - upper CI value 3. Mean rCSI Confidence Interval (95%) for all beneficiary households - lower CI value 4. Mean rCSI standard deviation for all beneficiary households 5. Median rCSI score for all beneficiary households 6. Total number of beneficiary households in the survey   Mean and Median and Gendered Household Type (Recommended)   1. Mean rCSI score for F&M households 2. Median rCSI score for F&M households 3. Total number of F&M households in the survey 4. Mean rCSI score for FNM households 5. Median rCSI score for FNM households 6. Total number of FNM households in the survey 7. Mean rCSI score for MNF households 8. Median rCSI score for MNF households 9. Total number of MNF households in the survey 10. Mean rCSI score for CNA households 11. Median rCSI score for CNA households 12. Total number of CNA households in the survey | |
| **DATA COLLECTION** | |
| **Method**: Beneficiary-based baseline/endline survey or beneficiary-based monitoring survey (e.g., PDM) | |
| **Source**: Questionnaire | |
| **Who Collects**: Implementing partner staff or enumerator | |
| **From Whom**: Beneficiary households | |
| **Frequency of Collection**: Data will be collected at baseline and endline for activities 12 months or more, or as indicated in the award. For activities less than 12 months, endline values may be derived from the last available beneficiary monitoring survey (e.g., PDM). In addition to baseline and endline values, data may be collected more frequently, at the discretion of the partner. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. If values are collected more frequently than baseline/endline, data should also be reported in the semi-annual and annual report. | |
| **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>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **FS03:** **Percent of households with moderate and severe Household Hunger Scale (HHS) scores** | |
| **APPLICABILITY** | **For Activities with a Food Security Purpose:** RiA: Required for all activities with a food security purpose in the TT.  **For Food Assistance Activities:** RiA: Required for all activities that include food assistance interventions |
| **TYPE** | Outcome |
| **PURPOSE** | Food Security |
| **SECTOR** | Food Assistance |
| **SUB-SECTOR** | 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)  Additional data point include: Number (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  Number: This is a count of households or specific type of households in the survey. | |
| **How to Count Life of Award (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:** - | |
| **Disaggregation:**  Level 1 -HHS Score: moderate, severe  (Recommended) Level 2 - Gendered Household Type: F&M, FNM, MNF, CNA  See below how these disaggregates should be reported.  Overall (Required)   1. Percent of beneficiary households with Moderate HHS Score 2. Percent of beneficiary households with Severe HHS Score 3. Total number of households in the beneficiary survey   HHS Score and Gendered Household Type (Recommended)   1. Percent of F&M households with Moderate HHS Score 2. Percent of F&M households with Severe HHS Score 3. Total number of F&M households in the beneficiary survey 4. Percent of FNM households with Moderate HHS Score 5. Percent of FNM households with Severe HHS Score 6. Total number of FNM households in the beneficiary survey 7. Percent of MNF households with Moderate HHS Score 8. Percent of MNF households with Severe HHS Score 9. Total number of MNF households in the beneficiary survey 10. Percent of CNA households with Moderate HHS Score 11. Percent of CNA households with Severe HHS Score 12. Total number of CNA households in the beneficiary survey | |
| **DATA COLLECTION** | |
| **Method**: Beneficiary-based baseline/endline survey or beneficiary-based monitoring survey (e.g., PDM) | |
| **Source**: Questionnaire | |
| **Who Collects**: Implementing partner or enumerator | |
| **From Whom**: Beneficiary Survey | |
| **Frequency of Collection**: Data will be collected at baseline and endline for activities 12 months or more, or as indicated in the award. For activities less than 12 months, endline values may be derived from the last available beneficiary survey (e.g., PDM). In addition to baseline and endline values, data may be collected more frequently, at the discretion of the partner. | |
| **Frequency of Reporting**: Data will be reported in the baseline report and final performance report. If values are collected more frequently than baseline/endline, data should be reported semi-annually and annually, as well. | |
| **Baseline Value Info**: Baseline value will be derived from the baseline data collection. | |
| **ADDITIONAL INFORMATION** | |
| * The Household Hunger Scale (HHS): Indicator Definition and Measurement Guide (2011) provides operational guidance for the collection and tabulation of the HHS (<https://www.fantaproject.org/monitoring-and-evaluation/household-hunger-scale-hhs>). | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **FS04: Number of individuals (beneficiaries) participating in BHA food security activities** | |
| **APPLICABILITY** | **For Activities with a Food Security Purpose:** RiA: Required for all activities with a food security purpose in the activity ITT. |
| **TYPE** | Output |
| **PURPOSE** | Food Security |
| **SECTOR** | Food Assistance |
| **SUB-SECTOR** | N/A |
| **INDICATOR DESCRIPTION** | |
| **Definition:**  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 purpose. Implementing partners should track the number of individual beneficiaries across different interventions within their own activity and report numbers of beneficiaries reached, not number of contacts with the activity or activity-supported actors. Examples of interventions that should be tracked may include ones 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:   1. People reached by community-based savings and loan and diversified livelihood activities through BHA assistance. 2. 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.) 3. Household-level food assistance, i.e. if households receive family-sized rations. (In these activities, every household member should be counted under this indicator). 4. 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). 5. 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. 6. Nutrition-specific interventions that directly target adults (e.g. parents and other caregivers participating in community care groups). 7. School feeding interventions.   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 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 beneficiary of the BHA activity-supported savings group and her son is a 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 individual beneficiaries) | |
| **Calculation:** This is a count of the total number of unique individual beneficiaries participating in the BHA food security activity. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported unique values at the end of the award counting only the unique number of individual beneficiaries, without double counting, 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:** + | |
| **Disaggregation:**  Level 1 - Sex: female, male  Level 2 - Age: ≤19 years, 20-29 years, 30+ years  See below how these disaggregates should be reported.  Overall   1. Number of individual beneficiaries participating in BHA food security activities   Sex and Age   1. Number of female beneficiaries 19 years old or younger participating in BHA food security activities 2. Number of male beneficiaries 19 years old or younger participating in BHA food security activities 3. Number of female beneficiaries 20 to 29 years old participating in BHA food security activities 4. Number of male beneficiaries 20 to 29 years old participating in BHA food security activities 5. Number of female beneficiaries 30+ participating in BHA food security activities 6. Number of male beneficiaries 30+ participating in BHA food security activities | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring | |
| **Source**: Activity records, monitoring checklist/form, registration/attendance sheet/records, unique identifier cards | |
| **Who Collects**: Implementing partner staff | |
| **From Whom**: Activity beneficiaries, staff who manage food security interventions | |
| **Frequency of Collection**: Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and the final performance report. | |
| **Baseline Value Info**: Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * Adapted from EG.3-2 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

# PERFORMANCE INDICATOR REFERENCE SHEETS - BY SECTOR

## AGRICULTURE

|  |  |
| --- | --- |
| **A01: Number of individuals (beneficiaries) directly benefiting from improving agricultural production** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Improving Agricultural Production |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  The number of individual beneficiaries (actual or estimate) of BHA-funded activities to improve agricultural production. This includes the family members of those individual beneficiaries who are directly involved in the agricultural production. Interventions may include but are not limited to training activities, demonstration plots, field days, information campaigns, and provisions of inputs related to improving agricultural production.  For estimating household members benefiting from improved ag production, use the national average household size. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** A count of individual beneficiaries who have benefitted from improved agricultural production interventions, including family members of individual beneficiaries. | |
| **How to Count Life of Award (LOA):** LOA values are the reported unique values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who improved agricultural production and their family members. | |
| **Direction of Change:** + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form, attendance sheet/records | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Implementing partner staff who manage the intervention documentation | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value will be zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **A02: Number of hectares under improved management practices or technologies with BHA assistance** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Improving Agricultural Production |
| **INDICATOR DESCRIPTION** | |
| **Definition:**  This indicator measures the area, in hectares, on which BHA-promoted improved management practices or technologies were applied during the reporting period managed or cultivated by producers participating in a BHA-funded activity.  “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.  “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.  This is a snapshot indicator which is designed to capture application on hectares only for the reporting period. 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. | |
| **Unit of Measure:** Number (of hectares) | |
| **Calculation:** This is a count of hectares under improved management practices or technologies. | |
| **How to Count Life of Award (LOA):** LOA values will be generated from the endline survey. | |
| **Direction of change:** + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based baseline/endline survey | |
| **Source:**  Questionnaire | |
| **Who Collects:** Implementing partner staff or enumerators | |
| **From Whom:** Beneficiary households | |
| **Frequency of Collection:** Data will be collected at baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Info:** Baseline value will be determined during baseline data collection. | |
| **ADDITIONAL INFORMATION** | |
| * Adapted from EG.3.2-25 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **A03: Number of individuals who have applied improved management practices or technologies with BHA assistance** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | 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 period. These individuals must be 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.  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 period 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 period. 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 period. For example:   + If a beneficiary applied more than one improved technology type during the reporting period, 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 period 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; e.g., an activity promotes improved plant spacing and planting on ridges and if a participant applies both practices she would be counted once under Cultural practices 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 designed to capture farmer applications only for the reporting period. If an activity is a follow-on of a previously funded BHA activity, individuals who applied the selected 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 period (if the partner 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. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of the total number of individual beneficiaries who have applied activity promoted improved management practices or technologies**.** | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who applied the practice/technology. Or LOA values will be generated from the endline survey. | |
| **Direction of change:** + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring, beneficiary-based baseline/endline survey | |
| **Source:** Questionnaire, monitoring checklist/form, diary, tracking record | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Individual beneficiaries | |
| **Frequency of Collection:** Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:**  Data will be reported in the baseline report and the final performance report. | |
| **Baseline Value Info:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * Adapted from EG.3.2-24 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **A04: Number of beneficiary households using improved post harvest storage practices** | |
| **APPLICABILITY** | Improved Agricultural Production: Required  Seed System Security: Required  Pests and Pesticides: Required |
| **TYPE** | Outcome |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | 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 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 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. Or LOA values will be generated from the endline survey. | |
| **Direction of Change:** + | |
| **Disaggregation:**Gendered Household Type: F&M, FNM, MNF, CNA | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary-based endline survey or routine monitoring | |
| **Source:** Questionnaire,monitoring checklist/form | |
| **Who Collects:** Implementing partner staff or enumerators | |
| **From Whom:** Beneficiary households | |
| **Frequency of Collection:** Data will be collected on an ongoing basis and endline. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **A05: Percent of households with access to sufficient seed to plant** | |
| **APPLICABILITY** | Improving Agricultural Production: Optional  Seed System Security: Required |
| **TYPE** | Output or Outcome |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Improving Agricultural Production  Seed Systems Security |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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.  “Sufficient” seed is captured through farmer self-reporting of the minimum amount of seed required to plant her/his normal intended planting area.  Conceptually, seed access is foundational but not necessarily sufficient to achieve seed security, as indicated in the FAO Seed Security conceptual framework. As such, this measure may be used as a rough proxy for overall seed security at the household level. | |
| **Unit of Measure:** Percent (of households) | |
| **Calculation:** 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.  Numerator: Number of households in the survey reporting access to sufficient seed to plant  Denominator: Total number of households in the survey | |
| **How to Count Life of Award (LOA):** LOA values will be generated from the endline survey. | |
| **Direction of Change:** + | |
| **Disaggregation:**  N/A  *Note that partners may wish to disaggregate by the type of seed (e.g., maize, beans, cassava 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:** Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and final performance report. | |
| **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*](http://www.fao.org/fileadmin/user_upload/food-security-capacity-building/docs/Seeds/SSCF/Seed_security_concepts_and_indicators_FINAL.pdf) guide. * [Seedsystem.org](https://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. | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **A06: Number of individuals directly benefiting from seed systems/agricultural input activities** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Seed System Security |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:** Number (of individuals) | |
| **Calculation:** This is a count of individuals directly benefiting from seed systems/agricultural input activities multiplied by the average number of individuals in a household in the target area. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individuals, without double counting, who directly benefit from seed systems/agricultural input activities (including immediate members of their households). | |
| **Direction of Change:** + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form, attendance sheet/records | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Implementing partner staff who manage the intervention documentation | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value will be zero | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **A07: Number of hectares under irrigation resulting from irrigation interventions** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Irrigation |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  The number of hectares that receive water through any means of irrigation (including rehabilitated irrigation) or controlled amount of water to plants at regular intervals through BHA-provided funding for irrigation support. | |
| **Unit of Measure:** Number (of hectares) | |
| **Calculation:** This is a count of hectares under irrigation. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of hectares under irrigation resulting from irrigation interventions across the reporting periods. | |
| **Direction of Change:** + | |
| **Disaggregation:** Irrigation Type: drip, surface, sprinkler, irrigation schemes | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring using physical measurement of the size of land under irrigation | |
| **Source:** Monitoring checklist/form, maps, GPS perimeter walks of fields irrigated | |
| **Who Collects:** Implementing Partner staff | |
| **From Whom:** Beneficiaries, farmers | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and the final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **A08: Number of individuals directly benefiting from irrigation interventions** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Irrigation |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  The total number of individuals and their household members (actual or estimate) who have been assisted with BHA-funded irrigation programming.  For estimating household members benefiting from irrigation interventions, use the national average household size. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries directly benefiting from the irrigated land subject to BHA irrigation interventions multiplied by the average household size in the target community. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who directly benefit from the irrigated land supported with BHA funding. | |
| **Direction of Change:** + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form | |
| **Who Collects:** Implementing Partner staff | |
| **From Whom:** Individual beneficiaries | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **A09: Length of irrigation system implemented from irrigation interventions** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Irrigation |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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 rehabilitated. | |
| **Unit of Measure:** Number (of kilometers) | |
| **Calculation:** This is a count of kilometers of irrigation systems (new and rehabilitated). | |
| **How to Count Life of Award (LOA):** LOA values are the total values of kilometers of irrigation systems (new and rehabilitated) across the reporting periods. | |
| **Direction of Change:** + | |
| **Disaggregation:**  Infrastructure Condition**:** new, rehabilitated | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring  Measure the lengths of irrigation with measuring tapes, GPS walks, maps. | |
| **Source:** Monitoring checklist/form, maps, GPS data | |
| **Who Collects:** Implementing Partner staff | |
| **From Whom:** Implementing partner staff conducting assessments and/or local key informants | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **A10: Number and percent of hectares protected against disease or pest attacks** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Pests and Pesticides |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator measures activity-supported crop fields that were not damaged or significantly affected by pest and/or disease attacks throughout the agricultural season. Significantly affected is defined as a loss in anticipated production, e.g. not able to achieve yield estimates, or damage is above economic threshold level therefore unable to recuperate input costs, or a declining yield to the point where the farmers changes to another variety/crop. 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.  Indicator measures the unique total number of hectares protected against disease or pest attacks regardless of number of diseases and/or pest attacks protected on the same hectares within the reporting period. | |
| **Unit of Measure:** Number and percent (of hectares) | |
| **Calculation:**  Number: This is a count of hectares of treated crops that were treated in the intervention area and not significantly 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 significantly affected by disease or pest attacks by the total hectares of crops treated in the intervention areas.  Numerator: Number of hectares of treated crops that were not significantly affected by disease or pest attacks  Denominator: Number of hectares of crops treated in the intervention areas | |
| **How to Count Life of Award (LOA):** Number:LOA values are the total unique values of treated crop hectares protected against disease or pest attacks across the reporting periods. And LOA values will be generated from the endline survey.  Percent: LOA values are the reported values at the end of the award counting number of hectares of treated crops that were not affected by disease or pest attacks divided by total hectares of crops treated in the intervention areas. | |
| **Direction of Change:** + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based baseline/endline survey (for baseline/endline) and routine monitoring (during implementation) | |
| **Source:** Questionnaire,monitoring checklist/form, beneficiary diary, MoA/Gov data | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Beneficiaries, beneficiary households | |
| **Frequency of Collection:** Data will be collected at baseline and endline, and on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the baseline report, semi-annual report, annual report and the final performance report. | |
| **Baseline Value Information:** Baseline value determined during baseline data collection. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **A11: Number of individuals trained in appropriate crop protection practices** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | 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 individuals who received training. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individuals, without double counting, who received training. | |
| **Direction of Change:** + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Attendance sheet/records | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Implementing partner staff who manage the intervention documentation | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and the final performance report. | |
| **Baseline Value Information:** Baseline values are zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **A12: Percent of individuals who received training who are practicing appropriate crop protection procedures** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | 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 beneficiaries) | |
| **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: Number of individual beneficiaries who received training that are practicing appropriate crop protection procedures  Denominator: Number of individual beneficiaries who received training | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries who received training that are practicing appropriate crop protection procedures divided by the total number of individuals who received training. | |
| **Direction of Change:** + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based monitoring survey using direct observation of training participants | |
| **Source:** Questionnaire | |
| **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:** Data will be collected during the crop cycles following the training.  *Partners are strongly encouraged to contextualize this PIRS to articulate how and when the data will be collected.* | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and the final performance report. | |
| **Baseline Value Information:** Baseline value will be zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **A13: Number of individuals benefiting from livestock activities** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Livestock |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries benefiting from livestock activities. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who benefit from livestock activities. | |
| **Direction of Change:** + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Individual beneficiaries | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and the final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- | --- |
| **A14: Number of animals benefiting from livestock activities** | | |
| **APPLICABILITY** | Required | |
| **TYPE** | Output | |
| **SECTOR** | Agriculture | |
| **SUB-SECTOR** | Livestock | |
| **INDICATOR DESCRIPTION** | | |
| **Definition**:  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.  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. Do not count animals that are destocked. | | |
| **Unit of Measure:** Number (of animals) | | |
| **Calculation:** This is a count of animals benefiting from livestock activities. | | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of animals, without double counting, that benefit from livestock activities. | | |
| **Direction of Change:** + | | |
| **Disaggregation:** Do not report Overall value.  Animal Type:   * Cattle and buffalo * Camelids (e.g., camels, lamas) * Goats and sheep * Poultry (e.g., chickens, ducks) | | * Horses, donkeys and mules * Swine (pigs) * Micro-stock (e.g., rabbits, guinea pigs, cane rats) * Bees (colony) * Farmed wildlife (e.g., zebra, eland) * Other |
| **DATA COLLECTION** | | |
| **Method:** Routine monitoring | | |
| **Source:** Monitoring checklist/form | | |
| **Who Collects:** Implementing partner staff | | |
| **From Whom:** Beneficiary households | | |
| **Frequency of Collection and Reporting:** Data will be collected on an ongoing/rolling/monthly basis. | | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | | |
| **Baseline Value Information:** Baseline value is zero**.** | | |
| **ADDITIONAL INFORMATION** | | |
| * N/A | | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **A15: Average number of animals owned per individual** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Livestock |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  For this indicator, only count individuals who are direct recipients of BHA-funded livestock interventions or activities.  *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.* | |
| **Unit of Measure:**  Average (animals owned per individual) | |
| **Calculation:** The average number of animals owned is determined by counting the number of animals owned by individual beneficiaries divided by the total number of individual beneficiaries.  Numerator: Number of animals owned by individual beneficiaries  Denominator: Number of individual beneficiaries | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award.    *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.* | |
| **Direction of Change:** + | |
| **Disaggregation:** Report average per animal type. Do not report Overall value.  Animal Type:   * Cattle and buffalo * Camelids (e.g., camels, lamas) * Goats and sheep * Poultry (e.g., chickens, ducks) * Horses, donkeys and mules * Swine (pigs) * Micro-stock (e.g., rabbits, guinea pigs, cane rats) * Bees (colony) * Farmed wildlife (e.g., zebra, eland) * Other | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based monitoring survey or routine monitoring  *Partners are strongly encouraged to contextualize this indicator, including how the data will be collected.* | |
| **Source:** Questionnaire, monitoring checklist/form | |
| **Who Collects:** Implementing partner staff, enumerators, or third-party | |
| **From Whom:** Beneficiary households or secondary datasets | |
| **Frequency of Collection:** Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and final performance report. | |
| **Baseline Value Information:** Baseline value will be derived from the baseline data collection. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **A16: Number of individuals (beneficiaries) trained in livestock** | |
| **APPLICABILITY** | Optional |
| **TYPE** | Output |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Livestock |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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 topics related to 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. | |
| **Unit of Measure:** Number (of individuals) | |
| **Calculation:** This is a count of individual beneficiaries trained on livestock. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individuals, without double counting, who directly receive livestock training. | |
| **Direction of Change:** + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Attendance sheet/records | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Implementing partner staff who manage the intervention documentation | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value will be zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **A17: Number of individuals (beneficiaries) benefiting from fisheries/aquaculture activities** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Fisheries and Aquaculture |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator counts the number of individual beneficiaries who receive goods, participate in, or otherwise are directly assisted by BHA-funded activity interventions that help them:   * Catch * Harvest * Sustainably manage, or * Farm   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. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries who receive goods, participate in, or otherwise are directly assisted by BHA-funded fisheries/aquaculture interventions. 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 reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who benefited from fisheries/aquaculture interventions. | |
| **Direction of Change:** + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Individual beneficiaries | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value will be zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **A18: Number of fisheries/aquaculture productive assets reconstructed/repaired** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Fisheries and Aquaculture |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:** Number (of assets) | |
| **Calculation:** This is a count of productive fisheries/aquaculture assets reconstructed or repaired. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of productive fisheries/aquaculture assets that have been reconstructed or repaired across the reporting periods. | |
| **Direction of Change:** + | |
| **Disaggregation:**  Asset Type:   * Household fishing/aquaculture assets (e.g., pond, hydroponic system, drying rack) * Community marketing infrastructure and assets (e.g., warehouse, fish market, cleaning ground, cold storage) * Community fishing infrastructure and assets (e.g., pier, dock, boat) * Other | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Implementing partner staff who manage the intervention documentation | |
| **Frequency of Collection:** Data will be collected on an ongoing (e.g. monthly) basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value will be zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **A19: Number of kilograms of aquatic resources harvested** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Fisheries and Aquaculture |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  “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.  “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. | |
| **Unit of Measure:** Number of (kilograms) | |
| **Calculation:** This is a count of kilograms of aquatic resources harvested by beneficiary households in the previous 30 days. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award. Or LOA values will be generated from the beneficiary-based monitoring survey. | |
| **Direction of Change:** + | |
| **Disaggregation:**  Aquatic Resource Type:   * Fish (e.g., cod, tilapia) * Cephalopods (e.g., squid, octopus) * Gastropods and bivalves (e.g., snail, clam) * Crustacean (e.g., lobster, shrimp) * Amphibian (e.g., salamanders, frogs) * Other | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring, beneficiary-based monitoring survey | |
| **Source:** Questionnaire for beneficiary survey. Activity Documentation for Routine monitoring. | |
| **Who Collects:** Implementing partner staff, enumerators, or third-party | |
| **From Whom:** Beneficiary households | |
| **Frequency of Collection:** Data will be collected at baseline and endline. | |
| **Frequency of Reporting:** Baseline data will be reported in the baseline report and endline data will be reported in the final performance report. | |
| **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. | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **A20: Number of individuals (beneficiaries) trained in fisheries/aquaculture** | |
| **APPLICABILITY** | Optional |
| **TYPE** | Output |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Fisheries and Aquaculture |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  **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. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries trained in fisheries/aquaculture. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individuals, without double counting, who directly receive fisheries/aquaculture training. | |
| **Direction of Change:** + | |
| **Disaggregation:**Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:** Attendance sheet/ records | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Implementing partner staff who manage the intervention documentation | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **A21: Number of animals treated or vaccinated** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Veterinary Pharmaceuticals and other Medical Commodities |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:** Number (of animals) | |
| **Calculation:** This is a count of animals treated or vaccinated. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of animals, without double counting, that are treated or vaccinated. | |
| **Direction of Change:** + | |
| **Disaggregation:**  Animal Type:   * Cattle and buffalo * Camelids (e.g., camels, lamas) * Goats and sheep * Poultry (e.g., chickens, ducks) * Horses, donkeys and mules * Swine (pigs) * Micro-stock (e.g., rabbits, guinea pigs, cane rats) * Bees (queen or colony) * Framed wildlife (e.g., zebra, eland) * Other | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form | |
| **Who Collects:** Implementing Partner Staff | |
| **From Whom:** Beneficiaries | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and the final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **A22: Number of animal disease outbreaks** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Veterinary Pharmaceuticals and other Medical Commodities |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  This indicator counts the number of outbreaks, meaning occurrences affecting multiple animals in the activity area, of domestic animal diseases caused by an infective organism, toxicity, nutritional deficiency, etc., by species of livestock.  This indicator counts the number of outbreaks in the activity area. | |
| **Unit of Measure:** Number (of outbreaks) | |
| **Calculation:** This is a count of animal disease outbreaks. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of animal disease outbreaks across the reporting periods. | |
| **Direction of Change:** - | |
| **Disaggregation:** Do not report Overall value.  Animal Type:   * Cattle and buffalo * Camelids (e.g., camels, lamas) * Goats and sheep * Poultry (e.g., chickens, ducks) * Horses, donkeys and mules * Swine (pigs) * Micro-stock (e.g., rabbits, guinea pigs, cane rats) * Bees (queen or colony) * Farmed wildlife (e.g., zebra, eland) * Other   See below how these disaggregates should be reported.  Animal Type   1. Number of cattle and buffalo disease outbreaks 2. Number of camelids disease outbreaks 3. Number of goats disease outbreaks 4. Number of poultry disease outbreaks 5. Number of horses disease outbreaks 6. Number of swine disease outbreaks 7. Number of micro-stock disease outbreaks 8. Number of bee disease outbreaks 9. Number of farmed wildlife disease outbreaks 10. Number of other disease outbreaks | |

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| **DATA COLLECTION** |
| **Method:** Routine monitoring |
| **Source:** Monitoring checklist/form, beneficiary interviews or government statistics  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:** Beneficiaries, government officials |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. |
| **Baseline Value Information:** Baseline value will be derived from the baseline data collection. |
| **ADDITIONAL INFORMATION** |
| * N/A |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **A23: Number of veterinary facilities out of stock of any of the veterinary medical commodity tracer products, for longer than one week** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Veterinary Pharmaceuticals and other Medical Commodities |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  “Veterinary facilities” refer to all veterinary facilities, community-based animal health workers (CAHWs) providers, veterinary clinics, and other service delivery points supported with veterinary pharmaceuticals, supplies, equipment, or other commodities with BHA funding.  “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 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 total values of facilities out of stock of any veterinary supplies/equipment for longer than one week across the reporting periods. | |
| **Direction of Change:** - | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring  The preferred method of data collection is electronic supply chain monitoring tools, e.g. bar code inventories linked to receipt at in-country, delivery to veterinary facility, and administered to the animal. The less preferred method is to use bin card of stock at veterinary facility. | |
| **Source:** Monitoring checklist/form, 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:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |

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| **Baseline Value Information:** Baseline value will be derived from baseline (pre-intervention) facility assessment. |
| **ADDITIONAL INFORMATION** |
| * N/A |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **A24: Number of individuals trained in veterinary medical commodity supply chain management** | |
| **APPLICABILITY** | Optional |
| **TYPE** | Output |
| **SECTOR** | Agriculture |
| **SUB-SECTOR** | Veterinary Pharmaceuticals and other Medical Commodities |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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.  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. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries trained in veterinary medical commodity supply chain management. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, trained veterinary medical commodity supply chain management. | |
| **Direction of Change:** + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring during implementation activities. | |
| **Source:**  Attendance sheet/records | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Implementing partner staff who manage the training documentation. | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

## DISASTER RISK REDUCTION POLICY AND PRACTICE

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| --- | --- |
| **D01: Number of individuals in communities mobilized who completed a participatory hazard, vulnerability and capacity assessment** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | Building Community Awareness/Mobilization |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator counts the number of individuals in communities mobilized and engaged in the 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 disaster risk reduction (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 others 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 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:** + | |
| **Disaggregation:**Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individual beneficiaries | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **D02: Number of community action plans developed based on participatory hazard, vulnerability and capacity assessment** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | Building Community Awareness/Mobilization |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator counts the number of community action plans developed based on participatory hazard, vulnerability and risk capacity assessment (HVCA).  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.  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. | |
| **Unit of Measure:** Number (of community action plans) | |
| **Calculation:** This is a count of community action plans developed based on hazard risk capacity assessment. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of community action plans developed based on hazard risk capacity assessment across the reporting periods. | |
| **Direction of Change:** + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner staff who manage the DRR intervention documentation | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **D03: Number of public awareness campaigns and/or drills completed** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | Building Community Awareness/Mobilization |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:**  Number (of public awareness campaigns and/or drills) | |
| **Calculation:** This is a count of public awareness campaigns and/or drills completed. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of public awareness campaigns and/or drills across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:** Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner staff who manage the DRR intervention documentation | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **D04: Number of individuals reached through public awareness campaigns and/or participating in drills** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | Building Community Awareness/Mobilization |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  Drills are exercises to simulate the circumstances of a disaster, providing an opportunity to test and practice disaster response plans, procedures, preparedness measures, train people, raise public awareness, maintain skills, and help identify gaps and needs in disaster management plans for improvement.  Note: A reasonable, documented estimate is adequate for this indicator, given possible data limitations. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries reached through public awareness campaigns or participating in drills. | |
| **How to Count Life of Award (LOA):** LOA values are the 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. | |
| **Direction of Change:**  + | |
| **Disaggregation:**Outreach Type: drills, mobile/social media, event, other | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:** Individual beneficiaries | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
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| **D05: Percent of the individuals perceiving/recognizing a high likelihood of being severely affected by specific hazard** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Outcome |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | Building Community Awareness/Mobilization |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:** Percent (of individual beneficiaries) | |
| **Calculation:** 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 in the survey.  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 in the survey | |
| **How to Count Life of Award (LOA):** LOA values will be generated from the endline survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:**Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary-based baseline/endline survey | |
| **Source:**  Questionnaire | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individual beneficiaries | |
| **Frequency of Collection:**  Data will be collected at the baseline and endline and during monthly/quarterly/biannual/annual beneficiary survey. | |
| **Frequency of Reporting:** Data will be reported in the annual report and the final performance report. | |
| **Baseline Value Information:**  Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **D06: Number of individuals trained in disaster preparedness, DRR and/or DRM** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | Capacity Building and Training |
| **INDICATOR DESCRIPTION** | |
| **Definition:**  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.  Trainings under this indicator includes 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.  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 period. * If individual beneficiaries receive multiple, different trainings in the reporting period, they should be included in the count once in the reporting period. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries trained in disaster preparedness, risk reduction, and management as a result of BHA assistance. | |
| **How to Count Life of Award (LOA):** LOA values are the 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. | |
| **Direction of change:** + | |
| **Disaggregated by:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring | |
| **Source**: Attendance/registration records | |
| **Who Collects**: Implementing partner staff | |
| **From Whom**: Individuals trained | |
| **Frequency of Collection**: Data should be collected on an ongoing basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Info**: Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * This indicator is adapted from HA.2.1-1 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **D07: Percent of individuals who retain disaster preparedness, DRR and/or DRM skills and knowledge two months after training** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | 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 period. * If individual beneficiaries receive multiple, different trainings in the reporting period, they should be included in the count once in the reporting period. | |
| **Unit of Measure:**  Percent (of individual beneficiaries) | |
| **Calculation:** The percent is derived by dividing the number of individual beneficiaries 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 beneficiaries 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 reported values at the end of the award counting only the unique individual beneficiaries, 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. Or LOA values will be generated from the endline survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based monitoring survey or routine monitoring | |
| **Source:**  Follow-up assessment form, post-test, questionnaire | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Individuals trained | |
| **Frequency of Collection:**  Data will be collected two months (or more; up to 6 months) following completion of the BHA-funded training. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **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 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **D08: Number of individuals trained in First Aid, Search and Rescue or health-related Disaster Risk Reduction interventions** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | Capacity Building and Training |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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 period. * If individual beneficiaries receive multiple, different trainings in the reporting period, they should only be counted once in the reporting period. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries trained in First Aid, Search and Rescue, or health-related Disaster Risk Reduction interventions. | |
| **How to Count Life of Award (LOA):**  LOA values are the 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. | |
| **Direction of Change:** + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Attendance/registration records | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:**  Individuals trained | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **D09: Number of jointly organized events that raise DRR awareness and support and/or increase collaboration for advancing DRR** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | Global Advocacy and Engagement |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator counts the number of jointly organized events that raise DRR awareness and support and/or increase collaboration for advancing DRR. 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. | |
| **Unit of Measure:** Number (of jointly organized events) | |
| **Calculation:** This is a count of jointly organized events that raise DRR awareness and support and/or increase collaboration for advancing DRR. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of jointly organized events that raise DRR awareness and support and/or increase collaboration for advancing DRR across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:**N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner staff who manage events documentation | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **D10: Number of attendees at jointly organized events that raise DRR awareness and support and/or increase collaboration for advancing DRR** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | Global Advocacy and Engagement |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator counts the number of individuals attending jointly organized events that raise DRR awareness and support and/or increase collaboration for advancing DRR. 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. | |
| **Unit of Measure:**  Number (of individual) | |
| **Calculation:** This is a count of individual attending jointly organized events that raise DRR awareness and support and/or increase collaboration for advancing DRR. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individuals, without double counting, who attended jointly organized events that raise DRR awareness and support and/or increase collaboration for advancing DRR. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Attendance/registration records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner staff who manage events documentation, event organizers | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **D11: Number of documents, plans, joint publications and/or agreements written or revised to reflect improved DRR policy or practice** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | Global Advocacy and Engagement |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:** Number (of documents, plans, joint publications or agreements) | |
| **Calculation:** This is a count of documents, plans, joint publications or agreements written or revised to reflect improved DRR policy or practice. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of documents, plans, joint publications or agreements written or revised to reflect improved DRR policy or practice across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:**N/A | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring, observation | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner staff managing global advocacy intervention documentation, Document authors | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **D12: Number of DRR curricula developed** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | Integration/Enhancement within Education Systems and Research |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:** Number (of DRR curricula developed) | |
| **Calculation:** This is a count of DRR curricula developed. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of DRR curricula developed across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Education Level: primary, secondary, post-secondary, other | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, curricula | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Educational institutions | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#ref)

|  |  |
| --- | --- |
| **D13: Number of students trained in disaster preparedness, DRR and/or DRM** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | Integration/Enhancement within Education Systems and Research |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:**  Number (of students) | |
| **Calculation:** This is a count of students trained on disaster preparedness, DRR and/or DRM. | |
| **How to Count Life of Award (LOA):**  LOA values are the 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. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Attendance/registration records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner staff who manage the student training intervention documentation | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **D14: Percent of students who retain disaster preparedness, DRR and/or DRM skills and knowledge two months after training** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | 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 period. * If individual beneficiaries receive multiple, different trainings in the reporting period, they should be included in the count once in the reporting period. | |
| **Unit of Measure:**  Percent (of students) | |
| **Calculation:** The percent is derived by dividing the number of 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 by the total number of individual beneficiaries who responded to the test/quiz.  Numerator: Number of 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.  Denominator: Number of individual beneficiaries who responded to the test/quiz. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique individual beneficiaries, 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. Or LOA values will be generated from the endline survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based monitoring survey or routine monitoring | |
| **Source:**  Follow-up assessment form, post-test, questionnaire | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Individuals trained | |
| **Frequency of Collection:**  Data will be collected two months (or more; can be up to 6 months) following completion of the BHA-funded training. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **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 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **D15: Number of DRR strategies, policies, disaster preparedness, and contingency response plans written or revised to reflect improved information and procedures** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | Policy and Planning |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:**  Number (of strategies and plans) | |
| **Calculation:** This is a count of DRR strategies, policies, disaster preparedness, and contingency response plans written or revised to reflect improved information and procedures. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of DRR strategies, policies, disaster preparedness, and contingency response plans written or revised to reflect improved information and procedures across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring, observation | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner staff managing policy intervention documentation, community leadership, government staff | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **D16: Number of DRR strategies, policies, disaster preparedness and contingency response plans that are being adopted or utilized by communities and/or governments** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Disaster Risk Reduction Policy and Practice (DRRPP) |
| **SUB-SECTOR** | Policy and Planning |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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 | |
| **Unit of Measure:**  Number (of DRR strategies, policies, disaster preparedness and contingency response plans) | |
| **Calculation:** This is a count of DRR strategies, policies, disaster preparedness and contingency response plans. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of DRR strategies, policies, disaster preparedness and contingency response plans across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring, observation | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner staff managing policy intervention documentation, community leadership, government staff | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

## ECONOMIC RECOVERY AND MARKET SYSTEMS

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| **E01: Number of individuals assisted through livelihoods restoration activities** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Economic Recovery and Market Systems |
| **SUB-SECTOR** | Livelihoods Restoration |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator measures the number of individual beneficiaries who have directly received BHA assistance (such as in-kind inputs, cash, vouchers, or training) to resume their means of living. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries who have directly received BHA assistance (such as in-kind inputs, cash, vouchers, or training) to resume their means of living. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of beneficiaries, without double counting, assisted through livelihoods restoration activities. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:** Individual beneficiaries | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **E02: Percent of beneficiaries reporting net income from their livelihoods** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Economic Recovery and Market Systems |
| **SUB-SECTOR** | Livelihoods Restoration; New Livelihoods Development |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  ERMS/Livelihoods Restoration activities help individual beneficiaries to resume the activities they were doing pre-disaster or were already practicing to earn a living.  New Livelihoods Development activities aim to help individual beneficiaries start an activity they have not done before to help them earn a living.  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.  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. | |
| **Unit of Measure:** Percent (of individual beneficiaries) | |
| **Calculation:** The percent is derived by dividing the number of individual beneficiaries reporting they are earning a profit from the livelihood activity supported by BHA by the total number of individuals assisted through new livelihoods development activities.  Numerator: Number of individual 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)  Denominator: Total number of individuals assisted through new livelihoods development activities (or total number of individual beneficiaries in the survey, if a representative sample is used) | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award, counting only the unique number of individual beneficiaries, without double counting, who report they are earning a profit from the livelihood activity divided by the total number of individuals assisted through new livelihoods development activities. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male  See below how these disaggregates should be reported. For the Overall, report Livelihoods Restoration and/or New Livelihoods Development beneficiaries (as applicable; if both sub-sectors are used, report these separately for Overall and Sex disaggregates).  Overall (as applicable per subsector)   1. Percent of beneficiaries reporting net income from their livelihoods (Livelihoods Restoration subsector) 2. Percent of beneficiaries reporting net income from their livelihoods (New Livelihoods Development subsector)   Sex (as applicable per subsector)   1. Percent of female beneficiaries reporting net income from their livelihoods (Livelihoods Restoration subsector) 2. Percent of female beneficiaries reporting net income from their livelihoods (Livelihoods Restoration subsector) 3. Percent of female beneficiaries reporting net income from their livelihoods (New Livelihoods Development subsector) 4. Percent of female beneficiaries reporting net income from their livelihoods (New Livelihoods Development subsector) | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individual beneficiaries | |
| **Frequency of Collection**: Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **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 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **E03: Number of individuals assisted through new livelihoods development activities** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Economic Recovery and Market Systems |
| **SUB-SECTOR** | New Livelihoods Development |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator measures the number of individual beneficiaries who 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. | |
| **Unit of Measure:** Number (of individuals beneficiaries) | |
| **Calculation:** This is a count of individuals beneficiaries who directly received new livelihoods assistance. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individuals beneficiaries, without double counting, assisted through new livelihoods development activities. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individual beneficiaries | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **E04: Percent of beneficiaries actively practicing in their new livelihoods** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Economic Recovery and Market Systems |
| **SUB-SECTOR** | New Livelihoods Development |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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. | |
| **Unit of Measure:** Percent (of individual beneficiaries) | |
| **Calculation:** The percent is derived by dividing the number of individual 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.  Numerator: Number of individual 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 | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who report they are still engaging in the livelihood activity divided by total number of individual beneficiaries assisted through new livelihoods development activities. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partners staff | |
| **From Whom:** Individual beneficiaries | |
| **Frequency of Collection**: Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Info**: Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **E05: Number of full-time equivalent off-farm jobs created with BHA assistance** | |
| **APPLICABILITY** | RiA - Required for activities more than 12 months that promote interventions which create off-farm jobs |
| **TYPE** | Outcome |
| **SECTOR** | Economic Recovery and Market Systems |
| **SUB-SECTOR** | New Livelihoods |
| **INDICATOR DESCRIPTION** | |
| **Definition:**  This indicator counts all types of off-farm employment (i.e., self-employment and wage employment) created with BHA assistance during the reporting period, or in previous years and continued into the reporting period. 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.  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.  “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.    Example 1: One person worked for 3 hours a day for 30 days in the reporting period, a second person worked for 4 hours for 90 days in the reporting period, a third person worked for 3 hours a day for 200 days in the reporting period, and a fourth person worked for 5 hours a day for 180 days in the reporting period. In this example, we will not count the first person as s/he worked for 90 hours in the reporting period which is less than the minimum requirement of 160 hours. The three individual beneficiaries worked for (360+600+900) =1860 hours which is 1860/2080 = 0.89 FTE.  Example 2: 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 period. The activity will be recorded as creating 1.7 FTEs. | |
| **Unit of Measure:** Number (of FTE off-farm jobs) | |
| **Calculation:** The total number of off-farm employment hours for individual 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 | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of the unique number of off- farm FTEs, without double counting, across the reporting periods. | |

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| **Disaggregation:**  Sex: female, male  Age: ≤19 years, 20-29 years, 30+ years |
| **DATA COLLECTION** |
| **Method:** Routine monitoring |
| **Source**: Monitoring checklist/form |
| **Who Collects**: Implementing partner staff |
| **From Whom**: Beneficiaries who directly participate in off-farm employments |
| **Frequency of Collection**: Data will be collected on an ongoing/rolling/monthly basis. |
| **Frequency of Reporting**: Data will be reported in the semi-annual report, annual report and final performance report. |
| **Baseline Value Info**: Baseline value is zero. |
| **ADDITIONAL INFORMATION** |
| * Adapted from EG.3-9 |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **E06: Percent of beneficiaries in BHA-assisted activities designed to increase access to productive economic resources who are youth (15-29)** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Economic Recovery and Market Systems |
| **SUB-SECTOR** | New Livelihoods Development |
| **INDICATOR DESCRIPTION** | |
| **Definition:**  “Youth” refers to activity beneficiaries who are between 15 and 29 years old.  “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.    “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.   * Agricultural development and market strengthening activities; * Financial inclusion activities that result in increased access to finance, including activities designed to help youth set up savings accounts; and/or * Activities that build or secure access to physical assets such as land redistribution or titling; and activities that provide assets such as livestock. | |
| **Unit of Measure:** Percent (of individual beneficiaries) | |
| **Calculation:** The percent is derived by dividing the number of individual beneficiaries 15-29 years old participating in interventions to increase access to productive economic resources by the total number of individual 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.  Numerator: Number of individual beneficiaries age 15-29 years old participating in interventions to increase access to productive economic resources  Denominator: Number of individual beneficiaries of all ages participating in interventions to increase access to productive economic resources | |
| **How to Count Life of Award (LOA):** The LOA value is the unique number of individual beneficiaries age 15-29 years old participating in interventions to increase access to productive economic resources divided by the total number of individual beneficiaries of all ages participating in interventions to increase access to productive economic resources. Beneficiaries should not be double counted across years or interventions. | |
| **Direction of change:** + | |
| **Disaggregation:** Sex**:** female, male | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring | |
| **Source**: Monitoring checklist/form | |
| **Who Collects**: Implementing partner staff | |
| **From Whom**: Individual beneficiaries | |
| **Frequency of Collection**: Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline will be zero. | |
| **ADDITIONAL INFORMATION** | |
| * Adapted from YOUTH-3 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **E07: Estimated number of vulnerable disaster-affected individuals indirectly assisted through market system rehabilitation activities** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Economic Recovery and Market Systems |
| **SUB-SECTOR** | Market System Strengthening |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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.  Partners are strongly encouraged to contextualize this PIRS to reflect the assumptions and/or formulas used, including accounting for double counting, to estimate the number of vulnerable individuals indirectly assisted through market system rehabilitation activities | |
| **Unit of Measure:**  Number (of vulnerable individuals) | |
| **Calculation:** This is a count of vulnerable individuals indirectly assisted through market system rehabilitation activities. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting the total estimated number of vulnerable individuals indirectly assisted through market system rehabilitation activities. To the extent possible, avoid double counting. | |
| **Direction of Change:** + | |
| **Disaggregation:**N/A | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring, secondary data | |
| **Source:** Monitoring checklist/form, market assessments, data from local or regional authorities or secondary sources (e.g., other agencies’ market assessments)  Note: Full household survey of target communities is not expected. | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:** Vulnerable individuals indirectly assisted through market system rehabilitation activities | |
| **Frequency of Collection:**  Data will be collected on an ongoing basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **E08: Amount of market infrastructure rehabilitated by type (kilometers of market feeder roads, kilometers of ditches, kilometers of irrigation canals; number of bridges; other)** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Economic Recovery and Market Systems |
| **SUB-SECTOR** | Market System Strengthening |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator measures the physical structures repaired through BHA-supported activities. This may include: roads, irrigation canals, ditches, bridges, and other.  Primary data collection: physical measurements or technology-aided data collection such as GPS. | |
| **Unit of Measure:** Number (of kilometers for roads, ditches, and irrigation canals), Number (of bridges or other infrastructure type) | |
| **Calculation:** This is a count of the quantity of infrastructure rehabilitated. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of infrastructure rehabilitated (specific units) across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Infrastructure type: market feeder roads (km), irrigation canals (km), ditches (km), bridges (count), other (specify)  See below how these disaggregates should be reported. Do not report Overall value.  Infrastructure Type   1. Amount of market feeder roads (km) rehabilitated 2. Amount of irrigation canals (km) rehabilitated 3. Amount of ditches (km) rehabilitated 4. Amount of bridges (count) rehabilitated 5. Amount of other (count) rehabilitated | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Partner staff, local partner government, private contractors etc. | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **E09: Total number of critical market actors directly assisted through market system rehabilitation activities** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Economic Recovery and Market Systems |
| **SUB-SECTOR** | Market System Strengthening |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator measures the number of critical market actors (businesses) such as producers, suppliers, traders, or processors who 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:** Number (of businesses) | |
| **Calculation:** This is a count of the total unique businesses who 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. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of businesses, without double counting, who 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. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Market actors | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **E10: Number of individuals and/or MSEs participating in financial services with BHA assistance** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Economic Recovery and Market Systems |
| **SUB-SECTOR** | 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, micro-enterprises 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.  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). | |
| **Unit of Measure:**  Number (of individual beneficiaries), Number (of MSEs). Count each MSE as one unit | |
| **Calculation:** This is a count of individual beneficiaries and/or MSE. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries and/or MSEs, without double counting, who participated in financial services. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Individuals - Sex: female, male  MSEs - No disaggregates are required | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individual beneficiaries and MSEs | |
| **Frequency of Collection:**  Data will be collected on an ongoing (e.g., monthly) basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **E11: Percent of financial service accounts/groups supported by BHA that are functioning properly** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Economic Recovery and Market Systems |
| **SUB-SECTOR** | 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.  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  Denominator: Number of accounts and/or savings groups supported by BHA | |
| **How to Count Life of Award (LOA):** LOA values are the 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. | |
| **Direction of Change:**  + | |
| **Disaggregation:**N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Financial service accounts and groups | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **E12: Number of individuals participating in cash-for-work (CFW) interventions** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Economic Recovery and Market Systems |
| **SUB-SECTOR** | Temporary Employment |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries participating in CFW interventions. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, participating in CFW activities. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individual beneficiaries | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

## FOOD ASSISTANCE

|  |  |
| --- | --- |
| **F01: Number of beneficiaries receiving food assistance** | |
| **APPLICABILITY** | RiA: Required for activities that plan to provide any form of food assistance (commodities, cash, and voucher) |
| **TYPE** | Output |
| **SECTOR** | Food Assistance |
| **SUB-SECTOR** | Conditional Food Assistance, Unconditional Food Assistance |
| **INDICATOR DESCRIPTION** | |
| **Definition:**  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.  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.  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. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of unique beneficiaries who received food assistance. 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. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, 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. | |
| **Direction of change:** + | |
| **Disaggregation:**  Level 1 - Sex: female, male  Level 2 - Modality Type: food (in-kind), cash, vouchers  Level 2 - Conditionality: conditional , unconditional  See below how these disaggregates should be reported.    Overall   1. Number of beneficiaries receiving food assistance   [Continued on following page.]  Sex and Modality Type   1. Number of female beneficiaries who received in-kind 2. Number of male beneficiaries who received in-kind 3. Number of female beneficiaries who received cash 4. Number of male beneficiaries who received cash 5. Number of female beneficiaries who received vouchers 6. Number of male beneficiaries who received vouchers   Sex and Conditionality   1. Number of female beneficiaries who received conditional food assistance 2. Number of male beneficiaries who received conditional food assistance 3. Number of female beneficiaries who received unconditional food assistance 4. Number of male beneficiaries who received unconditional food assistance | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring | |
| **Source**: Monitoring checklist/form, distribution records, mobile transfer records, vendor database | |
| **Who Collects**: Implementing partner staff | |
| **From Whom**: Beneficiaries receiving food assistance | |
| **Frequency of Collection**: Frequency of collection will depend on the frequency of distribution and the monitoring approach. | |
| **Frequency of Reporting:**  Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **F02: Percent of households where women/men reported participating in decisions on the use of food assistance** | |
| **APPLICABILITY** | RiA: for activities that plan to include food assistance (food, voucher, cash) or cooked meals |
| **TYPE** | Outcome |
| **SECTOR** | Food Assistance |
| **SUB-SECTOR** | Conditional Food Assistance, Unconditional Food Assistance, and Cooked Meals |
| **INDICATOR DESCRIPTION** | |
| **Definition:**  This indicator measures women and men’s participation in household decisions on the use of food assistance. The intent of this indicator is to understand whether women and men participate in making decisions about the use of the food assistance alone or jointly, however, it is important to know the primary beneficiary in order to interpret the indicator data. The respondent can be either the woman or the man who is present at the time of the interview, and they can respond for the household. In the case where only a man or a woman is responding to the questionnaire, record who is responding to the questions in the questionnaire. A woman and a man are adult female and male individuals that are members of the household.  “Participation” refers to a woman/man’s active involvement in decision-making.  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.  “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. | |
| **Unit of Measure:** Percent (of beneficiary households) | |
| **Calculation:** The percent is derived by dividing the number of beneficiary households where a woman, a man or both a woman and a man report their participation (alone, jointly) in household decisions about the use of food assistance by the number of households in the survey.  Numerator:Number of beneficiary households where a woman, a man or both a woman and a man report their participation (alone, jointly) in household decisions about the use of food assistance  Denominator:Number of households in the survey where a woman and man are live in the household | |
| **How to Count Life of Award (LOA):** LOA values will be generated from the endline or last monitoring survey. | |
| **Direction of change:** Women alone or jointly +, men jointly +  Note:  For this indicator, the interpretation of the direction of change does not seek to judge whether the intervention was successful or not.  In varying contexts women may make decisions alone or jointly, it is favorable for women to participate in decisions either alone or jointly, as this facilitates women's empowerment. | |
| **Disaggregation:**  Sex of Primary Beneficiary Receiving Food Assistance: female, male  [Continued on following page.]  NESTED  Level 1 – Modality: food (in-kind), cash, voucher  Level 2 - Sex: female, male  Level 3 - Age: <30 years, 30+ years  Level 4 - Decision Actor: alone, jointly  See below how these disaggregates should be reported. Do not report Overall value.  Sex of Primary Beneficiary Receiving Food Assistance   1. Number of female primary beneficiary receiving food assistance 2. Number of male primary beneficiary receiving food assistance   Modality: Food (in-kind) (as applicable)   1. Percent of households where a female younger than 30 years reported making decisions alone on the use of food (in-kind) 2. Percent of households where a female 30 years or older reported making decisions alone on the use of food (in-kind) 3. Percent of households where a female younger than 30 years report making decisions jointly on the use of food (in-kind) 4. Percent of households where a female 30 years or older reported making decisions jointly on the use of food (in-kind) 5. Total number of households where a female reported making decisions alone or jointly on food (in-kind) in the survey 6. Percent of households where a male younger than 30 years report making decisions alone on the use of food (in-kind) 7. Percent of households where a male 30 years or older reported making decisions alone on the use of food (in-kind) 8. Percent of households where a male younger than 30 years report making decisions jointly on the use of food (in-kind) 9. Percent of households where a male 30 years or older reported making decisions jointly on the use of food (in-kind) 10. Total number of households where a male reported making decisions alone or jointly on food (in-kind) in the survey   Modality: Cash (as applicable)   1. Percent of households where a female younger than 30 years reported making decisions alone on the use of cash transfer 2. Percent of households where a female 30 years or older reported making decisions alone on the use of cash transfer 3. Percent of households where a female younger than 30 years reported making decisions jointly on the use of cash transfer 4. Percent of households where a female 30 years or older reported making decisions jointly on the use of cash transfer 5. Total number of households where a female reported making decisions alone or jointly on cash transfer in the survey 6. Percent of households where a male younger than 30 years reported making decisions alone on the use of cash transfer 7. Percent of households where a male 30 years or older reported making decisions alone on the use of cash transfer 8. Percent of households where a male younger than 30 years reported making decisions jointly on the use of cash transfer 9. Percent of households where a male 30 years or older reported making decisions jointly on the use of cash transfer 10. Total number of households where a male reported making decisions alone or jointly on cash transfer in the survey   Modality: Voucher (as applicable)   1. Percent of households where a female younger than 30 years reported making decisions alone on the use of food voucher 2. Percent of households where a female 30 years or older reported making decisions alone on the use of food voucher 3. Percent of households where a female younger than 30 years reported making decisions jointly on the use of food voucher 4. Percent of households where a female 30 years or older reported making decisions jointly on the use of food voucher 5. Total number of households where a female reported making decisions alone or jointly on food voucher in the survey 6. Percent of households where a male younger than 30 years reported making decisions alone on the use of food voucher 7. Percent of households where a male 30 years or older reported making decisions alone on the use of food voucher 8. Percent of households where a male younger than 30 years reported making decisions jointly on the use of food voucher 9. Percent of households where a male 30 years or older reported making decisions jointly on the use of food voucher 10. Total number of households where a male reported making decisions alone or jointly on food voucher in the survey | |
| **DATA COLLECTION** | |
| **Method**: Beneficiary-based baseline/endline survey or beneficiary-based monitoring survey (e.g., PDM) | |
| **Source**: Questionnaire  Must include the following questions:   * Who is the respondent? (for when only a woman or a man is responding to the questionnaire for the household) Woman or man * Who is the primary beneficiary of the food assistance? Woman, man or both * Who decides what to do with the food/cash/voucher assistance? Woman, man or both * Do you make decisions on the use of food/cash/voucher assistance alone or jointly? Alone or jointly | |
| **Who Collects**: Implementing partner staff or enumerators | |
| **From Whom**: Beneficiary households where a woman and a man are present  As culturally appropriate and feasible, women enumerators should interview the female food assistance recipient and men should interview men recipient. | |
| **Frequency of Collection:** Baseline data will be collected after the first distribution of food/cash/vouchers and endline data at the end of the activity. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and final performance report. If values are collected more frequently than baseline/endline, data should also be reported in the semi-annual and annual report. | |
| **Baseline Value Info:** Baseline value will be actual percent after collecting the information from all households after the first distribution of food/cash/vouchers. | |
| **ADDITIONAL INFORMATION** | |
| * Based on WFP (<https://docs.wfp.org/api/documents/WFP-0000023853/download/>) * 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. * To better interpret the indicator data, consider collecting qualitative information related to household functioning and gender roles, relations and responsibilities, including household decision-making processes and outcomes. Interpretation may also consider the views and opinions of the beneficiary women and men as to what they consider as being beneficial and empowering in terms of intra-household decision-making. | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **F03: Percent of food assistance decision-making entity members who are women** | |
| **APPLICABILITY** | RiA: Required for activities that plan to include food assistance (food, voucher, cash); and cooked meals |
| **TYPE** | Outcome |
| **SECTOR** | Gender, Food Assistance |
| **SUB-SECTOR** | Conditional food assistance, Unconditional food assistance, and cooked meals |
| **INDICATOR DESCRIPTION** | |
| **Definition:**  This indicator measures gender parity in all food assistance decision-making entities, such as food distribution committees, steering committees, and asset management committees.  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.  A “member” is an individual who is formally part of a decision-making entity.  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)  The following questions should be collected to better understand the context and support in analysis of the data:  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) | |
| **Unit of Measure:** Percent (of women) | |
| **Calculation:** The percent is derived by dividing the number of female members in allcommittees, boards, teams, or other similar entities involved in decision making in food assistance interventions by the number of members (both female and male) in allcommittees, boards, teams, or other similar entities involved in decision-making in food assistance interventions.  Numerator: Number of female members in allcommittees, boards, teams, or other similar entities involved in decision making in food assistance interventions  Denominator:Number of members (both female and male) in allcommittees, boards, teams, or other similar entities involved in decision making in food assistance interventions | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of female members in allcommittees, boards, teams, or other similar entities involved in decision-making in food assistance interventions divided by total a number of all (both male and female) members in allcommittees, boards, teams, or other similar entities involved in decision-making in food assistance intervention. | |
| **Direction of change:** + | |
| **Disaggregation:** Age: ≤19 years, 20-29 years, 30+ years | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring | |
| **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**: Data will be collected on an ongoing basis (decision-making entity membership lists should be updated as members change and no less than once per year). | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value will be derived after the committees and other decision-making bodies are formed. | |
| **ADDITIONAL INFORMATION** | |
| * Based on WFP (<https://docs.wfp.org/api/documents/WFP-0000023853/download/>) * 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. | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **F04: Number of cooked meals distributed** | |
| **APPLICABILITY** | RiA: Required for activities that plan to distribute, cooked meals |
| **TYPE** | Output |
| **SECTOR** | Food Assistance |
| **SUB-SECTOR** | Cooked Meals |
| **INDICATOR DESCRIPTION** | |
| **Definition:**  This indicator tracks the number of cooked meals distributed in a food assistance response.  “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. | |
| **Unit of Measure:** Number (of cooked meals) | |
| **Calculation:** A count of cooked meals distributed during the reporting period. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of cooked meals distributed in a food assistance response across the reporting periods. | |
| **Direction of change:** + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring | |
| **Source**: Monitoring checklist/form, distribution records; daily logs of meals distributed at each location | |
| **Who Collects**: Implementing partner staff | |
| **From Whom**: Recipients of cooked meals | |
| **Frequency of Collection**: Frequency of collection would depend on the frequency of distribution and monitoring approach. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value will be zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

## 

## HEALTH

|  |  |
| --- | --- |
| **H01: Number of health facilities supported** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Health Systems Support |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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 care delivery, including training of staff, rehabilitation, supportive supervision, supplies and/or staffing with BHA funding. For the purposes of this indicator, facilities that are only rehabilitated, receive one-off supply of medical commodities, or participate in a standalone training with BHA funding should not be included. | |
| **Unit of Measure:** Number (of health facilities) | |
| **Calculation:** This is a count of health facilities supported. Count each facility once, regardless of the unique types of support provided, or number of times support was provided. | |
| **How to Count Life of Award (LOA):** LOA values are the total unique number of health facilities without double counting across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring (Compile data from partner internal record keeping and reporting) | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:** Implementing partner staff who manage the health facility support intervention | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H02: Percent of total weekly surveillance reports submitted on time by health facilities** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Health |
| **SUB-SECTOR** | 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.  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. | |
| **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 multiplied by the total number of supported health facilities responsible for submitting surveillance reports).  Numerator: Number of weekly surveillance reports submitted on time by BHA-funded health facilities over the course of the implementation period  Denominator: Number of weeks\* in the implementation period multiplied by 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 reported values at the end of the award counting (the number of weekly surveillance reports submitted on time by BHA-funded health facilities over the course of the implementation period) divided by (the total number of weeks\* in the implementation period multiplied by the number of supported health facilities responsible for submitting surveillance reports). | |
| **Direction of Change:** + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, 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:**  Data will be collected on an ongoing/weekly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **H03: Number of health facilities rehabilitated** | |
| **APPLICABILITY** | RiA for partners providing rehabilitation of health facilities |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Health Systems Support |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  Health facility: A place that provides health care; a dispensary, health post, health center, health clinic (fixed or mobile), or hospital.  Rehabilitated: Provided structural improvements, expansion, repair of load-bearing components, or construction/repair of WASH and medical waste management infrastructure with BHA funding | |
| **Unit of Measure:**  Number (of facilities) | |
| **Calculation:** This is a count of rehabilitated facilities. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of rehabilitated facilities across the reporting periods. | |
| **Direction of Change:** + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring (Compile data from partner internal record keeping and reporting) | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:**  Implementing partner staff who manage the rehabilitation intervention documentation | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H04: Number of health care staff trained** | |
| **APPLICABILITY** | **For Health Systems Support Sub-sector:** RiA: Required for activities that provide any healthcare worker training  **For Public Health Emergencies Sub-sector:** Required |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Health Systems Support/Public Health Emergencies Sub-sector |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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. This indicator captures the total number of health care staff who completed all requirements specified for successful completion of a specific BHA-funded training that may include attendance and/or written, verbal, or hands-on demonstration of knowledge and skills.  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 individual beneficiaries) | |
| **Calculation:** This is a count of individual health care staff. 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. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individual health care staff, without double counting, who received BHA-funded training.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 reporting periods. The LOA values must not exceed the sum of all the reporting periods values. | |
| **Direction of Change:** + | |
| **Disaggregation:**  Sex: female, male  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 | |
| **Source:**  Attendance sheet/records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Health care staff trained | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H05: Number of outpatient consultations** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Basic Primary Health Care |
| **INDICATOR DESCRIPTION** | |
| **Definitions**  Outpatient: A non-hospitalized individual.  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.  Notes   * *For the purposes of this indicator*, outpatient consultations are for curative care, and do not include routine preventative services such as immunization and antenatal care. * Outpatient consultations may take place in both fixed and mobile facilities, as well as both existing facilities and parallel self-standing emergency facilities. * *For the purposes of this indicator,* 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 the following indicator in the Community Health Sub-sector:*“Number of children under five years of age who received community based treatment for common childhood illnesses.”* | |
| **Unit of Measure:** Number (of consultations) | |
| **Calculation:** This is a count of outpatient consultations. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of outpatient consultations across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Sex: female, male  Age: <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)  In addition, report disaggregation by Consultation Type and major causes of morbidity (based on the local context) in a table/figure or annex in the Semi-Annual Report, Annual Report and Final Performance Report. | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring (compile data from supported outpatient facilities to calculate the sum total of outpatient consultations) | |
| **Source:**  Monitoring checklist/form, 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:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H06: Number of Community Health Workers supported (total within activity area and per 10,000 population)** | |
| **APPLICABILITY** | RiA for partners supporting Community Health Workers |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Basic Primary Health Care |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator is intended to measure coverage of community health workers supported in the intervention catchment area, i.e., how many people (per 10,000 people) to an individual community health worker supported by BHA funding.  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:   * Lay health workers * Volunteer health workers * Community health promoters * Village health workers * Village health volunteers * Community health agents, and * Health surveillance assistants.   Supported: Any training, provision of supplies and/or transport, and incentives provided to CHWs with BHA funding. | |
| **Unit of Measure:** Number (of CHW supported); Ratio (of CHW supported per 10,000 people) | |
| **Calculation:** This is a count of CHW supported by BHA funding in the intervention catchment area.  The ratio is derived by dividing the number of CHWs supported by the total population of people in the intervention catchment area, then multiplying by 10,000.  Numerator: Number of CHWs supported  Denominator: Number of people in the intervention catchment area  *For example:* *If an activity supports 100 CHWs in a population of 500,000 people, this indicator would be calculated by doing the following:*  *First, divide 100 CHWs by 500,000 people, or 100/500,000 = 0.0002 CHW/person*  *Next, multiply by 10,000, so it is 0.0002CHS/person \* 10,000 = 2 CHWs per 10,000 people* | |
| **How to Count Life of Award (LOA):** Number: LOA values are the reported values at the end of the award counting only the unique number of CHWs who were supported by BHA funding in the intervention catchment area.  Ratio: LOA values are the reported values at the end of the award counting only the unique number of CHWs who were supported by BHA funding divided by the total of people in the intervention catchment area per 10,000 people. | |
| **Direction of Change:** + | |
| **Disaggregation:** 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:**  Monitoring checklist/form, attendance sheet/records, health facility records, government census data, incentive payment rosters/records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  CHW supported, health facility staff who manage the consultation records | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H07: Number and percent of deliveries attended by a skilled attendant** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output or Outcome |
| **SECTOR** | Health |
| **SUB-SECTOR** | Basic Primary Health Care |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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, including management of complications or recommending referral, as needed.  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. | |
| **Unit of Measure:**  Number and percent (of pregnant women) | |
| **Calculation:** Number: this is a count of live births assisted by a skilled attendant.  Percent: 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.  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 during the reporting period is determined by multiplying the estimated catchment population by the annual crude birth rate, divided by the number of reporting periods within a year (e.g., two if the reporting period is six months). Note that health facility data on births should not be used as a denominator.  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 report only the number. | |
| **How to Count Life of Award (LOA):**  Number: LOA values are the reported values at the end of the award counting only the unique number of pregnant women, without double counting, who deliver assisted by a skilled (not traditional) attendant at birth.  Percent: LOA values are the reported values at the end of the award counting only the unique number of pregnant women who deliver assisted by a skilled attendant divided by total estimated number of live births within the supported catchment population. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Birth Attendant Type: midwives, doctors, nurses with midwifery and life-saving skills  Delivery Location: health facility, home, other | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring of facility records/skilled attendants’ reports for numerator.  Secondary data (national demographic and health surveys (DHS), health facility catchment population estimates, national health administrative population figures and/or birth reports) for denominator | |
| **Source:**  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 | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner staff who manage the interventions and/or community-based skilled birth attendants | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis | |
| **Frequency of Reporting:** Data will be reported in the baseline report, semi-annual report, annual report and the final performance report. | |
| **Baseline Value Information:**  Baseline value will be derived from health facility records or recent national health reports. | |
| **ADDITIONAL INFORMATION** | |
| * OCHA Indicator Registry (<https://ir.hpc.tools/>) * WHO 2011, Monitoring maternal, newborn and child health: understanding key progress indicators (<https://apps.who.int/iris/bitstream/handle/10665/44770/9789241502818_eng.pdf?sequence=1>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H08: Number and percent of pregnant women who have attended at least two complete antenatal clinics** | |
| **APPLICABILITY** | RiA: Required for activities supporting maternal and newborn health |
| **TYPE** | Outcome |
| **SECTOR** | Health |
| **SUB-SECTOR** | Basic Primary Health Care |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  Attended: Presented to a health service delivery point and received services required for complete antenatal visits.  Complete antenatal clinics: The full 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:   * Clinical examination, * Blood testing to detect syphilis and severe anemia (and HIV, malaria, etc. according to the epidemiological context), * Gestational age estimation, * Uterine height, * Blood pressure, * Maternal weight and height, * Test for sexually transmitted infections (STIs), * Urine test, * Request blood type and Rh, * Tetanus toxoid administration, * Iron/folic acid supplementation, and recommendations for emergencies | |
| **Unit of Measure:** Number and percent (of pregnant women) | |
| **Calculation:** This is a count of pregnant women in attendance for two or more complete antenatal clinics during the reporting period.  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.  Numerator: The number of pregnant women in attendance for two or more complete 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 report only the number. | |
| **How to Count Life of Award (LOA):**  Number: LOA values are the reported values at the end of the award counting only the unique number of pregnant women, without double counting, who attended 2 or more ANC clinics.  Percent: LOA values are the reported values at the end of the award counting only the unique number of pregnant women who attended two or more complete antenatal clinics divided by total estimated number of live births within the supported catchment population. | |
| **Direction of Change:**  + | |
| **Disaggregation:**N/A | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring of health facility records to calculate numerator.  Secondary data (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, 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:**  Data will be collected at baseline and on an ongoing/rolling/monthly basis | |
| **Frequency of Reporting:** Data will be reported in the baseline report, semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value will be derived from health facility historical reports or patient registers. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
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| **H09: Number and percent of newborns that received postnatal care within three days of delivery** | |
| **APPLICABILITY** | RiA: Required for partners supporting maternal and newborn health activities |
| **TYPE** | Output or Outcome |
| **SECTOR** | Health |
| **SUB-SECTOR** | Basic Primary Health Care |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  Received: Attended to or seen by a trained healthcare provider at a health facility, at home, or at the community-level.  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:   * Assessment of the baby (e.g., breathing, feeding, temperature, jaundice), * Exclusive breastfeeding support, and * Cord care   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. | |
| **Unit of Measure:**  Number and percent (of newborns) | |
| **Calculation:** This is a count of newborns attended by health care providers within three days following birth, during the reporting period.  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.  Numerator: The number of newborns attended to by a health care provider within three days following birth 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 by the 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 report only the number. | |
| **How to Count Life of Award (LOA):**  Number: LOA values are the reported values at the end of the award counting only the unique number of newborns, without double counting, who received postnatal care within three days of delivery.  Percent: LOA values are the reported values at the end of the award counting only the unique number of newborns who received postnatal care within three days of delivery divided by total estimated number of live births within the supported catchment population. | |
| **Direction of Change:** + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:** Monitoring checklist/form, patient registers/records from supported health facilities, CHW reports/registers | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:** Implementing partner staff who manage the intervention | |
| **Frequency of Collection:**  Data will be collected at baseline, and on an ongoing/rolling basis. | |
| **Frequency of Reporting:** Data will be reported in the baseline report, semi-annual report, annual report and final performance report. | |
| **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/>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H10: Number of cases of sexual violence treated** | |
| **APPLICABILITY** | RiA: Required for partners providing Clinical Management of Rape (CMR) |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Basic Primary Health Care |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  “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.  “Treated” refers to trained healthcare workers taking any of the following actions:   * Take history; * Perform physical exam; * Collect forensic evidence, if necessary; * Provide emergency contraception; * Treatment of sexually transmitted infections; * Provide post-exposure prophylaxis; * Provide wound care; * Vaccinate against hepatitis B and tetanus; or * Refer to legal, social, and psychosocial services.   Partner is responsible for quality monitoring to ensure that the complete package of treatment for sexual violence is being delivered at supported facilities. | |
| **Unit of Measure:** Number (of cases) | |
| **Calculation:** This is a count of cases of sexual violence treated. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of cases of sexual violence treated across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Sex: female, male  Age: <5 years, 5-14 years, 15-18 years, 19-49 years, 50+ years | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, patient registers/records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner staff who manage the intervention documentation | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * IASC, Global Health Cluster Core Indicators May 2020   (<https://www.who.int/health-cluster/resources/publications/GHC-CoreIndicators-List-05-08-2020.pdf?ua=1)> | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H11: Number of consultations for communicable disease** | |
| **APPLICABILITY** | RiA: Required for partners supporting health services that include treatment of communicable diseases. |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Basic Primary Health Care |
| **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. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of communicable disease consultations across the reporting periods. | |
| **Direction of Change:**  +/- depending on the context | |
| **Disaggregation:**  Sex: female, male  Age: <5 years, ≥ 5 years  Disease: diarrhea, acute respiratory infections, malaria, other (specify; define in progress reports) | |
| **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 | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:** Implementing partner or health facility staff managing the interventions | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H12: Number of consultations for noncommunicable diseases** | |
| **APPLICABILITY** | RiA: Required for partners supporting noncommunicable disease care |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Basic Primary Health Care |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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). For the purposes of this indicator,NCD refers to: Hypertension (a risk factor for cardiovascular disease), diabetes, and chronic respiratory diseases (including asthma and chronic obstructive pulmonary disease).  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. For the purposes of this indicator, if the country policy allows CHWs to treat or provide maintenance for NCDs, please include these consultations. | |
| **Unit of Measure:** Number (of consultations) | |
| **Calculation:** This is a count of noncommunicable disease consultations. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of noncommunicable disease consultations across the reporting periods. | |
| **Direction of Change:**  +/- depending on the context | |
| **Disaggregation:**  Sex: female, male  Disease: hypertension, diabetes, chronic respiratory disease, other | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring (compile data from supported health facilities to calculate the sum total of consultations for each disease specified). | |
| **Source:** Monitoring checklist/form, patient registers from supported health facilities | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Health facility staff who manage the consultation records | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **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>) * WHO, 2018. Integration of NCD care in emergency response and preparedness. [(https://apps.who.int/iris/bitstream/handle/10665/272964/9789290226352-eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/272964/9789290226352-eng.pdf?sequence=1&isAllowed=y)) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H13: Number of consultations for any mental health condition** | |
| **APPLICABILITY** | RiA: Required for partners supporting mental health care |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Basic Primary Health Care |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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. | |
| **Unit of Measure:** Number (of consultations) | |
| **Calculation:** This is a count of mental health condition consultations. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of mental health condition consultations across the reporting periods. | |
| **Direction of Change:**  +/- depending on the context | |
| **Disaggregation:**  Sex: female, male  Age: <5 years, 5-14 years, 15-18 years, 19-49 years, 50+ years | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring (compile data from supported health facilities to calculate the sum total of consultations for mental health conditions). | |
| **Source:** Monitoring checklist/form, patient registers from supported health facilities | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:** Health facility staff who manage the consultation records | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * WHO, 2015. WHO Mental Health Gap Action Programme (mhGAP) (<https://www.who.int/mental_health/publications/mhgap_hig/en/>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H14: Number of consultations for trauma-related injuries** | |
| **APPLICABILITY** | RiA: Required for partners supporting trauma and injury care |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Basic Primary Health Care |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:** Number (of consultations) | |
| **Calculation:** This is a count of trauma related injury consultations. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of trauma related injury consultations across the reporting periods. | |
| **Direction of Change:**  +/- depending on the context | |
| **Disaggregation:**  Sex: female, male  Age:<5 years, 5-14 years, 15-18 years, 19-49 years, 50+ years | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring. Compile data from supported health facilities to calculate the sum total of consultations for trauma-related injuries. | |
| **Source:**  Monitoring checklist/form,patient registers from supported health facilities | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Health facility staff who manage the consultation records | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **H15: Number and percent of community members who can recall target health education messages** | |
| **APPLICABILITY** | RiA: Required for partners supporting Community Health activities |
| **TYPE** | Outcome |
| **SECTOR** | Health |
| **SUB-SECTOR** | Basic Primary Health Care |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  Community members: Individuals living within the intervention catchment area.  Recall: May include spontaneous mention and/or aided recall, as per individual beneficiaries' response to predefined questions in standardized questionnaires.  Target health education message: Information specific to particular disease prevention/treatment or health seeking behaviors that are provided to the community.  Partners should clearly identify the specific message, recall criteria (i.e., respondents correctly identify two or more messages), and target group in their report. | |
| **Unit of Measure:** Number andpercent (of individual beneficiaries) | |
| **Calculation:**  The count of individual beneficiaries who can recall health education messages.  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.    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 activitysurveyed | |
| **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:**  + | |
| **Disaggregation:**  Sex: female, male  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). | |
| **DATA COLLECTION** | |
| **Method:**  Population-based or beneficiary-based baseline/endline survey. | |
| **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:**  Data will be collected at baseline and at endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and final performance report. | |
| **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 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H16: Number of children under five years of age who received community-based treatment for common childhood illnesses** | |
| **APPLICABILITY** | RiA for partners implementing integrated community case management (iCCM) |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Basic Primary Health Care |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  Children under 5 years of age: This includes individuals between 0 and 59 months of age.  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, this includes 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 community-based treatment. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of children under five years of age, without double counting, who received community-based treatment for common childhood illness. | |
| **Direction of Change:**  +/- depending on the context | |
| **Disaggregation:**  Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form, CHW reporting and/or patient registers/disease tally sheets | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Health facility staff who manage the patient records | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **H17: Number of hospitalizations** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Higher Level Care |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  Admission:Registered at an inpatient health facility for observation and/or specialized treatment, often overnight. | |
| **Unit of Measure:**  Number (of hospitalizations) | |
| **Calculation:** This is a count of individual hospitalizations. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of hospitalizations across the reporting periods. | |
| **Direction of Change:**  +/- depending on the context | |
| **Disaggregation:**  Sex: female, male  Age: <5 years, ≥ 5 years | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form, health facility patient registers | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Health facility staff who manage the hospitalization records | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value will be zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H18: Case fatality ratio** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Health |
| **SUB-SECTOR** | Higher Level Care |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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. | |
| **Unit of Measure:** Ratio (of fatalities) | |
| **Calculation:** 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.  Numerator: Number of deaths from a specified disease  Denominator: Number of cases of a specified disease | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the number of deaths from a specified disease divided by total number of cases of the specified disease. | |
| **Direction of Change:**  - | |
| **Disaggregation:**  Sex: female, male  Age: <5 years, ≥ 5 years  Disease: acute watery diarrhea, bloody diarrhea, meningitis, malaria, measles, other (specify)  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. | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, patient registers/disease tally sheet/health facility based surveillance/EWARS, health facility reports | |
| **Who Collects:**  Implementing partners staff | |
| **From Whom:**  Implementing partner or health facility staff managing the interventions | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H19: Number and percent of deliveries by caesarean section** | |
| **APPLICABILITY** | RiA: Required for activities that provide Emergency Obstetric and Neonatal Care |
| **TYPE** | Outcome |
| **SECTOR** | Health |
| **SUB-SECTOR** | Higher Level Care |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  Facility delivery refers to a live birth that takes place within a health facility.  A Caesarean section (C-section) is the surgical delivery of a baby. It is often a life-saving intervention for women with obstetric complications. | |
| **Unit of Measure:** Number and percent (of deliveries) | |
| **Calculation:** This is a count of facility deliveries by Caesarean section in supported facilities.    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.  Numerator: Number of facility deliveries by Caesarean section  Denominator: Number of all facility deliveries | |
| **How to Count Life of Award (LOA):**  Number: LOA values are the total values of facility deliveries by Caesarean section across the reporting periods.  Percent: LOA values are the reported values at the end of the award counting only the number of facility deliveries by Caesarean section divided by total number of all facility deliveries. | |
| **Direction of Change:**  +/- depending on the context | |
| **Disaggregation:** N/A  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 programmatic performance reports. | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form, health facility records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Health facility staff who manage surgical and obstetrics records | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H20: Percent of target population who can recall two or more protective measures** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Health |
| **SUB-SECTOR** | Public Health Emergencies |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  Recall: May include spontaneous mention and/or aided recall, as per individual response to predefined questions in standardized questionnaires. | |
| **Unit of Measure:**  Percent (of individual beneficiaries) | |
| **Calculation:** 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.  Numerator: Number of individual beneficiaries surveyed who correctly identified 2 or more protective measures  Denominator: Number of individual beneficiaries in the target population surveyed. | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the endline or last available beneficiary-based survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Population-based or beneficiary-based survey or pre and post survey  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:**  Beneficiaries/Individuals living in the intervention area | |
| **Frequency of Collection:**  Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance 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 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H21: Number of IPC-focused supervision visits conducted** | |
| **APPLICABILITY** | RiA: Required for activities that directly support IPC interventions |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Public Health Emergencies |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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 facility-based disease surveillance. IPC must be implemented at all levels of healthcare according to risk, and following disease-specific requirements.  The focus of IPC-related supervision visits may include: the organization and management of the IPC program, training and mentorship, WASH infrastructure (particularly required sanitation, water supply, and medical waste management systems), IPC practices such as hand hygiene and waste management, availability of supplies, patient screening and placement, and systems for managing occupational health and safety. | |
| **Unit of Measure:** Number (of visits) | |
| **Calculation:** This is a count of supervision visits. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of supervision visits across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:**N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, site visit records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Health staff supervisors | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * WHO, 2019. Minimum Requirements for infection prevention and control programs.(<https://apps.who.int/iris/bitstream/handle/10665/330080/9789241516945-eng.pdf?ua=1>) * SPHERE, 2018. Healthcare Systems and Communicable Disease standards.(<https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H22: Number of safe and dignified burials completed** | |
| **APPLICABILITY** | RiA for activities that provide safe burials |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Public Health Emergencies |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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. | |
| **Unit of Measure:**  Number (of burials) | |
| **Calculation:** This is a count of safe and dignified burials completed according to protocols during the reporting period. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of safe and dignified burials completed across the reporting periods. | |
| **Direction of Change:**  +/- depending on outbreak phase | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form, 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:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **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>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H23: Number of individuals trained in medical commodity supply chain management** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Pharmaceutical and other Medical Commodities |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.    Medical Commodities: Pharmaceuticals, medical supplies, and medical equipment.    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. | |
| **Unit of Measure:**  Number (of individual beneficiaries) | |
| **Calculation:** This is the count of individual beneficiaries trained in medical commodity supply chain management. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who were trained in medical commodity supply chain management.  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 all the reporting periods values. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Attendance sheet/records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individuals trained | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H24: Number of health facilities out of stock of any of the medical commodity tracer products, for longer than one week, seven consecutive days** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Health |
| **SUB-SECTOR** | Pharmaceuticals and other Medical Commodities |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  Medical Commodities: Pharmaceuticals, medical supplies, and/or medical equipment.    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.  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. | |
| **Unit of Measure:**  Number (of health facilities) | |
| **Calculation:** This is a count 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. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of individual BHA-supported health facilities experiencing a stock out of any tracer product lasting longer than one week (7 consecutive days) across the reporting periods. | |
| **Direction of Change:**  - | |
| **Disaggregation:**  N/A | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form, inventory lists, barcode inventories, bin card of stock | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Lead pharmacist or head physician (at the health facility) and/or by the warehouse manager (at the warehouse). | |
| **Frequency of Collection:**  Data will be collected at baseline and on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the baseline report, semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value will be derived from facility records. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H25: Number of individuals treated for the restricted use indication** | |
| **APPLICABILITY** | RiA: Required for activities requesting (and approved by BHA) to purchase a pharmaceutical with a restricted use indication |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Pharmaceuticals and other Medical Commodities |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  Treated: Pharmaceutical administered or given to the individual.    Restricted use indication: [The BHA Essential Medicine List (EML)](https://www.usaid.gov/sites/default/files/documents/USAID-BHA_PMC_Guidance_August_2020.pdf) provides the list of pharmaceuticals that are restricted for use and their specified indications. It includes azithromycin, cefazolin, cefixime, hydralazine, magnesium sulfate, methyldopa, and misoprostol. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries treated for the restricted use indication for each applicable pharmaceutical product. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of beneficiaries, without double counting, who were treated for the restricted use indication. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Level 1 - Sex: female, male,  Level 2 - BHA EML Pharmaceutical product (max 7)  See below how these disaggregates should be reported.  Overall   1. Number of individuals treated for the restricted use indication   Sex and Pharmaceutical Product (max 7)   1. Number of female individuals treated for the restricted use indication of product1 2. Number of male individuals treated for the restricted use indication of product1 3. Number of female individuals treated for the restricted use indication of product2 4. Number of male individuals treated for the restricted use indication of product2 5. Number of female individuals treated for the restricted use indication of product3 6. Number of male individuals treated for the restricted use indication of product3 7. Number of female individuals treated for the restricted use indication of product4 8. Number of male individuals treated for the restricted use indication of product4 9. Number of female individuals treated for the restricted use indication of product5 10. Number of male individuals treated for the restricted use indication of product5 11. Number of female individuals treated for the restricted use indication of product6 12. Number of male individuals treated for the restricted use indication of product6 13. Number of female treated for the restricted use indication of product7 14. Number of male treated for the restricted use indication of product7 | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, medical records, diagnosis treatment log | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Dispensing provider (physician, nurse, pharmacist) | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** 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>) * BHA Essential Medicines List (<https://www.usaid.gov/sites/default/files/documents/USAID-BHA_PMC_Guidance_August_2020.pdf>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H26: Quantity of pharmaceutical purchased to treat individuals for the restricted use indication** | |
| **APPLICABILITY** | RiA: Required for activities requesting (and approved by BHA) to purchase a pharmaceutical with a restricted use indication |
| **TYPE** | Input |
| **SECTOR** | Health |
| **SUB-SECTOR** | Pharmaceuticals and other Medical Commodities |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.) | |
| **Unit of Measure:**  Number (of pharmaceuticals) | |
| **Calculation:** This is the count of each unique pharmaceutical for restricted use indication. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of unique pharmaceutical for restricted use indication and dosage form across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Dosage form:   * Azithromycin: tablet 250mg, tablet 500mg, oral suspension 100mg/5ml, oral suspension 200mg/5ml * Cefazolin: injection 500mg, injection 1gm * Cefixime: tablet 400mg, oral suspension 200mg/5ml * Hydralazine: injection 20mg/ml * Magnesium sulfate: injection 2g/50ml, injection 4g/100ml * Methyldopa: tablet 250mg, tablet 500mg, injection 50mg/ml * Misoprostol: tablet 100mcg | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form, pharmacy, warehouse records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Pharmacist and/or warehouse manager | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * This indicator is for congressional reporting. | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **H27: Number of individuals treated with each approved non-BHA EML pharmaceutical** | |
| **APPLICABILITY** | RiA: Required for partners requesting and approved to use non-BHA EML drugs |
| **TYPE** | Output |
| **SECTOR** | Health |
| **SUB-SECTOR** | Pharmaceuticals and other Medical Commodities |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  Treated: Pharmaceutical administered or given to the beneficiary.    [BHA Essential Medicine List](https://www.usaid.gov/sites/default/files/documents/USAID-BHA_PMC_Guidance_August_2020.pdf) (EML): A list of pharmaceutical products likely to cover the majority of health services addressed in BHA-supported health activities.    Non-BHA EML: Pharmaceutical products NOT contained on the BHA Essential Medicines List (EML).  In exceptional circumstances, pharmaceuticals that are not listed on the BHA EML may be approved for use within a BHA health activity. This is an exceptional circumstance and requires specific justification. You must track and report on the use of any pharmaceutical product that is not listed on the USAID/BHA Human EML, including the number of patients treated for the specific indication. Additional requirements are described in the USAID/BHA Pharmaceutical Guidance. | |
| **Unit of Measure:**  Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries treated with each approved non-BHA EML pharmaceutical. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of beneficiaries, without double counting, who were treated with each approved non-BHA EML pharmaceutical. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Level 1 - Sex: female, male  Level 2 - Non-BHA EML Pharmaceutical product (max 10)  See below how these disaggregates should be reported.  Overall   1. Number of individuals treated with each approved non-BHA EML pharmaceutical   Sex and Pharmaceutical Product (max 10)   1. Number of female individuals treated with pharmaceutical product1 2. Number of male individuals treated with pharmaceutical product1 3. Number of female individuals treated with pharmaceutical product2 4. Number of male individuals treated with pharmaceutical product2 5. Number of female individuals treated with pharmaceutical product3 6. Number of male individuals treated with pharmaceutical product3 7. Number of female individuals treated with pharmaceutical product4 8. Number of male individuals treated with pharmaceutical product4 9. Number of female individuals treated with pharmaceutical product5 10. Number of male individuals treated with pharmaceutical product5 11. Number of female individuals treated with pharmaceutical product6 12. Number of male individuals treated with pharmaceutical product6 13. Number of female individuals treated with pharmaceutical product7 14. Number of male individuals treated with pharmaceutical product7 15. Number of female individuals treated with pharmaceutical product8 16. Number of male individuals treated with pharmaceutical product8 17. Number of female individuals treated with pharmaceutical product9 18. Number of male individuals treated with pharmaceutical product9 19. Number of female individuals treated with pharmaceutical product10 20. Number of male individuals treated with pharmaceutical product10   If more than 10 approved pharmaceutical products, contact the AOR for further reporting requirements. | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Treatment records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Health facility staff or pharmacist | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * [BHA Essential Medicine List (EML)](https://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources/guidelines-proposals) can be found at this link and BHA resources page. | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

## HUMANITARIAN COORDINATION AND INFORMATION MANAGEMENT, AND ASSESSMENTS

|  |  |
| --- | --- |
| **I01: Number of humanitarian organizations actively coordinating in the proposed area of work** | |
| **APPLICABILITY** | RiA for partners responsible for providing humanitarian coordination services |
| **TYPE** | Output |
| **SECTOR** | Humanitarian Coordination, Information Management, and Assessments (HCIMA) |
| **SUB-SECTOR** | 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 total values of humanitarian organizations involved in coordinating in the proposed area of work across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Humanitarian Organization Type: governmental, international organizations, international NGOs, local NGOs or CBOs, donor agencies, local ministries and agencies | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form, meeting notes, strategy documents | |
| **Who Collects:** Leadimplementing partner staff or enumerators. | |
| **From Whom:** Lead implementing partner staff who manage the intervention documentation. | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **I02: Number of humanitarian organizations actively participating in inter-agency coordination mechanisms** | |
| **APPLICABILITY** | RiA for partners responsible for providing humanitarian coordination services |
| **TYPE** | Output |
| **SECTOR** | Humanitarian Coordination, Information Management, and Assessments (HCIMA) |
| **SUB-SECTOR** | 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 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.  “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). | |
| **Unit of Measure:**  Number (of organizations) | |
| **Calculation:** This is a count of humanitarian organizations actively participating in coordination efforts in the proposed area of work. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of humanitarian organizations actively participating in coordination efforts in the proposed area of work across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Humanitarian Organization Type: governmental, international organizations, international NGOs, local NGOs or CBOs, donor agencies, local ministries and agencies | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form, 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:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **I03: Number and percent of humanitarian organizations participating in joint assessments** | |
| **APPLICABILITY** | RiA for partners responsible for providing humanitarian coordination services |
| **TYPE** | Output |
| **SECTOR** | Humanitarian Coordination, Information Management, and Assessments (HCIMA) |
| **SUB-SECTOR** | 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.  “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.  This indicator is a measure of the level of coordination that is occurring among humanitarian actors as a result of a BHA-funded activity, based on the number of those participating in joint assessments, which is a Grand Bargain priority. This differs from indicator I11 which seeks to measure the number of actors involved in a discrete assessment(s) funded by BHA. | |
| **Unit of Measure:** Number and percent (of humanitarian organizations) | |
| **Calculation:** This is a count of humanitarian organizations participating in joint assessments.  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.  Numerator: Number of humanitarian organizations participating in joint assessments  Denominator: Number of humanitarian organizations in the proposed area of work | |
| **How to Count Life of Award (LOA):**  Number: LOA values are the total values of humanitarian organizations participating in joint assessments in the proposed area of work across the reporting periods.  Percent: LOA values are the reported values at the end of the award counting only the humanitarian organizations participating in joint assessments divided by total humanitarian organizations in the proposed area of work. | |
| **Direction of Change:**  + | |
| **Disaggregation:**Humanitarian Organization Type: governmental, international organizations, international NGOs, local NGOs or CBOs, donor agencies, local ministries and agencies | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, joint planning documents and meetings, records from organizations participating in joint planning | |
| **Who Collects:** Lead Implementing partner staff | |
| **From Whom:** Lead Implementing partner staff who manage the intervention documentation | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * This indicator was developed based on BHA’s commitments to Grand Bargain priorities | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **I04: Number of other key actors actively participating in humanitarian coordination mechanisms** | |
| **APPLICABILITY** | RiA for partners responsible for providing humanitarian coordination services |
| **TYPE** | Output |
| **SECTOR** | Humanitarian Coordination, Information Management, and Assessments (HCIMA) |
| **SUB-SECTOR** | Coordination |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  “Other key actors” are those not traditionally considered to be humanitarian organizations and do not include individuals, PIOs, international and local NGOs, etc. Examples of other key actors include those working in private sector, military, and academic institutions.  An 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 key actors) | |
| **Calculation:** This is a count of other key actors actively participating in humanitarian coordination mechanisms. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of other key humanitarian actors actively participating in humanitarian coordination mechanisms across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring (record instances of partnership and coordination as they occur in a activity tracker) | |
| **Source:**  Monitoring checklist/form, meeting notes, strategy documents | |
| **Who Collects:**  Lead implementing partner staff | |
| **From Whom:**  Lead implementing partner staff who manage the routine monitoring intervention documentation | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **I05: Number of humanitarian organizations that received joint assessment information** | |
| **APPLICABILITY** | RiA for partners responsible for providing humanitarian coordination services |
| **TYPE** | Output |
| **SECTOR** | Humanitarian Coordination, Information Management, and Assessments (HCIMA) |
| **SUB-SECTOR** | 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 total values of humanitarian organizations receiving joint assessment information across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Humanitarian Organization Type: Governmental, International Organizations, International NGOs, Local NGOs or CBOs, Donor agencies, Local ministries and agencies | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form, distribution lists, confirmation records | |
| **Who Collects:**  Lead implementing partner staff | |
| **From Whom:**  Lead implementing partner staff who manage the distribution list documentation | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * Grand bargain indicator | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **I06: Number of needs assessments coordinated with other clusters, agencies, or work groups** | |
| **APPLICABILITY** | RiA for partners responsible for providing humanitarian coordination services |
| **TYPE** | Output |
| **SECTOR** | Humanitarian Coordination, Information Management, and Assessments (HCIMA) |
| **SUB-SECTOR** | 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 total values of needs assessments coordinated with other clusters, agencies, or work groups across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form, 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:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **I07: Number and percent of humanitarian organizations utilizing information management services** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Humanitarian Coordination, Information Management, and Assessments (HCIMA) |
| **SUB-SECTOR** | Information Management |
| **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.  “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. Illustrative examples of information management services include, but are not limited to, standards promotion, data processing, data coordination, visualization, training, and platform development. | |
| **Unit of Measure:**  Number (of organizations) | |
| **Calculation:** This is a count of organizations utilizing information management services from the start of the award.  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.  Numerator: Number of humanitarian organizations utilizing information management services  Denominator: Number of humanitarian organizations in the proposed area of work | |
| **How to Count Life of Award (LOA):**  Number: LOA values are the total values of humanitarian organizations utilizing information management services across the reporting periods.  Percent: LOA values are the reported values at the end of the award counting only the humanitarian organizations utilizing information management services divided by total humanitarian organizations in the proposed area of work. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form, distribution/membership/registration lists, other tracking records | |
| **Who Collects:** Lead implementing partner staff | |
| **From Whom:** Lead implementing partner staff who manage the routine monitoring intervention documentation. | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **I08: Number and percent of humanitarian organizations directly contributing to information products** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Humanitarian Coordination, Information Management, and Assessments (HCIMA) |
| **SUB-SECTOR** | Information Management |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  “Humanitarian organization” for the purposes of this indicator, a humanitarian organization is an organization involved in the humanitarian response in question.  The partner should use its discretion to contextualize what qualifies as a humanitarian organization for their activity.  “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). Other types of non-data contributions, such as operational or logistics support are not included in this indicator. | |
| **Unit of Measure:**  Number and percent (of humanitarian organizations) | |
| **Calculation:** This is a count of humanitarian organizations directly contributing to information products.  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.  Numerator: Number of humanitarian organizations directly contributing to information products  Denominator: Number humanitarian organizations in the proposed area of work | |
| **How to Count Life of Award (LOA):**  Number: LOA values are the total values of humanitarian organizations directly contributing to information products across the reporting periods.  Percent: LOA values are the reported values at the end of the award counting only the humanitarian organizations directly contributing to information products divided by total humanitarian organizations in the proposed area of work. | |
| **Direction of Change:**  + | |
| **Disaggregation:**N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, 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:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **I09: Number of products made available by BHA funded information management services that are accessed by stakeholders** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Humanitarian Coordination, Information Management, and Assessments (HCIMA) |
| **SUB-SECTOR** | Information Management |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  “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 *who* is providing *what* kind of humanitarian assistance *where*; and geospatial and demographic data for the proposed area of work. This indicator counts products that are funded entirely or partially by BHA.  “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. | |
| **Unit of Measure:** Number (of products) | |
| **Calculation:** This is a count of products made available by BHA funded information management services that are accessed by stakeholders. Count the unique 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. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of unique products made available by BHA funded information management services that are accessed by stakeholders, without double counting, across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:**N/A | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form, website analytics or database | |
| **Who Collects:**  Lead implementing partner staff | |
| **From Whom:** Lead implementing partner staff who manage the intervention documentation. | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **I10: Average number of humanitarian assistance sectors involved in the coordinated needs assessment process per assessment** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Humanitarian Coordination, Information Management, and Assessments (HCIMA) |
| **SUB-SECTOR** | Coordinated Needs Assessments |
| **INDICATOR DESCRIPTION** | |
| **Definition:**  This indicator is a measure of the extent to which BHA-funded coordinated needs assessments are multi-sectoral (integration of more than one sector).  “Humanitarian Assistance Sectors” 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), 11) Nutrition, 12) Protection, Disaster Risk Reduction Policy and Practice (DRRPP), 13) Shelter and Settlements, 14) Water, Sanitation, and Hygiene (WASH).  “Sector” may be represented by an individual or group of individuals formally acting on behalf of a formal cluster or sector-specific coordination structure. For the purpose of this indicator, this may include, for example, food security even though this is not a BHA sector.  “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. Assessments that include measures about a sector without active contribution from individuals acting on behalf of a cluster or sectoral coordination structure are not counted for this indicator.  “Coordinated needs assessment process” has three stages 1) Design and planning; 2) Data collection; and 3) Analysis and reporting. | |
| **Unit of Measure:** Average number (of humanitarian assistance sectors) per assessment | |
| **Calculation:** The average is derived by dividing the number of humanitarian assistance sectors actively involved in the coordinated needs assessment process by the total number of assessments funded by the award.  Numerator: Number of humanitarian assistance sectors involved in the coordinated needs assessment process  Denominator: Number of assessments funded by the award  Note: If only one assessment is funded by the activity, then this is simply a count of humanitarian assistance sectors as defined by the BHA actively involved in each stage of the coordinated needs assessment process. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of humanitarian assistance sectors involved in the coordinated needs assessment process divided by total assessments funded by the award. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Assessment Stage: 1) Design and planning; 2) Data collection; 3) Analysis and reporting  See below how these disaggregates should be reported.  Overall   1. Average number of humanitarian assistance sectors involved in the coordinated needs assessment process per assessment   Assessment Stage   1. Average number of humanitarian assistance sectors involved in the coordinated needs assessment at design and planning stage per assessment 2. Average number of humanitarian assistance sectors involved in the coordinated needs assessment at data collection stage per assessment 3. Average number of humanitarian assistance sectors involved in the coordinated needs assessment at analysis and reporting stage per assessment | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, final coordinated needs assessment report (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:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **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> | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **I11: Average number of humanitarian actors involved in the coordinated needs assessment process**.**per assessment** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Humanitarian Coordination, Information Management, and Assessments (HCIMA) |
| **SUB-SECTOR** | Coordinated Needs Assessments |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  “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 discretion 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&E staff person and a programs staff person from the same NGO would be counted as one actor.  “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.  “Coordinated needs assessment process” A coordinated needs assessment has three stages. 1. Design and planning. 2. Data collection. 3. Analysis and reporting. | |
| **Unit of Measure:** Average number (of humanitarian actors) per assessment | |
| **Calculation:** The average is derived by dividing the number of humanitarian actors involved in the coordinated needs assessment process by the total number of assessments funded by the award.  Numerator: Number of humanitarian actors involved in the coordinated needs assessment process  Denominator: Number of assessments funded by the activity  Note: If only one assessment is funded by the award, then this is simply a count of humanitarian actors involved in the coordinated assessment(s). | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of humanitarian actors involved in the coordinated assessment(s) across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Assessment Stage: 1) Design and planning; 2) Data collection; 3) Analysis and reporting. See below how these disaggregates should be reported.  Overall   1. Average number of humanitarian actors involved in the coordinated needs assessment process per assessment   Assessment Stage   1. Average number of humanitarian assistance actors involved in the coordinated needs assessment at design and planning stage per assessment 2. Average number of humanitarian assistance actors involved in the coordinated needs assessment at data collection stage per assessment 3. Average number of humanitarian assistance actors involved in the coordinated needs assessment at analysis and reporting stage per assessment | |
| **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:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **I12: Average number of days elapsed from the coordinated needs assessment inception date to release of the first edition of the coordinated needs assessment report per assessment** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Humanitarian Coordination, Information Management, and Assessments (HCIMA) |
| **SUB-SECTOR** | Coordinated Needs Assessments |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  “Inception date” This is the earliest eligibility date for partner spending under the award.  “Release of the first edition” The report may have several release versions targeting different audiences. For purposes of this indicator, we will use the date the report was released (via email, weblink to publicly available report online, etc.) to BHA.  “Assessment Report” Findings of the coordinated needs assessment must be formally documented, most commonly in the form of a written report. In some cases, a presentation powerpoint or slide deck may be acceptable, at the discretion of the BHA AOR. | |
| **Unit of Measure:** Average number (of calendar days) per assessment | |
| **Calculation:** The average is derived by dividing the number of calendar days elapsed from the coordinated needs assessment inception date to release of the first edition of the coordinated needs assessment report by the total number of assessments funded by the award.  Numerator: Number of calendar days elapsed from the coordinated needs assessment inception date to release of the first edition of the coordinated needs assessment report  Denominator: Number of assessments funded by the award  Note: If only one assessment is funded by the award, then this is simply a count of the number of calendar 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. | |
| **How to Count Life of Award (LOA):**  LOA values are the maximum number of calendar 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 across the reporting periods. | |
| **Direction of Change:**  - | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, final coordinated needs assessment report, activity trackers with dates of coordinated needs assessments and submission date | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner staff who manage the coordinated needs assessment | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported after the submission of the coordinated needs assessment report to BHA. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

## HUMANITARIAN POLICY, STUDIES, ANALYSIS, OR APPLICATIONS

There are no standard BHA indicators for the Humanitarian Policy, Studies, Analysis, or Applications (HPSAA) sector; the partner must develop custom indicators for each sub-sector according to the requirements 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., “C02” would be the second custom indicator that appears in the Indicator Tracking Table. Use the [custom Indicator PIRS template](#bookmark=id.h7az5o28kobt)when creating custom indicator PIRSs.

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| **L01: Average completion rate of line items procured by implementing partner following approved institutional procurement and quality policies** | |
| **APPLICABILITY** | RiA: Required for activities that procure any item (food and/or non-food) utilizing BHA funding |
| **TYPE** | Output |
| **SECTOR** | Logistics |
| **SUB-SECTOR** | 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 analyze 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 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. * 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. | |
| **Unit of Measure:** Average (completion rate per line item procured) | |
| **Calculation:** The average is derived by dividing the number of line items procured under the agreed procurement and quality requirements in the reporting period by the total number of line items procured in the reporting period.  Numerator: 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 (Note that partial fulfillment should not be included.)  Denominator: Number of line items procured in reporting period by the implementing partner as described in the funding proposal | |
| **How to Count Life of Award (LOA):**  The LOA values are the reported values at the end of the award counting the number of line items procured under the agreed procurement and quality requirements divided by the total number of line items procured. | |
| **Direction of Change:** + | |
| **Disaggregation:**Line Items\*: (e.g., CSB+, vehicle, laptop, hygiene kit, other, specify\*\*)  \*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.  \*\*10 maximum | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form. 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. | |
| **Who Collects:** Implementing Partner | |
| **From Whom:** Data collected from IP responsible for the procurement activity and from other humanitarian partners and/or beneficiaries (if applicable). | |
| **Frequency of Collection:** Data will be collected semiannually. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **L02: Weight, volume and duration of commodities stored** | |
| **APPLICABILITY** | 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. |
| **TYPE** | Output |
| **SECTOR** | Logistics |
| **SUB-SECTOR** | 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 each commodity 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 (of Kilograms and/or Metric Tons), Volume: Number (of Cubic Meters), Duration: Number (of days) | |
| **Calculation:** For each BHA funded commodity provide the following:  This is a physical count executed by IP that has the stock oversight and documentation:  Weight: calculated by the sum of kilograms/MTs of all identical items (or kits) in its original packaging unit without any palletization.  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.  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):**  For each BHA funded commodity provide the following:  Weight: LOA values are the total values of stored commodities (kgs/MTs) either procured utilizing BHA funding or through a BHA funded storage provision across the reporting periods.  Volume: LOA values are the total values of stored commodities (cbm) either procured utilizing BHA funding or through a BHA funded storage provision across the reporting periods.  Duration: LOA values are the total values of stored commodities (difference in days since last count) either procured utilizing BHA funding or through a BHA funded storage provision across the reporting periods. | |
| **Direction of Change:**  N/A | |
| **Disaggregation:** Do not report Overall value. Provide only weight, volume and duration according to the calculations above for each BHA funded commodity. | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring (exact methods will depend on the commodity)  The IP must track weight, volume and duration of commodities stored for its own or on behalf of HPs over a reporting/activity period. | |
| **Source:** Monitoring checklist/form, storage warehouse records | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Activity staff who oversee transportation and/or storage. | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **L03: Number of passengers transported through multimodal carriers** | |
| **APPLICABILITY** | 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. |
| **TYPE** | Output |
| **SECTOR** | Logistics |
| **SUB-SECTOR** | 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 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). * 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. | |
| **Unit of Measure:** Number (of individual passengers) | |
| **Calculation:** This is a count of individual passengers utilizing a specific transportation mode (air, sea, land) per leg (from origin to destination). | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting the number of individual beneficiaries who utilize a specific transportation mode (air, sea, land) per leg (from origin to destination). 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. | |
| **Direction of Change:** + | |
| **Disaggregation:** Transportation Type: air, sea, land | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, transportation-related records | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Implementing partner staff managing the transportation mode and related documentation. | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **L04: Weight and duration of commodities transported through multimodal carriers** | |
| **APPLICABILITY** | 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 |
| **TYPE** | Output |
| **SECTOR** | Logistics |
| **SUB-SECTOR** | 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 (of Kilograms and/or Metric Tons), Duration: Number (of 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):**  Weight:LOA values are the total values of transported commodities (kgs/MTs) utilizing a specific transportation mode (air, sea, land) per leg (origin - destination) across the reporting periods.  Duration: LOA values are the total values of transported commodities (difference in days since last count) utilizing a specific transportation mode (air, sea, land) per leg (origin - destination) across the reporting periods. | |
| **Direction of Change:**  Weight: +; Duration: N/A | |
| **Disaggregation:**  Level 1 - Transportation type: air, sea, land  Level 2 - Commodity  See below how these disaggregates should be reported for examples of maize, oil and salt commodities. Do not report overall values.  Air and Commodity (maize, oil and salt)   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   Sea and Commodity (maize, oil and salt)   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   Land and Commodity (maize, oil and salt)   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 | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form, transportation-related records | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Implementing partner staff managing the transportation mode and related documentation. | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

## MONITORING AND EVALUATION

There are no standard 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., “C01” would be the first custom indicator that appears in the Indicator Tracking Table. Use the [custom Indicator PIRS template](#bookmark=id.h7az5o28kobt)when creating custom indicator PIRSs.

|  |  |
| --- | --- |
| **Sub-Sector** | **Indicator Requirement** |
| Advancing Evaluation for Humanitarian Assistance | Include one custom **output** 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 **outcome** indicator specific to the activities proposed (e.g., number of organizations utilizing evaluation findings). |
| Monitoring & Data Utilization | Include one custom **output** 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 **outcome** 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). |

## 

## MULTIPURPOSE CASH ASSISTANCE

**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*](https://www.calpnetwork.org/publication/multipurpose-cash-outcome-indicators-final-draft-for-testing/). The Grand Bargain Cash Workstream considers those indicators to be a “final draft for testing,” and thus the guidance in this section of the handbook 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](https://docs.google.com/forms/d/e/1FAIpQLSfpu_lsYJoZt7t3hqp77tihx_ynCjbzE6fWaO0WhOfdEqKvgg/viewform), and to provide feedback on the use of the indicators. A reference group within the workstream will begin reviewing feedback and proposing revisions in 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, [*Monitoring 4 CTP: Monitoring Guidance for CTP in Emergencies*](https://www.calpnetwork.org/publication/monitoring-4-ctp-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.

**Selection and applicability of MPCA Indicators:**

Partners should collect and report on the three required MPC indicators (M01, M02, and M03).

In addition, partners must pick three of the indicators between M04 - M10. These should be selected based upon the identified needs and people’s priorities - using MEB/transfer value categories or amounts may be helpful. Additional sectoral indicators may be selected if desired, based on the implementing agencies’ program objectives or areas of concern, and other factors.

|  |  |
| --- | --- |
| **M01: Total number of individuals (beneficiaries) assisted through multipurpose cash activities** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Multipurpose Cash Assistance |
| **SUB-SECTOR** | 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.”    This indicator measures the number of individuals that have directly received multipurpose cash transfers from a BHA-funded activity. Count all individuals in a household as beneficiaries 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 individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries. Count all individuals in a household as beneficiaries assisted. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who receive multipurpose cash assistance. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Sex: female, male  Age: 0-17.9 years; 18-49.9 years; 50 and above | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring. | |
| **Source:**  Monitoring checklist/form, beneficiary registration records (count all individual beneficiaries in a household as people assisted) | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individual beneficiaries | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * See CaLP Glossary (<http://www.cashlearning.org/resources/glossary#MPC>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **M02: Percent of (beneficiary) households who report being able to meet the basic needs of their households (all/most/some/none), according to their priorities** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Multipurpose Cash Assistance |
| **SUB-SECTOR** | Multipurpose Cash |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  Basic needs(as in [CaLP Glossary](https://www.calpnetwork.org/learning-tools/glossary-of-terms/)): “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.”  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 *not* 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.  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.) | |
| **Unit of Measure:**  Percent (of beneficiary households) | |
| **Calculation:** 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.  Numerator: Number of beneficiary households selecting “all”, “most”, “some” and/or “none” as a response  Denominator: Number of beneficiary households surveyed | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the endline or last available beneficiary-based survey. | |
| **Direction of Change:** For All and Most: + . For Some and None: - | |
| **Disaggregation:**Basic Needs Met: all, most, some, none  See below how these disaggregates should be reported. Do not report Overall values.  Basic Needs Met   1. Percent of (beneficiary) households who report being able to meet all the basic needs of their households according to their priorities 2. Percent of (beneficiary) households who report being able to meet most the basic needs of their households according to their priorities 3. Percent of (beneficiary) households who report being able to meet some the basic needs of their households according to their priorities 4. Percent of (beneficiary) households who report being able to meet none the basic needs of their households according to their priorities 5. Number of beneficiary households surveyed | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based monitoring survey (e.g., PDM) with a representative sample of beneficiaries | |
| **Source:**  Questionnaire | |
| **Who Collects:**  Implementing partner staff, enumerator, or third-party firm | |
| **From Whom:**  Beneficiary households | |
| **Frequency of Collection:** 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. | |
| **Frequency of Reporting:**  Data will be reported in the baseline report, semi-annual report, annual report and the final performance report. | |
| **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 performance report. | |
| **ADDITIONAL INFORMATION** | |
| * CaLP Glossary of Terms (<https://www.calpnetwork.org/library-and-resources/glossary-of-terms/>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **M03: Percent of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Multipurpose Cash Assistance |
| **SUB-SECTOR** | 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*](https://drive.google.com/open?id=1Ci2kQff9Gy4rYgSjsrw9r8NLCD5jfz68)*,* *with slight additions from the* [*Core Humanitarian Standard*](https://corehumanitarianstandard.org/) *and the* [*Global Protection Cluster Protection Mainstreaming Toolkit*](http://www.globalprotectioncluster.org/_assets/files/aors/protection_mainstreaming/gpc-pm_toolkit-2017.en.pdf)*.*  USAID requires applicants to use at least oneof the questions in the questionnaire for each of the four categories from the [draft ECHO Protection Mainstreaming Indicator](https://drive.google.com/open?id=1Ci2kQff9Gy4rYgSjsrw9r8NLCD5jfz68):  · 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 responses, 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.”) | |
| **Unit of Measure:**  Percent (of individual beneficiaries) | |
| **Calculation:** The percent is derived by dividing the total positive/preferred scores by the maximum score (see [tool](https://drive.google.com/file/d/1Ci2kQff9Gy4rYgSjsrw9r8NLCD5jfz68/view) for calculation).  Numerator: Number of scores of positive/preferred answers to survey questions  Denominator: Maximum score of survey questions (see tool for calculation). For the recommended seven questions (Questions #1, 2, 5, 6, 15, 18, 18.1), the maximum score is 28. | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the last available beneficiary-based survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Sex: female, male  Age: ≤19 years; 20-49 years; 50+ 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](https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/).) | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based monitoring survey (e.g., PDM) | |
| **Source:**  Post distribution monitoring survey questionnaire | |
| **Who Collects:**  Implementing partner staff, enumerators or third-party firm | |
| **From Whom:**  Individual beneficiaries | |
| **Frequency of Collection:**  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. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * The indicator and associated definitions are adapted from the [draft ECHO Protection Mainstreaming Indicator questionnaire](https://drive.google.com/open?id=1Ci2kQff9Gy4rYgSjsrw9r8NLCD5jfz68), with slight additions from the [Core Humanitarian Standard](https://corehumanitarianstandard.org/) and the [Global Protection Cluster Protection Mainstreaming Toolkit](http://www.globalprotectioncluster.org/_assets/files/aors/protection_mainstreaming/gpc-pm_toolkit-2017.en.pdf). * Monitors should adhere to best practices on the ethical collection of protection-related data, such as in the [Global Protection Cluster Protection Mainstreaming Toolkit](http://www.globalprotectioncluster.org/_assets/files/aors/protection_mainstreaming/gpc-pm_toolkit-2017.en.pdf). | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **M04: Percent of (beneficiary) households whose shelter solutions meet agreed technical and performance standards** | |
| **APPLICABILITY** | Required to select 3 |
| **TYPE** | Outcome |
| **SECTOR** | Multipurpose Cash Assistance |
| **SUB-SECTOR** | Multipurpose Cash |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  To “meet agreed technical and performance standards” is based on either a) the Sphere Handbook includes standards for shelter and settlements (<https://handbook.spherestandards.org/en/sphere>) 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.  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. | |
| **Unit of Measure:**  Percent (of beneficiary households) | |
| **Calculation:** The percent is derived by dividing the number of beneficiary households reporting their shelters meet minimum adequacy by the total number of households surveyed.  Numerator: Number of beneficiary households reporting their shelters meet minimum adequacy  Denominator: Number of beneficiary households surveyed | |
| **How to Count Life of Award (LOA):** LOA values will be generated from the endline or last available beneficiary-based survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:**(Optional) Gendered Household Type: F&M, FNM, MNF, CNA | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary-based monitoring survey (e.g., PDM) with direct observation of shelter conditions (if feasible) or beneficiary-based baseline/endline survey with direct observation of shelter conditions (if feasible) | |
| **Source:**  Questionnaire | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Beneficiary households | |
| **Frequency of Collection:**  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. | |
| **Frequency of Reporting:** Data will be reported in the baseline report, semi-annual report, annual report and the final performance report. | |
| **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 in the final performance report. | |
| **ADDITIONAL INFORMATION** | |
| * Sphere Handbook includes standards for shelter and settlements (<https://handbook.spherestandards.org/en/sphere>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **M05: Percent of (beneficiary) households living in safe and dignified shelters** | |
| **APPLICABILITY** | Required to select 3 |
| **TYPE** | Outcome |
| **SECTOR** | Multipurpose Cash Assistance |
| **SUB-SECTOR** | Multipurpose Cash |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  Safe: “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” ([Sphere Glossary](https://spherestandards.org/wp-content/uploads/Sphere-Glossary-2018.pdf#page=16)).    Dignified: 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” ([Sphere Glossary](https://spherestandards.org/wp-content/uploads/Sphere-Glossary-2018.pdf#page=6)).  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.    “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” ([Sphere Shelter Standards](https://handbook.spherestandards.org/en/sphere/#ch008_002)).    Safe, adequate housing “enabl[es] essential household and livelihoods activities to be undertaken with dignity” ([Sphere Shelter Standards](https://handbook.spherestandards.org/en/sphere/#ch008_002)). | |
| **Unit of Measure:**  Percent (of beneficiary households) | |
| **Calculation:** 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.  Numerator: Number of beneficiary households reporting living in safe and dignified shelter  Denominator: Number of beneficiary households surveyed | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the endline or last available beneficiary-based survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:** (Optional) Gendered Household Type: F&M, FNM, MNF, CNA | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary-based monitoring survey (e.g., PDM) or beneficiary-based baseline/endline survey | |
| **Source:**  Questionnaire | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Beneficiary households | |
| **Frequency of Collection:**  Data should be collected at baseline, or shortly before the first transfer, and after the last transfer. This indicator does not need to be measured after every cash distribution. | |
| **Frequency of Reporting:** Data will be reported in the baseline report, semi-annual report, annual report and the final performance report. | |
| **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 performance report. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **M06: Percent of (beneficiary) households reporting adequate access to household non-food items** | |
| **APPLICABILITY** | Required to select 3 |
| **TYPE** | Outcome |
| **SECTOR** | Multipurpose Cash Assistance |
| **SUB-SECTOR** | Multipurpose Cash |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  Access: 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, i.e., people can find the products they need in the market, and they have enough money to buy them.    Non-food items (NFIs): The Sphere Handbook includes standards for non-food items (NFIs). 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.  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. | |
| **Unit of Measure:** Percent (of beneficiary households) | |
| **Calculation:** 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.  Numerator: Number of beneficiary households reporting adequate access to non-food items  Denominator: Number of beneficiary households surveyed | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the endline or last available beneficiary-based survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:** (Optional) Gendered Household Type: F&M, FNM, MNF, CNA | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based monitoring survey (e.g., PDM) or beneficiary-based baseline/endline survey | |
| **Source:**  Questionnaire | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Beneficiary households | |
| **Frequency of Collection:** Data should be collected at baseline, or shortly before the first transfer, and after the last transfer. This indicator does not need to be measured after every cash distribution. | |
| **Frequency of Reporting:** Data will be reported in the baseline report, semi-annual report, annual report and the final performance report. | |
| **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 performance report. | |
| **ADDITIONAL INFORMATION** | |
| * Definitions for this indicator are adapted from the Sphere Glossary (<https://spherestandards.org/wp-content/uploads/Sphere-Glossary-2018.pdf>) * The Sphere Handbook includes standards for non-food items (NFIs) (<https://handbook.spherestandards.org/en/sphere/#ch008_006>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **M07: Percent of (beneficiary) households using an unsafe water source because they cannot afford to use a safer water source** | |
| **APPLICABILITY** | Required to select 3 |
| **TYPE** | Outcome |
| **SECTOR** | Multipurpose Cash Assistance |
| **SUB-SECTOR** | Multipurpose Cash |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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:  • 0 fecal coliforms per 100 ml sample; and  • > 0.2 mg/L free residual chlorine (FRC) and < 5 nephelometric turbidity units (NTU) for piped supplies, trucked supplies.    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.  This is supplemented with testing data about the most common water sources in the area. To meet BHA’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 un-chlorinated 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.) | |
| **Unit of Measure:** Percent (of beneficiary households) | |
| **Calculation:** 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.  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: Number of beneficiary households surveyed | |
| **How to Count Life of Award (LOA):** LOA values will be generated from the endline or last available beneficiary-based survey. | |
| **Direction of Change:**  - | |
| **Disaggregation:** (Optional) Gendered Household Type: F&M, FNM, MNF, CNA | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary-based monitoring survey (e.g., PDM) with water quality testing or beneficiary-based baseline/endline survey with water quality testing | |
| **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:**  Beneficiaries | |
| **Frequency of Collection:**  Data should be collected 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. | |
| **Frequency of Reporting:** Data will be reported in the baseline report, semi-annual report, annual report and the final performance report. | |
| **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 performance report. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **M08: Percent of (beneficiary) households who have reduced essential WASH related basic needs expenditures** | |
| **APPLICABILITY** | Required- select 3 |
| **TYPE** | Outcome |
| **SECTOR** | Multipurpose Cash Assistance |
| **SUB-SECTOR** | 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.  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]?” [Then, 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.) | |
| **Unit of Measure:**  Percent (of beneficiary 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.  Numerator: Number of beneficiary households that report a reduction in essential WASH-related basic needs expenditures during the past two weeks  Denominator: Number of beneficiary households surveyed | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the endline or last available beneficiary-based survey. | |
| **Direction of Change:**  - | |
| **Disaggregation:**N/A  See below how to report the indicator.  [Continued on following page.]  Overall   1. Percent of (beneficiary) households who have reduced essential WASH related basic needs expenditures 2. Numerator: Number of beneficiary households that report a reduction in essential WASH-related basic needs expenditures during the past two weeks 3. Denominator: Number of beneficiary households surveyed | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary-based monitoring survey (e.g., PDM) or beneficiary-based baseline/endline survey | |
| **Source:**  Questionnaire | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Beneficiary households | |
| **Frequency of Collection:** Data should be collected at baseline, or shortly before the first transfer, and shortly after the last transfer. Baseline data collection may be combined with beneficiary registration/enrolment. This indicator does not need to be measured after every cash distribution. | |
| **Frequency of Reporting:** Data will be reported in the baseline report, semi-annual report, annual report and the final performance report. | |
| **Baseline Value Information:**  Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **M09: Percent of (beneficiary) households practicing open defecation because they cannot afford to pay to use a public latrine and/or to build a latrine** | |
| **APPLICABILITY** | Required to select 3 |
| **TYPE** | Outcome |
| **SECTOR** | Multipurpose Cash Assistance |
| **SUB-SECTOR** | Multipurpose Cash |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.    “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.  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, where did you and others in your household defecate?”. Follow up question, if not a private or public latrine: “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. | |
| **Unit of Measure:**  Percent (of beneficiary households) | |
| **Calculation:** 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 beneficiary households surveyed.  Numerator: Number of beneficiary households reporting having practiced open defecation during the past two weeks  Denominator: Number of beneficiary households surveyed | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the endline survey. | |
| **Direction of Change:**  - | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary-based baseline/endline survey  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. | |
| **Source:**  Questionnaire | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Beneficiary households | |
| **Frequency of Collection:** Data should be collected at baseline, or shortly before the first transfer, and shortly after the last transfer. Baseline data collection may be combined with beneficiary registration/enrolment. This indicator does not need to be measured after every cash distribution. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. If values are collected more frequently than baseline/endline, data should also be reported semi-annually and annually, as applicable. | |
| **Baseline Value Information:**  Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **M10: Percent of households by Livelihoods Coping Strategies (LCS) phase (Neutral, Stress, Crisis, Emergency)** | |
| **APPLICABILITY** | Optional |
| **TYPE** | Outcome |
| **SECTOR** | Multipurpose Cash Assistance |
| **SUB-SECTOR** | 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).  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](https://docs.wfp.org/api/documents/WFP-0000074197/download/?_ga=2.181771751.1734545081.1557764693-626672262.1556721031#page=90) 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. | |
| **Unit of Measure:** Percent (of beneficiary households) | |
| **Calculation:** For detailed calculation methods reference [WFP Guidance](https://docs.wfp.org/api/documents/WFP-0000074197/download/?_ga=2.181771751.1734545081.1557764693-626672262.1556721031#page=23).  Numerator: Number of beneficiary households using: Neutral/no coping strategies; Stress coping strategies, Crisis coping strategies, and Emergency coping strategies  Denominator: Number of beneficiary households surveyed | |
| **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: - . | |
| **Disaggregation:**  Level 1 - Coping Strategy Phase: neutral, stress, crisis, emergency  (Optional) Level 2 - Gendered Household Type: F&M, FNM, MNF, CNA  See below how these disaggregates should be reported. Do not report Overall value.  Coping Strategy Phase   1. Percent of beneficiary households by Livelihoods Coping Strategies (LCS) phase Neutral 2. Number of beneficiary households by Livelihoods Coping Strategies (LCS) phase Neutral 3. Percent of beneficiary households by Livelihoods Coping Strategies (LCS) phase Stress 4. Number of beneficiary households by Livelihoods Coping Strategies (LCS) phase Stress 5. Percent of households by Livelihoods Coping Strategies (LCS) phase Crisis 6. Number of beneficiary households by Livelihoods Coping Strategies (LCS) phase Crisis 7. Percent of households by Livelihoods Coping Strategies (LCS) phase Emergency 8. Number of beneficiary households by Livelihoods Coping Strategies (LCS) phase Emergency   Coping Strategy Phase and Gendered Household Type (optional)   1. Percent of beneficiary F&M households by Livelihoods Coping Strategies (LCS) phase Neutral 2. Percent of beneficiary F&M households by Livelihoods Coping Strategies (LCS) phase Stress 3. Percent of beneficiary F&M households by Livelihoods Coping Strategies (LCS) phase Crisis 4. Percent of beneficiary F&M households by Livelihoods Coping Strategies (LCS) phase Emergency 5. Number of beneficiary F&M households in the survey 6. Percent of beneficiary FNM households by Livelihoods Coping Strategies (LCS) phase Neutral 7. Percent of beneficiary FNM households by Livelihoods Coping Strategies (LCS) phase Stress 8. Percent of beneficiary FNM households by Livelihoods Coping Strategies (LCS) phase Crisis 9. Percent of beneficiary FNM households by Livelihoods Coping Strategies (LCS) phase Emergency 10. Number of beneficiary FNM households in the survey 11. Percent of beneficiary MNF households by Livelihoods Coping Strategies (LCS) phase Neutral 12. Percent of beneficiary MNF households by Livelihoods Coping Strategies (LCS) phase Stress 13. Percent of beneficiary MNF households by Livelihoods Coping Strategies (LCS) phase Crisis 14. Percent of beneficiary MNF households by Livelihoods Coping Strategies (LCS) phase Emergency 15. Number of beneficiary MNF households in the survey 16. Percent of beneficiary CNA households by Livelihoods Coping Strategies (LCS) phase Neutral 17. Percent of beneficiary CNA households by Livelihoods Coping Strategies (LCS) phase Stress 18. Percent of beneficiary CNA households by Livelihoods Coping Strategies (LCS) phase Crisis 19. Percent of beneficiary CNA households by Livelihoods Coping Strategies (LCS) phase Emergency 20. Number of beneficiary CNA households in the survey | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary-based baseline/endline survey | |
| **Source:**  Questionnaire | |
| **Who Collects:**  Implementing partner, enumerators, or third-party firm | |
| **From Whom:**  Beneficiary households | |
| **Frequency of Collection:**  Data will be collected at baseline, or shortly before the first transfer, and after the last transfer. This indicator does not need to be measured after every cash distribution. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. If values are collected more frequently than baseline/endline, data should also be reported semi-annually and annually, as applicable. | |
| **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 performance report. | |
| **ADDITIONAL INFORMATION** | |
| * See further information on calculating this indicator from WFP Guidance (<https://docs.wfp.org/api/documents/WFP-0000074197/download/?_ga=2.181771751.1734545081.1557764693-626672262.1556721031#page=23>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

## NUTRITION

|  |  |
| --- | --- |
| **N01: Number of children under five (0-59 months) reached with nutrition-specific interventions through BHA** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Nutrition |
| **SUB-SECTOR** | 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 s/he 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 “Disaggregated 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 sex.   The partner may develop a system to track individual children using unique identifiers or estimate the overlap between the different types of interventions and subtract it from the total.  The sex 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 reporting period. | |
| **Unit of Measure:** Number (of children) | |
| **Calculation:** This is a count of children 0-59 months of age reached with nutrition-specific interventions through BHA-supported activities. | |
| **How to Count Life of Award (LOA):** LOA overall and gender values are the reported values at the end of the award counting only the unique number of children under five reached, without double counting, with nutrition-specific interventions through BHA-supported activities. LOA intervention type values are the reported values at the end of the award counting only the unique number of individuals within each disaggregate but the same child can be counted under different disaggregates, if applicable. | |
| **Direction of change:**  + | |
| **Disaggregation:**  Sex: female, male  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 sheet/records, monitoring checklist/form | |
| **Who Collects**: Implementing partner staff | |
| **From Whom**: Caregiver of beneficiary children 0-59 months of age | |
| **Frequency of Collection**: Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **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.9-1 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **N02: Number of pregnant women reached with nutrition-specific interventions through BHA** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Nutrition |
| **SUB-SECTOR** | 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 period. 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 pregnant women reached with nutrition-specific interventions through BHA-supported activities. | |
| **How to Count Life of Award (LOA):**  LOA overall and age values are the reported values at the end of the award counting only the unique number of pregnant women reached, without double counting, with nutrition-specific interventions through BHA-supported activities. LOA intervention type values are the reported values at the end of the award counting only the unique number of individuals within each disaggregate. | |
| **Direction of change:** + | |
| **Disaggregation:**  Age: ≤19, 20+ years  Intervention Type:   * Received iron and folic acid (IFA) supplementation * Received counseling on maternal and child nutrition * Received calcium supplementation * Received multiple micronutrient supplementation * Received direct fortified food assistance/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**: Beneficiary pregnant women | |
| **Frequency of Collection**: Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **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 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **N03: Number of health care staff trained in the prevention and management of acute malnutrition** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Nutrition |
| **SUB-SECTOR** | 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 period. * If individuals receive multiple, different trainings in the reporting period, they should be included in the count once in the reporting period. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **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 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:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Attendance/registration records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individuals trained | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **N04: Number of supported sites managing acute malnutrition** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Nutrition |
| **SUB-SECTOR** | Management of Acute Malnutrition (or Wasting) |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.   * 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. * 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. * 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. | |
| **Unit of Measure:**  Number (of facilities/treatment units) | |
| **Calculation:** This is a count of supported sites (facilities/treatment units) managing acute malnutrition. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of unique supported sites managing acute malnutrition across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Facility Type: OTP, SFP, SC | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Health facility staff | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **N05: Number and percent of individuals admitted, rates of recovery, default, death, relapse, and average length of stay for individuals admitted to Management of Acute Malnutrition sites** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Nutrition |
| **SUB-SECTOR** | 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: The percent is derived by dividing recovery rate, defaulter rate, death rate, relapse rate, and average length of stay by total number discharged, total admissions and number of promoted to outpatient therapeutic program (OTP) beneficiaries for stabilization centers (SC), Number of recovered beneficiaries for OTP and supplementary feeding program (SFP).  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](https://www.cmamreport.com/sites/all/themes/stc/cmam-assets/STANDARDISED%20CATEGORIES%20AND%20INDICATORS%20FOR%20BETTER%20CMAM%20REPORTING%20%20FINAL%20Apr%202015.pdf)) for additional guidance. | |
| **How to Count Life of Award (LOA):** Number: LOA values are the reported values at the end of the award counting only the unique number of beneficiaries admitted to supported acute malnutrition sites.  Percent: LOA values are the reported values at the end of the award. | |
| **Direction of Change:**  N/A | |
| **Disaggregation:**  Level 1- Individual type: children 6 - 23 months, children 24 - 59 months, children ≥ 5, pregnant and lactating women  Level 2 - Sex: female, male  See below how these disaggregates should be reported.  Overall   1. Number of individuals admitted to Management of Acute Malnutrition site 2. Percent of individuals rates of recovery, default, death, relapse, and average length of stay for individuals admitted   Individual Type and Sex   1. Number of female children 6-23 months admitted to Management of Acute Malnutrition site 2. Percent of female children 6-23 months rates of recovery, default, death, relapse, and average length of stay for individuals admitted 3. Number of male children 6-23 months admitted to Management of Acute Malnutrition site 4. Percent of male children 6-23 months rates of recovery, default, death, relapse, and average length of stay for individuals admitted 5. Number of female children 24-59 months admitted, to Management of Acute Malnutrition site 6. Percent of female children 24-59 months rates of recovery, default, death, relapse, and average length of stay for individuals admitted 7. Number of male children 24-59 months admitted to Management of Acute Malnutrition site 8. Percent of male children 24-59 months rates of recovery, default, death, relapse, and average length of stay for individuals admitted 9. Number of female children ≥ 5 yrs admitted to Management of Acute Malnutrition site 10. Percent of female children ≥ 5 yrs rates of recovery, default, death, relapse, and average length of stay for individuals admitted 11. Number of male children ≥ 5 yrs admitted to Management of Acute Malnutrition site 12. Percent of male children ≥ 5 yrs rates of recovery, default, death, relapse, and average length of stay for individuals admitted 13. Number of pregnant and lactating women admitted to Management of Acute Malnutrition site 14. Percent of pregnant and lactating women rates of recovery, default, death, relapse, and average length of stay for individuals admitted | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form, CMAM Register | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:** Health facility staff | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **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*](https://www.cmamreport.com/sites/all/themes/stc/cmam-assets/STANDARDISED%20CATEGORIES%20AND%20INDICATORS%20FOR%20BETTER%20CMAM%20REPORTING%20%20FINAL%20Apr%202015.pdf) handbook (<https://www.cmamreport.com/sites/all/themes/stc/cmam-assets/STANDARDISED%20CATEGORIES%20AND%20INDICATORS%20FOR%20BETTER%20CMAM%20REPORTING%20%20FINAL%20Apr%202015.pdf>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **N06: Number of Management of Acute Malnutrition sites rehabilitated** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Nutrition |
| **SUB-SECTOR** | Management of Acute Malnutrition (or Wasting) |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.   * 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. * 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. * 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.   Rehabilitated: Providing any type of structural improvement including electricity, repairing walls, ceilings, roofs, patient waiting areas, etc., with BHA funds. | |
| **Unit of Measure:**  Number (of facilities/treatment units) | |
| **Calculation:** This is a count of Management of Acute Malnutrition sites rehabilitated. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of acute malnutrition sites that were rehabilitated across the reporting periods. | |
| **Direction of Change:**  N/A | |
| **Disaggregation:** Facility Type: OTP, SFP, SC | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner staff who manage Acute Malnutrition site rehabilitation intervention documentation. | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **N07: Number of individuals screened for malnutrition by community outreach workers** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Nutrition |
| **SUB-SECTOR** | Management of Acute Malnutrition (or Wasting) |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator counts the number of individuals screened for malnutrition by community outreach workers.  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.  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. | |
| **Unit of Measure:**  Number (of individuals) | |
| **Calculation:** This is a count of individuals screened for malnutrition by community outreach workers. | |
| **How to Count Life of Award (LOA):** LOA values are the 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. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Sex: female, male  Individual type: children under 5 years, pregnant and lactating women | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:** Monitoring checklist/form, MUAC tally sheets | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Community health workers | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **N08: Percent of infants 0–5 months of age who are fed exclusively with breast milk** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Nutrition |
| **SUB-SECTOR** | Maternal Infant and Young Child Nutrition in Emergencies |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:**  Percent (of infants 0-5 months of age) | |
| **Calculation:** 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 | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the endline survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary-based baseline/endline survey | |
| **Source:**  Questionnaire, checklist | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Caregivers of infants 0-5 months of age in the sample frame (beneficiaries or target population) | |
| **Frequency of Collection:**  Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:**  Data will be reported in the baseline report and the final performance 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* (<https://apps.who.int/iris/bitstream/handle/10665/44306/9789241599290_eng.pdf?sequence=1>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **N09: Percent of children 6–23 months of age who receive foods from 5 or more food groups** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Nutrition |
| **SUB-SECTOR** | 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 ≥5 food groups during the previous day by the number of children 6–23 months of age from whom data on breastfeeding and diet were collected.  Numerator: Number of children 6–23 months of age who received foods from ≥4 food groups during the previous day  Denominator: Number of children 6–23 months of age from whom data on breastfeeding and diet were collected | |
| **How to Count Life of Award (LOA):** LOA values will be generated from the endline survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary-based baseline/endline survey | |
| **Source:**  Questionnaire or checklist | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Caregivers of children 6-23 months of age in the sample frame (beneficiaries or target population) | |
| **Frequency of Collection:**  Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance 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** | |
| * WHO. 2017. Global nutrition monitoring framework: Operational guidance for tracking progress in meeting targets for 2025 (<https://www.who.int/publications/i/item/9789241513609>) * International Dietary Data Expansion Project “Minimum Dietary Diversity for Children” | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **N10: Percent of women of reproductive age consuming a diet of minimum diversity (MDD-W)** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Outcome |
| **SECTOR** | Nutrition |
| **SUB-SECTOR** | 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 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. | |
| **Unit of Measure:**  Percent (of women) | |
| **Calculation:** 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 of women 15-49 with food group data.  [Continued on following page.]  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 | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the endline survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Age: 15-19, 20+ years | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary-based baseline/endline survey | |
| **Source:**  Questionnaire, checklist | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Women 15-49 years in the sample frame (beneficiaries or target population) | |
| **Frequency of Collection:**  Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance 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** | |
| * This indicator is adapted from HL.9.1-d * FAO’s (2016) *Minimum Dietary Diversity for Women: A Guide to Measurement* (<http://www.fao.org/3/a-i5486e.pdf>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **N11: Number of individuals receiving behavior change interventions to improve infant and young child feeding practices** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Nutrition |
| **SUB-SECTOR** | 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 individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries receiving behavior change interventions to improve infant and young child feeding practices. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who received behavior change interventions to improve infant and young child feeding practices. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring | |
| **Source**: Monitoring checklist/form, Attendance/registration sheet/records | |
| **Who Collects**: Implementing partner staff | |
| **From Whom**: Individual beneficiaries | |
| **Frequency of Collection**: Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Info**: Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **N12: Number of individuals receiving micronutrient supplement** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Nutrition |
| **SUB-SECTOR** | Maternal Infant and Young Child Nutrition in Emergencies |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator counts the number of individuals receiving micronutrient supplements.  “Micronutrient supplements” include any vitamin or mineral (drops, tablets), multiple micronutrient powders, or lipid based nutrient spreads. | |
| **Unit of Measure:**  Number (ofindividual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries receiving micronutrient supplement. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who received micronutrient supplement. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Micronutrient Supplement Type: drops, tablets, powders, spreads, other  NESTED  Level 1 - Sex: female, male  Level 2 - Individual type: children 6 - 23 months, children 24 - 59 months, pregnant and lactating women  See below how these disaggregates should be reported.  Overall   1. Number individuals receiving micronutrient supplement   Micronutrient Supplement Type   1. Number individuals receiving micronutrient drops 2. Number individuals receiving micronutrient tablets 3. Number individuals receiving micronutrient powders 4. Number individuals receiving micronutrient spreads 5. Number individuals receiving micronutrient other   Sex and Individual Type   1. Number of female children 6 - 23 months receiving micronutrient supplement(s) 2. Number of male children 6 - 23 months receiving micronutrient supplement(s) 3. Number of female children 24 - 59 months receiving micronutrient supplement(s) 4. Number of male children 24 - 59 months receiving micronutrient supplement(s) 5. Number of pregnant and lactating women receiving micronutrient supplement(s) | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring | |
| **Source**: Monitoring checklist/form | |
| **Who Collects**: Implementing partner staff | |
| **From Whom**: Individual beneficiaries | |
| **Frequency of Collection**: Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **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. | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **N13: Number of nutritionally vulnerable individuals who receive specialized nutritious foods, cash or vouchers intended to achieve a nutritional outcome** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Nutrition |
| **SUB-SECTOR** | Supplemental Nutrition Assistance |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator counts the number of nutritionally vulnerable individuals who receive specialized nutritious foods, cash or vouchers to achieve a nutritional outcome.  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.  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. | |
| **Unit of Measure:**  Number (of individuals) | |
| **Calculation:** This is a count of nutritionally vulnerable individuals who receive specialized nutritious foods, cash or vouchers to achieve a nutritional outcome. | |
| **How to Count Life of Award (LOA):**  LOA values are the 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. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Level 1 - Modality Type: specialized nutritious foods, cash, vouchers  Leve 2 - Sex of Recipient: female, male (for children 6-23 months and 24-59 months)  Level 3 - Individual Type: children 6-23 months, children 24-59 months, pregnant and lactating women, other vulnerable individuals  See below how these disaggregates should be reported.  Overall   1. Number of nutritionally vulnerable individuals who receive specialized nutritious foods, cash or vouchers to achieve a nutritional outcome   Specialized Nutritious Foods   1. Number of female children 6 - 23 months receiving specialized nutrition foods 2. Number of male children 6 - 23 months receiving specialized nutrition foods 3. Number of female children 24 - 59 months receiving specialized nutrition foods 4. Number of male children 24 - 59 months receiving specialized nutrition foods 5. Number of pregnant and lactating women receiving specialized nutrition foods 6. Number of other vulnerable individuals receiving specialized nutrition foods   Cash   1. Number of female children 6 - 23 months receiving cash 2. Number of male children 6 - 23 months receiving cash 3. Number of female children 24 - 59 months receiving cash 4. Number of male children 24 - 59 months receiving cash 5. Number of pregnant and lactating women receiving cash 6. Number of other vulnerable individuals receiving cash   Vouchers   1. Number of female children 6 - 23 months receiving vouchers 2. Number of male children 6 - 23 months receiving vouchers 3. Number of female children 24 - 59 months receiving vouchers 4. Number of male children 24 - 59 months receiving vouchers 5. Number of pregnant and lactating women receiving vouchers 6. Number of other vulnerable individuals receiving vouchers | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Caregivers of beneficiary children 6-23 months of age and 6-59 months of age, beneficiary pregnant and lactating women, other vulnerable individuals. | |
| **Frequency of Collection**: Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Info**: Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

## PROTECTION

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| --- | --- |
| **P01:** **Number of individual beneficiaries participating in child protection services** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Protection |
| **SUB-SECTOR** | Child Protection |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  Child protection services: 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:   * Child protection case management, * Alternative and foster care, * Parenting courses, * Safe spaces for children to play and learn, * Family tracing and reunification, * Reintegration for children associated with armed groups, * Psychosocial support, * The establishment of child protection community mechanisms, and * Training in child protection issues.   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. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:**  This indicator is a count of individual beneficiaries who participated in any kind of child protection services. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who participated in child protection services. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Level 1 - Sex: female, male  Level 2 - Age: 0-59 months, 5-9, 10-14, 15-18, 19-29, 30-59, 60+  See below how these disaggregates should be reported.  Overall   1. Number of individual beneficiaries participating in child protection services   Sex and Age   1. Number of females age 0-59 months participating in child protection services 2. Number of females age 5-9 years old participating in child protection services 3. Number of females age 10-14 years old participating in child protection services 4. Number of females age 15-18 years old participating in child protection services 5. Number of females age 19-29 years old participating in child protection services 6. Number of females age 30-59 years old participating in child protection services 7. Number of females age 60+ years old participating in child protection services 8. Number of males age 0-59 months participating in child protection services 9. Number of males age 5-9 years old participating in child protection services 10. Number of males age 10-14 years old participating in child protection services 11. Number of males age 15-18 years old participating in child protection services 12. Number of males age 19-29 years old participating in child protection services 13. Number of males age 30-59 years old participating in child protection services 14. Number of males age 60+ years old participating in child protection services | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:** Monitoring checklist/form, attendance sheet/records, supervision records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Staff/supervisors who manage child protection service activities | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **P02: Number of dollars allocated for child protection interventions** | |
| **APPLICABILITY** | Required |
| **TYPE** | Input |
| **SECTOR** | Protection |
| **SUB-SECTOR** | 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 is a count of dollars (USD) allocated towards child protection interventions. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of dollars (USD) allocated towards child protection interventions across the reporting periods. | |
| **Direction of Change:** N/A | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, budgets | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner finance/budget staff | |
| **Frequency of Collection:**  Data will be collected only at the end of the activity in the final budget variance analysis. | |
| **Frequency of Reporting:** Data will be reported in the final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * This indicator is for congressional reporting. | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **P03: Number of individual beneficiaries accessing gender based violence (GBV) response services** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Protection |
| **SUB-SECTOR** | Prevention and Response to Gender-based Violence |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of unique individuals who participated in any kind of gender based violence response services. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individuals, without double counting, who access GBV response services. | |
| **Direction of Change:** + | |
| **Disaggregation:**  Level 1 - Sex: female, male  Level 2 - Age: 0-59 months, 5-9, 10-14, 15-18, 19-29, 30-59, 60+  See below how these disaggregates should be reported.  Overall   1. Number of individual beneficiaries accessing gender based violence (GBV) response services   Sex and Age   1. Number of females age 0-59 months accessing gender based violence (GBV) response services 2. Number of females age 5-9 years old accessing gender based violence (GBV) response services 3. Number of females age 10-14 years old accessing gender based violence (GBV) response services 4. Number of females age 15-18 years old accessing gender based violence (GBV) response services 5. Number of females age 19-29 years old accessing gender based violence (GBV) response services 6. Number of females age 30-59 years old accessing gender based violence (GBV) response services 7. Number of females age 60+ years old accessing gender based violence (GBV) response services 8. Number of males age 0-59 months accessing gender based violence (GBV) response services 9. Number of males age 5-9 years old accessing gender based violence (GBV) response services 10. Number of males age 10-14 years old accessing gender based violence (GBV) response services 11. Number of males age 15-18 years old accessing gender based violence (GBV) response services 12. Number of males age 19-29 years old accessing gender based violence (GBV) response services 13. Number of males age 30-59 years old accessing gender based violence (GBV) response services 14. Number of males age 60+ years old accessing gender based violence (GBV) response services | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, attendance/registration sheet/records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Staff/supervisors who manage GBV service activities | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **P04: Number of dollars allocated for GBV interventions** | |
| **APPLICABILITY** | Required |
| **TYPE** | Input |
| **SECTOR** | Protection |
| **SUB-SECTOR** | Prevention and Response to Gender-based Violence |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:** Number (amount in USD) | |
| **Calculation:** This is a count of dollars (USD) allocated towards GBV interventions. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of dollars (USD) allocated towards GBV interventions across the reporting periods. | |
| **Direction of Change:** + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine Monitoring | |
| **Source:**  Monitoring checklist/form, budgets | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner finance/budget staff | |
| **Frequency of Collection:**  Data will be collected from final budget variance analysis. | |
| **Frequency of Reporting:** Data will be reported once in the final performance report | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * This indicator is for congressional reporting. | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **P05: Number of individuals trained in protection** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Protection |
| **SUB-SECTOR** | Protection Coordination, Advocacy, and Information |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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   * Protection information gathering, dissemination, and secure storage and archiving, * Assistance in the development of referral systems, * Advocating to government officials and decision-makers within humanitarian architecture, * Organizing sensitization or awareness campaigns, * Establishing and supporting youth groups, peer-to-peer networks, women’s groups, and other community resources, * Training humanitarian workers, and * Tracking/mapping protection initiatives.   Individuals trained may include, but are not limited to:   * Humanitarian workers * Relevant authorities * Health workers, community volunteers, etc. * Teachers and school directors * Social workers * Community members | |
| **Unit of Measure:** Number (of individuals) | |
| **Calculation:** This indicator is a count of unique individuals who participated in any kind of child protection services. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individuals, without double counting, who were trained in protection. | |
| **Direction of Change:** + | |
| **Disaggregation:**  Level 1 - Sex: female, male  Level 2 - Age: 0-59 months, 5-9, 10-14, 15-18, 19-29, 30-59, 60+  See below how these disaggregates should be reported.  Overall   1. Number of individuals trained in protection   Sex and Age   1. Number of females age 0-59 months trained in protection 2. Number of females age 5-9 years old trained in protection 3. Number of females age 10-14 years old trained in protection 4. Number of females age 15-18 years old trained in protection 5. Number of females age 19-29 years old trained in protection 6. Number of females age 30-59 years old trained in protection 7. Number of females age 60+ years old trained in protection 8. Number of males age 0-59 months trained in protection 9. Number of males age 5-9 years old trained in protection 10. Number of males age 10-14 years old trained in protection 11. Number of males age 15-18 years old trained in protection 12. Number of males age 19-29 years old trained in protection 13. Number of males age 30-59 years old trained in protection 14. Number of males age 60+ years old trained in protection | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, attendance sheet/records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:** Individuals trained | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **P06: Number of individual beneficiaries participating in psychosocial support services** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Protection |
| **SUB-SECTOR** | Psychosocial Support Services |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  Psychosocial support: Activities that builds a community’s social and psychological resiliency to   * Survive extreme shock and exposure to traumatic events, * Overcome its impact, and * Strengthen competencies in dealing with recurring events.   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. | |
| **Unit of Measure:** Number (of individuals) | |
| **Calculation:** This is a count of individuals who participated in any kind of psychosocial services. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individuals, without double counting, who participated in psychosocial support services. | |
| **Direction of Change:** + | |
| **Disaggregation:**  Level 1 - Sex: female, male  Level 2 - Age: 0-59 months, 5-9, 10-14, 15-18, 19-29, 30-59, 60+  See below how these disaggregates should be reported.  Overall  1. Number of individual beneficiaries participating in psychosocial support services  Sex and Age  2. Number of females age 0-59 months participating in psychosocial support services  3. Number of females age 5-9 years old participating in psychosocial support services  4. Number of females age 10-14 years old participating in psychosocial support services  5. Number of females age 15-18 years old participating in psychosocial support services  6. Number of females age 19-29 years old participating in psychosocial support services  7. Number of females age 30-59 years old participating in psychosocial support services  8. Number of females age 60+ years old participating in psychosocial support services  9. Number of males age 0-59 months participating in psychosocial support services  10. Number of males age 5-9 years old participating in psychosocial support services  11. Number of males age 10-14 years old participating in psychosocial support services  12. Number of males age 15-18 years old participating in psychosocial support services  13. Number of males age 19-29 years old participating in psychosocial support services  14. Number of males age 30-59 years old participating in psychosocial support services  15. Number of males age 60+ years old participating in psychosocial support services | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Monitoring checklist/form, attendance sheet/records | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:**  Individuals who participated in any kind of psychosocial services, implementing partner staff who manage the psychosocial support services | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero**.** | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

## SHELTER AND SETTLEMENTS

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| **S01: Number of** **individuals and households benefiting from shelters incorporating DRR measures in settlements** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Shelter & Settlements (S&S) |
| **SUB-SECTOR** | S&S Disaster Risk Reduction |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  Shelter refers to covered living space within a structure that provides:   1. Adequate space and protection from cold, damp, sun, rain, wind, or other threats to health; 2. A location where essential household activities can be satisfactorily undertaken; and 3. A location where livelihood support activities can be pursued, as required.   According to [Sphere Project](http://www.sphereproject.org/) 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.  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. | |
| **Unit of Measure:** Number (of individuals and households) | |
| **Calculation:** This is a count of individuals and households who benefit from shelters incorporating DRR measures in settlements. | |
| **How to Count Life of Award (LOA):**  LOA values are the 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. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Individuals - Sex: female, male  Households - Gender Household Type: F&M, FNM, MNF, CNA  See below how these disaggregates should be reported.  Overall   1. Number of individuals benefiting from shelters incorporating DRR measures in settlements 2. Number of households benefiting from shelters incorporating DRR measures in settlements     Sex (Individuals)   1. Number of female individuals benefiting from shelters incorporating DRR measures in settlements 2. Number of male individuals benefiting from shelters incorporating DRR measures in settlements   Gender Household Type (Households)   1. Number of F&M households benefiting from shelters incorporating DRR measures in settlements 2. Number of FNM households benefiting from shelters incorporating DRR measures in settlements 3. Number of MNF households benefiting from shelters incorporating DRR measures in settlements 4. Number of CNA households benefiting from shelters incorporating DRR measures in settlements | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Beneficiaries | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **S02: Number and percent of individuals and households benefiting from settlements adopting DRR measures** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Shelter & Settlements (S&S) |
| **SUB-SECTOR** | S&S Disaster Risk Reduction |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator counts the number and percent 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.  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. | |
| **Unit of Measure:** Number and Percent (of individuals and households) | |
| **Calculation:** This is a count of individuals and households benefiting from settlements adopting DRR measures.  The percent is derived by the number of individuals and households benefiting from settlements adopting DRR measures by the total number of individuals and households identified as beneficiaries in need in area of intervention.  Numerator: Number of individuals and households benefiting from settlements adopting DRR measures  Denominator: Number of individuals and households identified as beneficiaries in need in area of intervention | |
| **How to Count Life of Award (LOA):**  Number: LOA values are the reported values at the end of the award counting only the unique number of individuals and households, without double counting, who benefit from settlements adopting DRR measures.  Percent: LOA values are the reported values at the end of the award counting only the unique number of individuals and households benefiting from settlements adopting DRR measures divided by total individuals and households identified as beneficiaries in need in area of intervention. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Individuals - Sex: female, male  Households - Gender Household Type: F&M, FNM, MNF, CNA  See below how these disaggregates should be reported.  [Continued on following page.]  Overall   1. Number of individuals benefiting from settlements adopting DRR measures 2. Number of households benefiting from settlements adopting DRR measures 3. Percent of individuals benefiting from settlements adopting DRR measures 4. Percent of households benefiting from settlements adopting DRR measures   Sex (Individuals)   1. Number of female individuals benefiting from settlements adopting DRR measures 2. Number of male individuals benefiting from settlements adopting DRR measures 3. Percent of female individuals benefiting from settlements adopting DRR measures 4. Percent of male individuals benefiting from settlements adopting DRR measures   Gender Household Type (Households)   1. Number of F&M households benefiting from settlements adopting DRR measures 2. Number of FNM households benefiting from settlements adopting DRR measures 3. Number of MNF households benefiting from settlements adopting DRR measures 4. Number of CNA households benefiting from settlements adopting DRR measures 5. Percent of F&M households benefiting from settlements adopting DRR measures 6. Percent of FNM households benefiting from settlements adopting DRR measures 7. Percent of MNF households benefiting from settlements adopting DRR measures 8. Percent of CNA households benefiting from settlements adopting DRR measures | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Beneficiaries | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **S03: Number and percent of individuals in settlements retaining shelter and settlement DRR knowledge two months after training** | |
| **APPLICABILITY** | RiA: For implementing partners conducting shelter and settlement DRR trainings |
| **TYPE** | Outcome |
| **SECTOR** | Shelter & Settlements (S&S) |
| **SUB-SECTOR** | S&S Disaster Risk Reduction |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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 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 period. * If individuals receive multiple, different trainings in the reporting period, they should be included in the count once in the reporting period.   Shelter is defined as providing or accessing minimal covered living space that can save lives and provide transitions to recovery. Shelter refers to covered living space within a structure that provides:   1. Adequate space and protection from cold, damp, sun, rain, wind, or other threats to health; 2. A location where essential household activities can be satisfactorily undertaken; and 3. A location where livelihood support activities can be pursued, as required.   According to [Sphere Project](http://www.sphereproject.org/) 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.  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. | |
| **Unit of Measure:**  Number and percent (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries receiving DRR training who retain 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.  The percent is derived by dividing the number of individual beneficiaries 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 total number of individuals who responded to the test/quiz.  Numerator: Number of individual beneficiaries who retain 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 reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who retain 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 reported values at the end of the award counting only the unique number of individual beneficiaries who retain 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.  Or LOA values will be generated from the last available beneficiary-based monitoring survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring, beneficiary-based monitoring survey (e.g., PDM) | |
| **Source:**  Monitoring checklist/form, follow-up assessment form, post-test, questionnaire | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Individuals trained | |
| **Frequency of Collection:**  Data will be collected two months (or more; can be up to 6 months) following completion of the BHA-funded training. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **S04: Number and per item cost of NFIs distributed** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Shelter & Settlements (S&S) |
| **SUB-SECTOR** | S&S Non-food Items (NFIs) |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:**  Number (of NFIs), Number (amount in USD) | |
| **Calculation:** Number: This is a count of NFIs distributed.  Amount in USD: This number is derived by dividing the number of NFIs distributed (for each NFI type) by the total cost of NFIs (for each NFI type). | |
| **How to Count Life of Award (LOA):**  LOA values are the total number of NFIs and per item cost of NFIs distributed across the reporting periods. Or LOA values will be generated from the last available beneficiary-based monitoring survey. | |
| **Direction of Change:**  Number +; Amount N/A | |
| **Disaggregation:**  NFI Type: mats, blankets, kitchen sets, other (specify)  See below how these disaggregates should be reported. Do not report Overall value.  NFI Type (\*max. 50)   1. Number of mats distributed 2. Amount in USD per item cost of mats distributed 3. Number of blankets distributed 4. Amount in USD per item cost of blankets distributed 5. Number of kitchen sets distributed 6. Amount in USD per item cost of kitchen sets distributed 7. Number of other NFI (specify1) distributed 8. Amount in USD per item cost of other NFI (specify1) distributed 9. Number of other NFI (specify2) distributed 10. Amount in USD per item cost of other NFI (specify2) distributed 11. Number of other NFI (specifyN\*) distributed 12. Amount in USD per item cost of other NFI (specifyN\*) distributed   If more than 50 approved pharmaceutical products, contact the AOR for further reporting requirements. | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring, beneficiary-based monitoring survey (e.g., PDM) | |
| **Source:**  Monitoring checklist/form, questionnaire, other activity documentation | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Beneficiaries, implementing partner staff who manage NFI intervention documentation | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **S05: Number and percent of** **beneficiaries reporting satisfaction with the quality of the NFIs received** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Shelter & Settlements (S&S) |
| **SUB-SECTOR** | S&S Non-food Items (NFIs) |
| **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 individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries reporting satisfaction with the quality of the NFIs they received.  The percent is derived by dividing the number of individual beneficiaries reporting satisfaction with the quality of the NFIs they received by the number of individuals responding to the survey.  Numerator: Number of individual beneficiaries reporting satisfaction with the quality of the NFI they received  Denominator: Number of individuals responding to the survey | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the last available beneficiary-based monitoring survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based monitoring survey (e.g., post-distribution monitoring) | |
| **Source:**  Questionnaire, other activity documentation | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Individual beneficiaries | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **S06: Number and percent of beneficiary households meeting emergency NFI needs of identified settlement(s) through use of cash/vouchers** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Shelter & Settlements (S&S) |
| **SUB-SECTOR** | S&S Non-food Items |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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. | |
| **Unit of Measure:** Number and Percent (of beneficiary households) | |
| **Calculation:** The number is a count of households meeting emergency NFI needs of identified settlement(s) through use of cash/vouchers.  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).  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) | |
| **How to Count Life of Award (LOA):**  Number: LOA values are the reported values at the end of the award counting only the unique number of beneficiary households receiving NFIs through use of cash/vouchers.  Percent: LOA values are the 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 total number of households in identified settlement(s).  Or LOA values will be generated from the last available beneficiary-based monitoring survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring, beneficiary-based monitoring survey (e.g., post-distribution monitoring) | |
| **Source:**  Monitoring checklist/form, questionnaire, other activity documentation | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Beneficiaries, implementing partner staff who manage cash/voucher intervention documentation | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **S07: Number and percent of beneficiary households receiving NFIs in identified settlement(s) through use of in-kind NFIs** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Shelter & Settlements (S&S) |
| **SUB-SECTOR** | S&S Non-food Items |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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. | |
| **Unit of Measure:** Number and Percent (of households) | |
| **Calculation:** This is a count of households receiving NFIs through in-kind support.  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).  Numerator: Number of households receiving NFIs through in-kind support  Denominator: Number of households in identified settlement(s) | |
| **How to Count Life of Award (LOA):** Number: LOA values are the reported values at the end of the award counting only the unique number of households receiving NFIs through in-kind support.  Percent: LOA values are the 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). | |
| **Direction of Change:**  + | |
| **Disaggregation:** NFI type: mats, blankets, kitchen sets, other | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring, beneficiary-based monitoring survey (e.g., post-distribution monitoring) | |
| **Source:**  Monitoring checklist/form, questionnaire, other activity documentation | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Beneficiaries, implementing partner staff who manage in-kind intervention documentation | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **S08: Number of beneficiaries in the settlement receiving support from settlement interventions** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Shelter & Settlements (S&S) |
| **SUB-SECTOR** | Settlements |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  Neighborhoods are viewed as one form of a settlement in an urban setting. Settlement interventions:   * Could include S&S, WASH, Protection, DRR, and other activities, * Should be designed intentionally to be integrated and complementary, and * Are located in specific locations.   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. | |
| **Unit of Measure:** Number (of individuals beneficiaries) | |
| **Calculation:** This is a count of individuals beneficiaries in the settlement receiving support from settlement interventions. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who received support from settlement interventions. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individual beneficiaries | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **S09: Percent of individuals receiving shelter assistance out of the total number of residents in identified settlement(s)** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR OR KEYWORD** | Shelter & Settlements (S&S) |
| **SUB-SECTOR** | 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.  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.  Note: A reasonable, documented estimate is adequate for this indicator, given possible data limitations. | |
| **Unit of Measure:** Percent (of individual beneficiaries) | |
| **Calculation:** The percent is derived by dividing the number of individual beneficiaries receiving shelter assistance by the total number of residents in identified settlement(s).  Numerator: Number of individuals beneficiaries receiving shelter assistance  Denominator: Number of residents in identified settlement(s) | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries who receive BHA-funded shelter assistance divided by total number of residents in identified settlements. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individual beneficiaries | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **S10: Percent of settlement beneficiaries who believe settlement interventions met or exceeded expectations** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | Shelter & Settlements (S&S) |
| **SUB-SECTOR** | 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.  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. | |
| **Unit of Measure:**  Percent (of individual beneficiaries) | |
| **Calculation:** The percent is derived by dividing the number of individual beneficiaries who believe BHA-supported settlement intervention(s) met or exceeded expectations by the total number of individuals in the sample.  Numerator: Number of individual beneficiaries 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 will be generated from the last available beneficiary-based survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based monitoring survey (e.g., post-distribution monitoring) | |
| **Source:**  Post distribution monitoring questionnaire | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Individual beneficiaries | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **S11: Amount and percent of the activity budget spent on goods and services produced/procured in country** | |
| **APPLICABILITY** | Required |
| **TYPE** | Input |
| **SECTOR** | Shelter & Settlements (S&S) |
| **SUB-SECTOR** | Shelter |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator captures the amount and percent of total approved Shelter and Settlements (S&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. | |
| **Unit of Measure:**  Number (amount of USD), percent (of activity budget) | |
| **Calculation:** This is the amount from the Shelter and Settlements activity budget spent directly on goods and services produced/procured in country.  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 the total amount of BHA-supported Shelter and Settlements activity budget.  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 | |
| **How to Count Life of Award (LOA):**  Amount: LOA values are the 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.  Percent: LOA values are the 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 total amount of BHA-supported Shelter and Settlements activity budget. | |
| **Direction of Change:**  + | |
| **Disaggregated by:**  N/A | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form, other activity documentation | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner staff who manage shelter and settlement intervention documentation | |
| **Frequency of Collection:**  Data will be collected at the end of the activity. | |
| **Frequency of Reporting:** Data will be reported in the final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **S12: Number of households occupying shelter that is provided pursuant to relevant guidance appearing in the Sphere Project Handbook** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Shelter & Settlements (S&S) |
| **SUB-SECTOR** | Shelter |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator counts the number of households occupying in a BHA-supported or provided shelter consistent with [Sphere Project](https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf) guidance. Shelter refers to covered living space within a structure that provides:   1. Adequate space and protection from cold, damp, sun, rain, wind, or other threats to health; 2. A location where essential household activities can be satisfactorily undertaken; and 3. A location where livelihood support activities can be pursued, as required.   According to [Sphere Project](https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf) 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. | |
| **Unit of Measure:** Number (of households) | |
| **Calculation:**  This is a count of households occupying shelter that is provided by the activity pursuant to relevant guidance appearing in the Sphere Project Handbook. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award. counting only the unique number of households, without double counting, who are occupying shelter that is provided by the activity pursuant to relevant guidance appearing in the Sphere Project Handbook. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Gendered Household Type: F&M, FNM, MNF, CNA | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Beneficiaries | |
| **Frequency of Collection:**  Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **S13: Number and percent of households in identified settlements occupying shelter that is provided by BHA** | |
| **APPLICABILITY** | RiA |
| **TYPE** | Output |
| **SECTOR** | Shelter & Settlements (S&S) |
| **SUB-SECTOR** | 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 total 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 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 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 total number of households in affected settlement(s). | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Gendered Household Type: F&M, FNM, MNF, CNA | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Beneficiary households | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

## NATURAL HAZARDS AND TECHNOLOGICAL RISKS

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| **T01: Number of individuals benefiting from geological disaster-related interventions** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Natural Hazards and Technological Risks |
| **SUB-SECTOR** | Geological Hazards |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  “Individuals benefiting from geological disaster-related interventions” refers to Vulnerable people in the activity target area, and participants in interventions  “Geological disaster-related interventions” can include but are not restricted to activities such as:   * Trainings to improve knowledge about geological hazards and how to monitor them, * Improving of monitoring networks, * Assessments of geological hazards, * Improvement of early warning systems where applicable, and * Detailed mapping of geological hazards; forecasting of geological events | |
| **Unit of Measure:**  Number (of individuals) | |
| **Calculation:** This is a count of vulnerable individuals benefiting from geological disaster-related interventions. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of vulnerable individuals, without double counting, who benefit from geological disaster-related intervention. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring, secondary data. Review of census data or population data in the impacted area. Estimates should be triangulated using secondary sources when possible. | |
| **Source:**  Monitoring checklist/form, secondary data such as from government population estimates, including census information | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing staff who manage geological disaster-related intervention documentation | |
| **Frequency of Collection:**  Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and the final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **T02: Number of geological policies or procedures modified as a result of the interventions to increase the preparedness for geological events** | |
| **APPLICABILITY** | RiA for partners implementing activities with a goal to modify geological policies or procedures |
| **TYPE** | Outcome |
| **SECTOR** | Natural Hazards and Technological Risks |
| **SUB-SECTOR** | Geological Hazards |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  “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.  “Modified” refers to any changes or differences that are due at least in part to the proposed intervention. | |
| **Unit of Measure:**  Number (of policies or procedures) | |
| **Calculation:** This is a count of geological modified policies or procedures. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of geological modified policies or procedures across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring, secondary data  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. | |
| **Source:**  Monitoring checklist/form, secondary data such as official government reports or communication with community leaders, triangulated with media reports. | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Implementing partner staff who manage policy/procedure documentation | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **T03: Number of individuals trained to reduce the impact of geological events** | |
| **APPLICABILITY** | RiA for partners implementing trainings to reduce the impact of geological events |
| **TYPE** | Output |
| **SECTOR** | Natural Hazards and Technological Risks |
| **SUB-SECTOR** | Geological Hazards |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  Examples of trainings or workshops to reduce the impact of geological events may include:   * + Risk communication,   + Information dissemination,   + Early warning system development,   + Specific skills related to geologic equipment maintenance and installation, and   + Data interpretation | |
| **Unit of Measure:**  Number (of individuals) | |
| **Calculation:** This is a count of individuals trained. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individuals, without double counting, who were trained to reduce the impact of geological events. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Attendance/training records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individuals trained | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **T04: Number of individuals benefiting from hydrometeorological interventions** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Natural Hazards and Technological Risks |
| **SUB-SECTOR** | Hydrometeorological Hazards |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  “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.  “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.  “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. | |
| **Unit of Measure:**  Number (of individuals) | |
| **Calculation:** This is a count of individuals benefiting from hydrometeorological interventions. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individuals, without double counting, who benefit from hydrometeorological interventions. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring, secondary data (census records, population enumeration estimates, total number of people who participated in the preparedness) | |
| **Source:** Monitoring checklist/form, secondary data 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:**  Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * Definitions based on UNDRR terminology (<https://www.undrr.org/terminology>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **T05: Number of hydrometeorological policies or procedures modified as a result of the intervention to increase preparedness for hydrometeorological events** | |
| **APPLICABILITY** | RiA for partners implementing activities with a goal to modify hydrometeorological policies or procedures |
| **TYPE** | Outcome |
| **SECTOR** | Natural Hazards and Technological Risks |
| **SUB-SECTOR** | 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 modified as a result of the intervention to increase preparedness for hydrometeorological events. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of policies or procedures modified as a result of the intervention to increase preparedness for hydrometeorological events across the reporting periods. | |
| **Direction of Change:**  + | |
| **Disaggregation:**N/A | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:** Monitoring checklist/form for routine tracking of policies or procedures | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:**  Implementing partner staff who manage preparedness intervention documentation | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * Definitions based on UNDRR terminology (<https://www.undrr.org/terminology>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **T06: Number and percent of individuals trained in hydrometeorological-related interventions retaining knowledge two months after training** | |
| **APPLICABILITY** | RiA for partners implementing hydrometeorological-related trainings |
| **TYPE** | Outcome |
| **SECTOR** | Natural Hazards and Technological Risks |
| **SUB-SECTOR** | 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 period.   + If individuals receive multiple, different trainings in the reporting period, they should be included in the count once in the reporting period. | |
| **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 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 retain activity-defined threshold level of skills and knowledge after two months after the DRR training.  Denominator: Number of individuals who responded to the test/quiz. | |
| **How to Count Life of Award (LOA):**  Number: LOA values are the reported values at the end of the award counting only the unique individuals, without double counting, who responded to the test/quiz who retain activity-defined threshold level of skill and knowledge two months after the training.  Percent: LOA values are the reported values at the end of the award counting only the unique number of individuals who retain activity-defined threshold level of skills and knowledge after two months after the DRR training divided by total individuals who responded to the test/quiz. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring (e.g., pre/post test)  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:**  Monitoring checklist/form, pre/post test questionnaire, attendance sheet/records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individuals trained | |
| **Frequency of Collection:**  Data will be collected before and after the training is conducted and attendance will be collected on a routine basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **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 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **T07: Number of individuals benefiting from response technological disaster interventions** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | Natural Hazards and Technological Risks |
| **SUB-SECTOR** | Technological Hazards |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  “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.  “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. | |
| **Unit of Measure:**  Number (of individuals) | |
| **Calculation:** This is a count of individuals benefiting from response technological hazard interventions. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of beneficiaries, without double counting, who benefit from response technological hazard interventions. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring, secondary data (census records, population enumeration estimates at the target community, or activity beneficiaries) | |
| **Source:**  Monitoring checklist/form, secondary data such as census data, government population data, other donor or third-party estimates | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:** Third-party entities who manage census or population documentation | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * Definitions based on UNDRR terminology (<https://www.undrr.org/terminology>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **T08: Number of individuals trained to respond safely to technological disasters** | |
| **APPLICABILITY** | RiA for partners implementing trainings to respond safely to technological disasters |
| **TYPE** | Output |
| **SECTOR** | Natural Hazards and Technological Risks |
| **SUB-SECTOR** | Technological Hazards |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  “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.  “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. | |
| **Unit of Measure:**  Number (of individuals) | |
| **Calculation:** This is a count of individuals who have completed an entire training course in technological hazards. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individuals, without double counting, who have completed an entire training course in technological hazards. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring | |
| **Source:**  Attendance sheet/records | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individuals trained | |
| **Frequency of Collection:**  Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * Definitions based on UNDRR terminology (<https://www.undrr.org/terminology>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

## WATER, SANITATION, AND HYGIENE

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| **W01: Number of individuals receiving improved service quality from solid waste management, drainage, or vector control activities (without double counting)** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | WASH |
| **SUB-SECTOR** | 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).  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 benefits 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, where available and reliable * 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. | |
| **Unit of Measure:**  Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries receiving improved service quality from solid waste management, drainage, or vector control activities. 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 reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who received improved service quality from solid waste management, drainage, or vector control activities. | |
| **Direction of Change:** + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring or beneficiary-based baseline/endline survey; secondary data (populations of area)  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. | |
| **Source:**  Data sources used will depend upon the methods used and what current data are available.   1. Routine monitoring: Activity records collected by the partner documenting a direct count of beneficiary households and estimates of the number of people living in those households. 2. Beneficiary-based survey: Questionnaire for household surveys of a representative and statistically significant sample of those who received improved service quality to verify the activity. This data source requires a baseline 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. 3. Secondary Data: Existing 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 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. | |
| **Who Collects:** Implementing partner staff or enumerators | |
| **From Whom:** Beneficiaries | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W02: Average number of community cleanup/debris removal events conducted per community targeted by the environmental health activity** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Output |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Environmental Health |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator measures the number of events 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 events unless there is a clear and immediate public health risk (e.g., leishmaniasis) or if the event 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 event is defined as an organized effort in a defined location intended 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 events 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; * Removal of solid waste that has accumulated in public areas; and * Other cleanup activities that will have a demonstrable and immediate positive public health effect on the community. | |
| **Unit of Measure:** Average (community cleanup/debris removal events per community) | |
| **Calculation:** The average (mean) is derived by dividing the number of community cleanup/debris removal events by the total number of communities targeted by the environmental health intervention for cleanup/debris removal events. Both numerator and denominator are reported as well as the average.  Numerator: Number of community cleanup/debris removal events conducted in all communities which were targeted for such activities  Denominator: Number of communities targeted by the environmental health intervention for cleanup/debris removal events | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting the number of community cleanup/debris removal events conducted in all communities which were targeted for such activities divided by the total number of communities targeted by the environmental health intervention for cleanup/debris removal events. | |
| **Direction of Change:** + | |
| **Disaggregation:**N/A  Report the Overall average, and both numerator and denominator. | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring  Enumeration of the number of cleanup/debris removal events conducted during the activity period. Enumeration of the total number of communities targeted for cleanup/debris removal events during the activity period. | |
| **Source:** Monitoring checklists/forms | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Implementing partner staff who manage activity records | |
| **Frequency of Collection:** Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W03: Average number of communal solid waste disposal sites created and in use per community targeted by the environmental health activity** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Output |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Environmental Health |
| **INDICATOR DESCRIPTION** | |
| **Definition**: This indicator measures the availability and functionality of disposal sites created for the final disposition of solid waste generated within a community.  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 the purpose of this indicator, *created* 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   1. Accessible to users; 2. Fenced with a controlled entry/exit; 3. Of a reasonable volume based on the size of its user population; 4. Designed and operated in a manner that minimizes vector issues; 5. Designed and operated in a manner that mitigates potential negative environmental impacts; and 6. Accompanied by a written operations and maintenance (O&M) plan to include collection and transport to the site.   Determination of whether the site is “in use” will be based on   1. The presence of improperly disposed solid waste within the supported community; 2. Clear signs of use while observing the site (e.g., real time usage, proper maintenance, controlled operation, worn paths); and 3. A structured interview with the caretaker or a focus group discussion (FGD) with beneficiaries. | |
| **Unit of Measure:** Average (solid waste disposal sites per community) | |
| **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. Both numerator and denominator are reported as well as the average.  Numerator: Number of communal solid waste disposal sites created and in use in all communities which were targeted for this activity  Denominator: Number of communities targeted by the environmental health activity for creation of communal solid waste disposal sites | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting the number of communal solid waste disposal sites created and in use in all communities which were targeted for this activity divided by total communities targeted by the environmental health activity for creation of communal solid waste disposal sites | |
| **Direction of Change:** + | |
| **Disaggregation:**N/A  Report the Overall average, and both numerator and denominator. | |
| **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. For the denominator, monitoring checklist/form, activity records. | |
| **Who Collects:** Implementing Partner Staff | |
| **From Whom:** Implementing partner staff conducting the assessment and managing activity records | |
| **Frequency of Collection:** Data will be collected on an ongoing basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * This indicator has been adapted from the SPHERE standard indicator. | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W04: Percent of households targeted by the WASH promotion activity that are properly disposing of solid waste** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | 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. Both numerator and denominator are reported as well as the percent.  Numerator: Number of households surveyed who properly dispose of solid waste  Denominator: Number of households surveyed in the target population | |
| **How to Count Life of Award (LOA):** The LOA values will be generated from the endline survey. | |
| **Direction of Change:** + | |
| **Disaggregation:** N/A  Report the Overall percent, and both numerator and denominator. | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based baseline/endline survey  The presence of proper household solid waste disposal practices is measured by interview and direct observation during a quantitative, representative 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:** Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and final performance 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” | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W05: Average number of persistent standing water sites eliminated via drainage interventions per community targeted by the environmental health activity** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | 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:** Average (standing water sites eliminated per community) | |
| **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: 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 reported values at the end of the award counting the number of persistent standing water sites eliminated via drainage interventions in all communities which were targeted for this activity divided by total communities targeted by the environmental health activity for drainage interventions aimed at eliminating persistent standing water sites. | |
| **Direction of Change:** + | |
| **Disaggregation:** N/A  Report the Overall average, and both numerator and denominator. | |
| **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:** Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W06: Average number of vector control activities conducted per community targeted by the environmental health intervention** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Output |
| **SECTOR** | WASH |
| **SUB-SECTOR** | 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 LLIN’s are a restricted item for BHA, LLIN’s 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). | |
| **Unit of Measure:** Average (vector control activities conducted per community) | |
| **Calculation:** 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: Number of communities targeted by the environmental health activity for vector control activities | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting the number of vector control activities conducted in all communities which were targeted for this intervention divided by total communities targeted by the environmental health activity for vector control activities. | |
| **Direction of Change:** + | |
| **Disaggregation:** N/A  Report the Overall average, and both numerator and denominator. | |
| **DATA COLLECTION** | |
| **Method:** 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. | |
| **Source:** Monitoring checklist/form, attendance sheet/records | |
| **Who Collects:** Implementing partner staff | |
| **From Whom:** Implementing partner staff who manage the intervention documentation | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W07: Number of individuals receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Hygiene Promotion |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator is a count 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.  This indicator does not include:   * People who did not receive hygiene messages directly from an agent of the activity should not be counted at all; or * People who only received non-food items (NFI) does not count as hygiene promotion. | |
| **Unit of Measure:**  Number (of individual beneficiaries) | |
| **Calculation:**  This is a count of individual beneficiaries who receive hygiene messaging. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who receive hygiene messaging. | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring | |
| **Source:**  Monitoring checklist/form, registration records of beneficiaries directly receiving messages through hygiene promotion activities | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:** Individual beneficiaries | |
| **Frequency of Collection:**  Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W08: Percent of beneficiary households with soap and water at a handwashing station on premises** | |
| **APPLICABILITY** | Required- Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Hygiene Promotion |
| **INDICATOR DESCRIPTION** | |
| **Definition:**  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.  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.  Communal handwashing stations should not be counted under this indicator. | |
| **Unit of Measure:** Percent (of beneficiary households) | |
| **Calculation:** The percent is calculated by dividing the number of beneficiary households in the sample where both water and soap are found at the handwashing station on premises by the total number of beneficiary households in the sample.  Numerator: Number of beneficiary households in the sample where both water and soap are found at the handwashing station on premises  Denominator: Number of beneficiary households in the sample | |
| **How to Count Life of Award (LOA):** LOA values will be generated from the endline survey. | |
| **Direction of change:** + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method**: Beneficiary-based baseline/endline survey (that includes direct observation) | |
| **Source**: Questionnaire with direct observation | |
| **Who Collects**: Implementing partner staff or enumerator | |
| **From Whom**: Beneficiary households | |
| **Frequency of Collection**: Data will be collected at the baseline and endline. | |
| **Frequency of Reporting**: Data will be reported in the baseline report and the final performance report. | |
| **Baseline Value Info**: Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * The Joint Monitoring Programme (JMP) for Water Supply and Sanitation by WHO and UNICEF (<https://washdata.org/data>) * This indicator is adapted from adapted from HL.8.2-5 * SPHERE: Percentage of affected households where soap and water are available for handwashing | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W09: Percent of households targeted by the hygiene promotion activity with no evidence of feces in the living area** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Hygiene Promotion |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator measures the effectiveness of hygiene promotion efforts to reduce the practice of open defecation in immediate living areas.  For this indicator, feces includes both human and animal feces.  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 with no evidence of feces in the living area by the total number of households surveyed in the target population.  Numerator: Number of households surveyed with no evidence of feces in the living area  Denominator: Number of households surveyed in the target population | |
| **How to Count Life of Award (LOA):**  The LOA values will be generated from the endline survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method**: Beneficiary or population-based baseline/endline survey (that includes direct observation) | |
| **Source**: Questionnaire with direct observation | |
| **Who Collects:** Implementing partner staff or enumerators | |
| **From Whom:** Beneficiary households | |
| **Frequency of Collection:** Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance 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” | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W10: Percent of individuals targeted by the hygiene promotion activity who know at least three (3) of the five (5) critical times to wash hands** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Hygiene Promotion |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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:   1. After defecation/using the toilet; 2. Before eating; 3. After changing diapers or cleaning a child’s bottom; 4. Before preparing food; and 5. Before feeding an infant. | |
| **Unit of Measure:**  Percent (of individuals) | |
| **Calculation:** 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. Both numerator and denominator are reported as well as the percent.  Numerator: Number of survey respondents who demonstrate that they know at least three (3) of the (5) critical times to wash hands  Denominator: Number of people surveyed in the target population | |
| **How to Count Life of Award (LOA):**  The LOA values will be generated from the endline survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Sex: female, male  Report the percent, and both numerator and denominator. See below how these disaggregates should be reported.  Overall   1. Percent of individuals targeted by the hygiene promotion activity who know at least three (3) of the five (5) critical times to wash hands 2. Numerator: Number of survey respondents who demonstrate that they know at least three (3) of the (5) critical times to wash hands 3. Denominator: Number of people surveyed in the target population   Sex   1. Percent of female individuals targeted by the hygiene promotion activity who know at least three (3) of the five (5) critical times to wash hands 2. Numerator: Number of female survey respondents who demonstrate that they know at least three (3) of the (5) critical times to wash hands 3. Denominator: Number of people surveyed in the target population 4. Percent of male individuals targeted by the hygiene promotion activity who know at least three (3) of the five (5) critical times to wash hands 5. Numerator: Number of male survey respondents who demonstrate that they know at least three (3) of the (5) critical times to wash hands 6. Denominator: Number of people surveyed in the target population | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary or population-based baseline/endline 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:**  Individual beneficiaries | |
| **Frequency of Collection and Reporting:**  Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. | |
| **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 performance report. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W11: Percent of households targeted by the hygiene promotion activity who store their drinking water safely in clean containers** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Hygiene Promotion |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator measures the existence of safe household water storage practices that reduce the risks of post-collection water contamination.  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.  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. | |
| **Unit of Measure:**  Percent (of households) | |
| **Calculation:** 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. Both numerator and denominator are reported as well as the percent.  Numerator: Number of households surveyed who store their drinking water safely in clean containers  Denominator: Number of households surveyed in the target population | |
| **How to Count Life of Award (LOA):**  The LOA values will be generated from the endline survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A  Report the Overall percent, and both numerator and denominator | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary or population-based baseline/endline survey (that includes direct observation)  The existence of safe water storage practices is measured by direct observation during a quantitative, representative 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:**  Questionnaire (that includes direct observation) | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Beneficiary households | |
| **Frequency of Collection:**  Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. | |
| **Baseline Value Information:**  Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W12: Percent of individuals targeted by the hygiene promotion activity who report using a latrine the last time they defecated** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Hygiene Promotion |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  For this indicator, a latrine 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. | |
| **Unit of Measure:**  Percent (of individual beneficiaries) | |
| **Calculation:** 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. Both numerator and denominator are reported as well as the percent.  Numerator: Number of survey respondents who state that they used a latrine the last time they defecated  Denominator: Number of individuals surveyed in the target population | |
| **How to Count Life of Award (LOA):**  The LOA values will be generated from the endline survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  Sex: female, male  Report the percent, and both numerator and denominator. See below how these disaggregates should be reported.  Overall   1. Percent of individuals targeted by the hygiene promotion activity who report using a latrine the last time they defecated 2. Numerator: Number of survey respondents who state that they used a latrine the last time they defecated 3. Denominator: Number of individuals surveyed in the target population   Sex   1. Percent of female individuals targeted by the hygiene promotion activity who report using a latrine the last time they defecated 2. Numerator: Number of female survey respondents who state that they used a latrine the last time they defecated 3. Denominator: Number of individuals surveyed in the target population 4. Percent of male individuals targeted by the hygiene promotion activity who report using a latrine the last time they defecated 5. Numerator: Number of male survey respondents who state that they used a latrine the last time they defecated 6. Denominator: Number of individuals surveyed in the target population | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary or population-based baseline/endline 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:**  Individuals in the target population | |
| **Frequency of Collection:**  Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. | |
| **Baseline Value Information:**  Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W13: Number of individuals directly utilizing improved sanitation services provided with BHA funding** | |
| **APPLICABILITY** | Required |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Sanitation |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator is a count 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 individuals) | |
| **Calculation:** This is a count of individuals 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:** + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring or beneficiary or population-based baseline/endline survey (with direct observation); secondary data  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 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 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. | |
| **Source:**   1. Routine monitoring, beneficiary or population-based surveys: Questionnaire to determine utilization or direct observation of either usage of latrines or a reduction in open defecation. 2. Secondary data: Population data 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. | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  For population-based surveys: households living in the intervention area. For beneficiary-based surveys: beneficiary households. | |
| **Frequency of Collection:** Data will be collected at endline. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W14: Number of individuals gaining access to a basic sanitation service as a result of BHA assistance** | |
| **APPLICABILITY** | Required- Select 2 |
| **TYPE** | Output |
| **SECTOR** | WASH |
| **SUB-SECTOR** | 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 period; or * Rehabilitated a basic sanitation facility from a non-functional or unimproved state during the reporting period. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries gaining access to a basic sanitation service as a result of BHA assistance. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries at the end of the activity, without double counting, 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.) | |
| **Direction of change:** + | |
| **Disaggregation:**  Sex: female, male  Residence: rural, urban/peri-urban | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring | |
| **Source**: Monitoring checklist/form, questionnaire | |
| **Who Collects**: Implementing partner staff | |
| **From Whom**: Individual beneficiaries | |
| **Frequency of Collection**: Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Info**: Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * This indicator is adapted from HL.8.2-2 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W15: Percent of households in target areas practicing open defecation** | |
| **APPLICABILITY** | Required- Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Sanitation |
| **INDICATOR DESCRIPTION** | |
| **Definition:**  “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. | |
| **Unit of Measure:** Percent (of households) | |
| **Calculation:** 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: Number of households surveyed indicating that they do not use sanitation facilities  Denominator: Number of households surveyed | |
| **How to Count Life of Award (LOA):** LOA values will be generated from the endline survey. | |
| **Direction of change:** - | |
| **Disaggregation:** Gendered Household Type: F&M, FNM, MNF, CNA | |
| **DATA COLLECTION** | |
| **Method**: Beneficiary-based baseline/endline survey | |
| **Source**: Questionnaire | |
| **Who Collects**: Implementing partner staff or enumerators | |
| **From Whom**: Beneficiary households | |
| **Frequency of Collection**: Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. | |
| **Baseline Value Info**: Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * The Joint Monitoring Programme (JMP) for Water Supply and Sanitation by WHO and UNICEF (<https://washdata.org/data>) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W16: Number of communities verified as “open defecation free” (ODF) as a result of BHA assistance** | |
| **APPLICABILITY** | Required- Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | 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 & Evaluation Plan. 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 Life of Award (LOA):** LOA value is the same as the final reporting value, i.e., the number of communities that are verified as ODF at the end of the award. | |
| **Direction of change:** + | |
| **Disaggregated by:** N/A | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring | |
| **Source**: Monitoring checklist/form | |
| **Who Collects**: Implementing partner staff | |
| **From Whom**: Activity communities’ appropriate authorities (i.e. an established certification process, reviewed by the implementing partner or a third-party). | |
| **Frequency of Collection**: Data will be collected at endline. | |
| **Frequency of Reporting:** Data will be reported in the final performance report. | |
| **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.8-2-1 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W17: Number of basic sanitation facilities provided in institutional settings as a result of BHA assistance** | |
| **APPLICABILITY** | Required- Select 2 |
| **TYPE** | Output |
| **SECTOR** | WASH |
| **SUB-SECTOR** | 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 basic sanitation facilities provided in institutional settings as a result of BHA assistance. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of basic sanitation facilities provided in institutional settings as a result of BHA assistance across the reporting periods.  Implementing partners are encouraged to maintain a database as part of routine monitoring throughout the activity to record the total number without double counting. | |
| **Direction of change:** + | |
| **Disaggregation:** Facility Type: schools, health facilities | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring | |
| **Source**: Monitoring checklist/form | |
| **Who Collects**: Implementing partner staff | |
| **From Whom**: Beneficiary institutions, implementing partner staff who manage the sanitation intervention documentation | |
| **Frequency of Collection**: Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * This indicator is adapted from HL.8.2-4 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W18: Percent of households targeted by latrine construction/promotion activities whose latrines are completed and clean** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Sanitation |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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).  A latrine is defined as   * A simple pit latrine; * A ventilated improved pit (VIP) latrine; or * A flush latrine (pour-flush or cistern-flush) connected to a pit, septic, or sewer.     A “completed” latrine means that it is 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.   For this indicator, “clean” is defined as:   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 2. The absence of unreasonably noxious odors and excess flies which may cause users to avoid the latrine. | |
| **Unit of Measure:** Percent (of households) | |
| **Calculation:** 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.  Numerator: Number of households targeted by the latrine construction/promotion activity whose latrines are completed and clean  Denominator**:** Number of households targeted by the latrine construction/promotion activity | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award. 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:**  + | |
| **Disaggregation:** 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:** Questionnaire with direct observation checklist | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  All household in targeted catchment area | |
| **Frequency of Collection:**  Data will be collected at endline. | |
| **Frequency of Reporting:** Data will be reported in the final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W19: Percent of latrines/defecation sites in the target population with handwashing facilities that are functional and in use** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | 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 include individuals actually washing hands during observation, evidence of proper maintenance, worn paths, wet soap, signs of rinse water on the ground. | |
| **Unit of Measure:**  Percent (of latrine/defecation sites with handwashing facilities) | |
| **Calculation:** 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. Both numerator and denominator are reported as well as the percent.  Numerator: Number of latrines/defecation sites surveyed with handwashing facilities that are functional and in use  Denominator: Number of latrines/defecation sites surveyed in the target population | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award.  Or 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:**  + | |
| **Disaggregation:** Type: Household, Public  Report the percent, and both numerator and denominator. See below how these disaggregates should be reported.  Overall   1. Percent of latrines/defecation sites in the target population with handwashing facilities that are functional and in use 2. Numerator: Number of latrines/defecation sites surveyed with handwashing facilities that are functional and in use 3. Denominator: Number of latrines/defecation sites surveyed in the target population   Type   1. Percent of household latrines/defecation sites in the target population with handwashing facilities that are functional and in use 2. Numerator: Number of household latrines/defecation sites surveyed with handwashing facilities that are functional and in use 3. Denominator: Number of household latrines/defecation sites surveyed in the target population 4. Percent of public latrines/defecation sites in the target population with handwashing facilities that are functional and in use 5. Numerator: Number of public latrines/defecation sites surveyed with handwashing facilities that are functional and in use 6. Denominator: Number of public latrines/defecation sites surveyed in the target population | |
| **DATA COLLECTION** | |
| **Method:**  Household latrines: Population-based survey with direct observation  Public latrines and defecation sites: Routine monitoring (census) with direct observation  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.  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. | |
| **Source:**  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. | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Households living in the intervention area or community observation | |
| **Frequency of Collection:** Data will be collected at endline. | |
| **Frequency of Reporting:** Data will be reported in the final performance report. | |
| **Baseline Value Information:**  Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **W20: Average number of users per functioning toilet** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Sanitation |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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 in targeted communities 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.  “Average number of users” refers to the estimated population divided by the estimated number of functioning toilets.  A toilet 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.   A “functioning” toilet is defined as one which is 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. | |
| **Unit of Measure:** Average (users per functioning toilet) | |
| **Calculation:** Average (mean) is derived by dividing the estimated or enumerated population size by total estimated or enumerated number of functioning toilets. Both numerator and denominator are reported as well as the average.  Numerator: Estimated or enumerated number of people in the target area  Denominator: Estimated or enumerated number of functioning toilets in the target area | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award. Or LOA values will be generated from the endline survey. | |
| **Direction of Change:**  - | |
| **Disaggregation:** N/A  Report the Overall average, and both numerator and denominator. | |
| **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 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:**  Questionnaire  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:**  Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. | |
| **Baseline Value Information:**  Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **W21: Average number of individuals per safe bathing facility in target population** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Output |
| **SECTOR** | WASH |
| **SUB-SECTOR** | 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:** Average number of individuals per safe bathing facility | |
| **Calculation:** Average (mean) is derived by dividing the estimated or enumerated population size by the estimated or enumerated number of safe bathing facilities. Both numerator and denominator are reported as well as the average.  Numerator: Estimated or enumerated number of people in the target area  Denominator**:** Estimated or enumerated number of safe bathing facilities in the target area | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the endline survey. | |
| **Direction of Change:**  - | |
| **Disaggregation:** N/A  Report the Overall average, and both numerator and denominator. | |
| **DATA COLLECTION** | |
| **Method:** Population-based baseline/endline survey or secondary data  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).  Alternatively, if the area is too large to conduct a 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:** Questionnaire for survey. Official documents or Key Informants for secondary data. 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:**  Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. | |
| **Baseline Value Information:**  Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **W22: Percent of excreta disposal facilities built or rehabilitated in health facilities that are clean and functional** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Output |
| **SECTOR** | WASH |
| **SUB-SECTOR** | 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:**  Percent (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. Both numerator and denominator are reported as well as the percent.  Numerator**:** Number of clean and functional excreta disposal facilities in the target area  Denominator: Number of excreta disposal facilities built or rehabilitated in the target area | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only clean and functional excreta disposal facilities in the target area divided by total excreta disposal facilities built or rehabilitated in the target area. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A  Report the Overall percent, and both numerator and denominator. | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring with 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. | |
| **Source:** For the numerator, monitoring checklist/sheet, assessment records of all excreta disposal facilities during a health facility survey. For the denominator, monitoring checklist/sheet, activity records. | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Direct observation of health facilities | |
| **Frequency of Collection:**  Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **W23: Percent of hand washing stations built or rehabilitated in health facilities that are functional** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Output |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Sanitation |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  A “functional” handwashing station associated with a latrine must   1. Be located no more than 10 meters from the latrine; 2. Have both soap and water present; and 3. Appropriately manage gray water.   A “functional” handwashing station associated with other common areas accessible to staff, patients, and caregivers must   1. Be in a location which makes hand washing convenient to patients, caregivers, and staff; 2. Have both soap and water present; and 3. Appropriately manage gray water. | |
| **Unit of Measure:** Percent (of hand washing stations) | |
| **Calculation:** The percent is derived by dividing the number of functional hand washing stations by the total number of hand washing stations built or rehabilitated. Both numerator and denominator are reported as well as the percent.  Numerator: Number of functional hand washing stations in targeted health facilities  Denominator: Number of hand washing stations built or rehabilitated in targeted health facilities | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only functional hand washing stations in targeted health facilities divided by total hand washing stations built or rehabilitated in targeted health facilities. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A  Report the Overall percent, and both numerator and denominator. | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring with 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, monitoring checklist/sheet, assessment records of all handwashing stations during a health facility survey. For the denominator, monitoring checklist/sheet , activity records. | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Direct observation of health facilities | |
| **Frequency of Collection:**  Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W24: Percent of Menstrual Hygiene Management facilities constructed in target population that are currently in use** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | 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:** Percent (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: 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:**  + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring  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, monitoring checklist/form, records from FGDs/interviews with women and girls. For the denominator, monitoring checklist/form, records from direct observation of MHM facilities. | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Beneficiaries | |
| **Frequency of Collection:** Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W25: Total number of individuals receiving WASH NFIs assistance through all modalities (without double-counting)** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output |
| **SECTOR** | WASH |
| **SUB-SECTOR** | WASH NFIs |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  Individuals: Total number of people receiving WASH NFI assistance through the activity.  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.  Modality:direct distribution, voucher, or cash. | |
| **Unit of Measure:**  Number (of individuals) | |
| **Calculation:** This is a count of individuals receiving WASH NFI assistance through all modalities. | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting only the unique number of individuals, without double counting, who received WASH NFI assistance through all modalities | |
| **Direction of Change:**  + | |
| **Disaggregation:** Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring  The number of individuals may be estimated in a variety of ways depending upon the context and the means of increasing access to NFIs.   * 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. * 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.   Describe what data sources were used to determine an average household size if used to estimate the number of individual beneficiaries. | |
| **Source:**  Monitoring checklist/form, records of distributions or transfers that took place. Secondary datasets if used to estimate average household size. | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Individuals receiving WASH NFI assistance, implementing partner staff who manage the NFI distribution documentation | |
| **Frequency of Collection:**  Data will be collected on an ongoing (e.g., monthly) basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  The baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W26: Percent of households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e., kits) or vouchers** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | WASH NFIs |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator assesses beneficiary households’ satisfaction with the contents of WASH NFIs (non-food items) received.  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.  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.  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. | |
| **Unit of Measure:**  Percent (of beneficiary households) | |
| **Calculation:** 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.  Numerator: Number of households reporting satisfaction with the contents of WASH NFIs received through direct distribution (e.g. kits), vouchers, or cash  Denominator: Number of households surveyed in the target population | |
| **How to Count Life of Award (LOA):**  LOA values are the 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. Or LOA values will be generated from the last available beneficiary-based survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:**N/A | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based monitoring survey (e.g., PDM).  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:**  Data will be collected after a WASH NFI distribution. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **W27: Percent of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e., kits), vouchers, or cash** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | WASH NFIs |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator assesses beneficiary households’ satisfaction with the quantityof WASH NFIs received.  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.  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. | |
| **Unit of Measure:**  Percent (of beneficiary households) | |
| **Calculation:** 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.  Numerator: Number of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash  Denominator: Number of households surveyed in the target population | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the last available beneficiary-based survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based monitoring survey (e.g., PDM)  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:** Data will be collected after a WASH NFI distribution. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **W28: Percent of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e., kits), vouchers, or cash** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | WASH NFIs |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator assesses beneficiary households’ satisfaction with the quality of WASH NFIs received.  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.  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.  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. | |
| **Unit of Measure:**  Percent (of beneficiary households) | |
| **Calculation:** The percent is derived by dividing the number of households reporting satisfaction with the quality of WASH NFIs by the total number of households surveyed in the target population.  Numerator: Number of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e., kits), vouchers, or cash  Denominator: Number of households surveyed in the target population | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the last available beneficiary-based survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:**N/A | |
| **DATA COLLECTION** | |
| **Method:** Beneficiary-based monitoring survey (e.g., PDM). 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:**  Data will be collected after a WASH NFI distribution. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W29: Number of individuals directly utilizing improved water services provided with BHA funding** | |
| **APPLICABILITY** | Required |
| **TYPE** | Output or Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Water Supply |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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. | |
| **Unit of Measure:**  Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries directly utilizing improved water services. | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the endline survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:**Sex: female, male | |
| **DATA COLLECTION** | |
| **Method:** Population-based endline survey  Population-based Household 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. | |
| **Source:**  Questionnaire  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. | |
| **Who Collects:**  Implementing partner staff or enumerators | |
| **From Whom:**  Beneficiary households | |
| **Frequency of Collection:**  Data will be collected at the endline. | |
| **Frequency of Reporting:** Data will be reported in the final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W30: Number of individuals gaining access to basic drinking water services as a result of BHA assistance** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Output |
| **SECTOR** | Water, Sanitation, and Hygiene |
| **SUB-SECTOR** | 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 period 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: This indicator is intended to be used in early recovery, disaster risk reduction, or multi-year programs and aims to achieve a higher level of service delivery than a typical emergency response. | |
| **Unit of Measure:** Number (of individual beneficiaries) | |
| **Calculation:** This is a count of individual beneficiaries gaining access to basic drinking water services as a result of BHA assistance. | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting only the unique number of individual beneficiaries, without double counting, who gain access to basic drinking water services through the end of the activity. Or LOA values will be generated from the endline survey. | |
| **Direction of change:** + | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring or population-based survey | |
| **Source**: Monitoring checklist/form, questionnaire | |
| **Who Collects**: Implementing partner staff or enumerator | |
| **From Whom**: People living in the catchment areas of the water delivery/points | |
| **Frequency of Collection**: Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and the final performance report. | |
| **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 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **W31: Average liters/person/day collected from all sources for drinking, cooking, and hygiene** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Output or Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | 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:**  Average (liters per person per day) | |
| **Calculation:** Average (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. Both numerator and denominator are reported as well as the average.  Numerator: Sum of all per-capita water usage estimates (l/p/d) for drinking, cooking, and hygiene among surveyed households  Denominator: Number of households surveyed in the target population | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the endline survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:**N/A  Report the Overall average, and both numerator and denominator. | |
| **DATA COLLECTION** | |
| **Method:** Population-based baseline/endline survey  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:**  Data will be collected at baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. | |
| **Baseline Value Information:**  Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W32: Estimated safe water supplied per beneficiary in liters/person/day** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Output |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Water Supply |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator provides a crude estimate of safe water availability based on the estimated population size and the estimated production of safe water. In other words, this indicator provides a basic estimate of how much safe water is available to the population, which is useful information to guide the early stages of an emergency activity. Otherwise, W31 is preferred as it more directly measures the quantity of water people are using.  “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.  “Safe water” is defined as, at a minimum, meeting the following two requirements at the point of distribution:   * 0 fecal coliforms per 100 ml sample; and * > 0.2 mg/L free residual chlorine (FRC) and < 5 nephelometric turbidity units (NTU) for piped supplies, trucked supplies, and any water provided when there is a risk of a diarrheal epidemic. | |
| **Unit of Measure:**  Ratio (liters/person/day) | |
| **Calculation:** The ratio 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. Both numerator and denominator are reported as well as the ratio (l/p/d) of safe water supplied per beneficiary per day.  Numerator: Estimated liters per day of safe water  Denominator: Number of people in target population | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award. Or LOA values will be generated from the endline. | |
| **Direction of Change:**  + | |
| **Disaggregation:**N/A  Report the Overall ratio, and both numerator and denominator. | |
| **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.” Yield estimates should take into account losses which may occur during delivery or distribution (e.g., losses in a piped network). Please refer to the PIRS for BHA indicators W34 and W35 for guidance on assessing fecal coliforms and free residual chlorine.  Please note: BHA prefers onsite confirmation of water safety and yield (liters per day) to ensure accurate data are captured. However, in recognition of the fact that onsite confirmation of safety and yield may not be feasible in the early/acute stage of an emergency, secondary data sources (e.g., KIIs, other water sector stakeholders) may be used to provide proxy data (estimates).  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 W20 or W21 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 record | |
| **Frequency of Collection:**  Data will be collected at baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. | |
| **Baseline Value Information:**  Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * Note that this indicator is most often used in the early, acute stage of an emergency, e.g. during a rapid needs assessment or baseline, to identify how much safe water is available to the population. (Indicator W31, a measure of actual water consumption, is more often used for routine monitoring.) | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W33: Percent of households targeted by the WASH activity that are collecting all water for drinking, cooking, and hygiene from improved water sources** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | 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 beneficiary 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. Both numerator and denominator are reported as well as the percent.  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 | |
| **How to Count Life of Award (LOA):**  LOA values will be generated from the endline survey. | |
| **Direction of Change:**  + | |
| **Disaggregation:**N/A  Report the Overall percent, and both numerator and denominator. | |
| **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:**  Data will be collected at the baseline and endline. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. | |
| **Baseline Value Information:**  Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **W34: Percent of households whose drinking water supplies have zero (0) fecal coliforms per 100 ml sample** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Water Supply |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  “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.  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.  Note:  The term “fecal coliform” has routinely been used in water microbiology to denote coliform organisms which grow at 44.0ºC - 44.5ºC 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 *Escherichia coli (E. Coli)*, 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 *E. Coli* or other fecal coliforms. | |
| **Unit of Measure:**  Percent (of beneficiary households) | |
| **Calculation:**  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. Both numerator and denominator are reported as well as the percent.    Numerator: Number of households surveyed whose drinking water supplies have zero (0) fecal coliforms per 100 ml sample  Denominator: Number of households surveyed in the target population | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting the number of households surveyed whose drinking water supplies have zero (0) fecal coliforms per 100 ml sample divided by total the households surveyed in the target population. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A  Report the Overall percent, and both numerator and denominator. | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary-based monitoring survey with 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 44ºC (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 sensitives 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:**  Questionnaire, 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, implementing partner staff who manage water quality record | |
| **Frequency of Collection:**  Data will be collected at the baseline and endline. Data may be collected more frequently (e.g., monthly, quarterly) at the discretion of the partner. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. If data is collected more frequently, partners should also report semi-annually and annually, as applicable. | |
| **Baseline Value Information:**  Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W35: Percent of households whose drinking water supplies have a free residual chlorine (FRC) > 0.2 mg/L** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Water Supply |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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.  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.  “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.  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. | |
| **Unit of Measure:**  Percent (of beneficiary households) | |
| **Calculation:**  The percent is derived by dividing the number of households surveyed whose drinking water supplies have FRC > 0.2 mg/L by the total number of households surveyed in the target population. Both numerator and denominator are reported as well as the percent.  Numerator: Number of households surveyed whose drinking water supplies have FRC > 0.2 mg/L  Denominator: Number of households surveyed in the target population | |
| **How to Count Life of Award (LOA):** LOA values are the reported values at the end of the award counting the number of households surveyed whose drinking water supplies have FRC > 0.2 mg/L divided by the total households surveyed in the target population. | |
| **Direction of Change:**  + | |
| **Disaggregation:**  N/A  Report the Overall percent, and both numerator and denominator. | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary-based monitoring survey with household-level water quality testing 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 sensitives 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:**  Questionnaire, records of FRC testing results from water samples collected during statistically valid household surveys. | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:** Beneficiary households, implementing partner staff who manage FRC testing documentation | |
| **Frequency of Collection:** Data will be collected at the baseline and endline. Data may be collected more frequently (e.g., monthly, quarterly) at the discretion of the partner. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. If data is collected more frequently, partners should also report semi-annually and annually, as applicable. | |
| **Baseline Value Information:**  Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **W36: Percent of households receiving point-of-use chlorine products whose water supplies have free residual chlorine (FRC) present** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Water Supply |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  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).  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.  For the purpose of this indicator, POU products are limited to chlorine-based products (e.g., NaDCC tablets, sodium hypochlorite, combined flocculant/disinfectant sachets).  For this indicator, “water supplies” refers to water stored at the household intended for drinking, cooking, or hygiene.  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.  For this indicator, the FRC must be greater than 0. (FRC > 0 mg/L) | |
| **Unit of Measure:**  Percent (of beneficiary households) | |
| **Calculation:** 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. Both numerator and denominator are reported as well as the percent.  Numerator: Number of households surveyed whose water supplies have free residual chlorine present  Denominator: Number of households receiving chlorine based POU products which were surveyed | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting the number of households surveyed whose water supplies have free residual chlorine present divided by the total households receiving chlorine based POU products which were surveyed. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A  Report the Overall percent, and both numerator and denominator. | |
| **DATA COLLECTION** | |
| **Method:**  Beneficiary-based monitoring survey with 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 sensitives 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, implementing partner staff who manage FRC testing documentation | |
| **Frequency of Collection:**  Data will be collected at the baseline and endline. Data may be collected more frequently (e.g., monthly, quarterly) at the discretion of the partner. | |
| **Frequency of Reporting:** Data will be reported in the baseline report and the final performance report. If data is collected more frequently, partners should also report semi-annually and annually, as applicable. | |
| **Baseline Value Information:**  Baseline value will be derived from the baseline survey. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **W37: Percent of water points developed, repaired, or rehabilitated with zero (0) fecal coliforms per 100 ml sample** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Output |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Water Supply |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator measures the microbiological water quality directly at the water point (i.e., the point of distribution).  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.  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.  Note:  The term “fecal coliform” has routinely been used in water microbiology to denote coliform organisms which grow at 44.0ºC - 44.5ºC 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 *Escherichia coli (E. Coli)*, 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 *E. Coli* or other fecal coliforms. | |
| **Unit of Measure:**  Percent (of water points) | |
| **Calculation:**  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. Both numerator and denominator are reported as well as the percent.  Numerator: Number of water points developed, repaired, or rehabilitated with zero (0) fecal coliforms per 100 ml sample  Denominator: Number of water points developed, repaired, or rehabilitated | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A  Report the Overall percent, and both numerator and denominator. | |
| **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:** Questionnaire, 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:**  Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **W38: Percent of water points developed, repaired, or rehabilitated with free residual chlorine (FRC) > 0.2 mg/L** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Output |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Water Supply |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator measures free residual chlorine directly at the water point (i.e., the point of distribution).  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.  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. | |
| **Unit of Measure:**  Percent (of water points) | |
| **Calculation:** The percent is derived by dividing the number of water points developed, repaired, or rehabilitated with FRC > 0.2 mg/L by total number of water points developed, repaired, or rehabilitated. Both numerator and denominator are reported as well as the percent.  Numerator: Number of water points developed, repaired, or rehabilitated with FRC > 0.2 mg/L  Denominator: Number of water points developed, repaired, or rehabilitated | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A  Report the Overall percent, and both numerator and denominator. | |
| **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 and analyzing samples for FRC. Samples will be analyzed for FRC using the DPD-colorimetric method. | |
| **Source:** Questionnaire, 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:** Data will be collected on an ongoing (e.g., monthly) basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:** Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| --- | --- |
| **W39: Percent of water user committees created and/or trained by the WASH activity that are active at least three (3) months after training** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Water Supply |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator provides a measure of the activity’s effectiveness in establishing functional water user committees.  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.  “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.  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. | |
| **Unit of Measure:**  Percent (of active water committees) | |
| **Calculation:** The percent is derived by dividing the number of water user committees created and/or trained by the WASH activity that are active at least three (3) months after training by the total number of water user committees created and/or trained by the WASH activity. Both numerator and denominator are reported as well as the percent.  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: Number of water user committees created and/or trained by the WASH activity | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting the water user committees created and/or trained by the WASH activity that are active at least three (3) months after training divided by total water user committees created and/or trained by the WASH activity. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A  Report the Overall percent, and both numerator and denominator. | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring (e.g., 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, monitoring checklist/form, activity records. | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Water user committee members | |
| **Frequency of Collection:**  Data will be collected on an ongoing basis (but no later than three months after the committees have been trained). | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W40: Percent of water points developed, repaired, or rehabilitated that are clean and protected from contamination** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Output or outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | Water Supply |
| **INDICATOR DESCRIPTION** | |
| **Definition**:  This indicator provides a measure of the sanitary conditions of water points developed, repaired, or rehabilitated by the activity.  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.  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).  For water points that are co-located with a source (e.g., dug wells with a windlass, boreholes with a handpump), “protected” means that:   1. The wellhead is raised and covered; 2. There is a concrete apron that extends at least one meter beyond the edge of the source; 3. The apron drains into a separate soak pit that prevents contamination of the source; 4. There is no standing water; and 5. Where necessary, effective fencing is provided to prevent livestock from coming in contact with the water point and contaminating the water source.   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:   1. The water collection area is designed to minimize standing water (e.g., a concrete or gravel base); 2. The collection area drains to a soak pit; 3. There is no standing water; and 4. Where necessary to prevent livestock access, fencing is provided. | |
| **Unit of Measure:** 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. Both numerator and denominator are reported as well as the percent.  Numerator: Number of water points developed, repaired, or rehabilitated that are clean and protected from contamination  Denominator:Number of water points developed, repaired, or rehabilitated | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting the water points developed, repaired, or rehabilitated that are clean and protected from contamination divided by total water points developed, repaired, or rehabilitated. | |
| **Direction of Change:**  + | |
| **Disaggregation:**N/A  Report the Overall percent, and both numerator and denominator. | |
| **DATA COLLECTION** | |
| **Method:**  Routine monitoring (including 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, monitoring checklist/form, activity records. | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:**  Implementing partner staff managing activity records and monitoring reports | |
| **Frequency of Collection:**  Data will be collected on an ongoing basis (but no earlier than three months after the water point has been developed, repaired, or rehabilitated). | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Information:**  Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W41: 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** | |
| **APPLICABILITY** | Required – Select 2 |
| **TYPE** | Outcome |
| **SECTOR** | WASH |
| **SUB-SECTOR** | 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 the 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. Both numerator and denominator are reported as well as the percent.  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: Number of water committees for which Water Safety Plans have been created for water points developed, repaired or rehabilitated by the water supply activity | |
| **How to Count Life of Award (LOA):**  LOA values are the reported values at the end of the award counting the water committees actively using Water Safety Plans that have been created for water points developed, repaired, or rehabilitated by the water supply activity divided by total water committees for which Water Safety Plans have been created for water points developed, repaired or rehabilitated by the water supply activity. | |
| **Direction of Change:**  + | |
| **Disaggregation:** N/A  Report the Overall percent, and both numerator and denominator. | |
| **DATA COLLECTION** | |
| **Method:** Routine monitoring including document review/audit/activity records  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, monitoring checklist/form, activity records. | |
| **Who Collects:**  Implementing partner staff | |
| **From Whom:** Water Safety Plan committees | |
| **Frequency of Collection:**  Data will be collected on an ongoing basis (but no earlier than three (3) months after establishment of Water Safety Plans). | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **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>) * 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. | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

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| **W42: Number of institutional settings gaining access to basic drinking water services as a result BHA assistance** | |
| **APPLICABILITY** | Required- Select 2 |
| **TYPE** | Output |
| **SECTOR OR KEYWORD** | WASH  WASH in Health Facilities (keyword) |
| **SUB-SECTOR** | 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 period 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 institutional settings gaining access to basic drinking water services as a result BHA assistance. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of institutional settings gaining access to basic drinking water services as a result of BHA assistance across the reporting periods. | |
| **Direction of change:** + | |
| **Disaggregation:** Institution Type: schools, health facilities  See below how these disaggregates should be reported.  Overall   * + 1. Number of institutional settings gaining access to basic drinking water services due to BHA assistance   Institution Type   1. Number of schools gaining access to basic drinking water services due to BHA assistance 2. Number of health facilities gaining access to basic drinking water services due to BHA assistance | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring | |
| **Source**: Monitoring checklist/form, activity records and/or physical observation | |
| **Who Collects**: Implementing partner staff | |
| **From Whom**: Beneficiary institution, implementing partner staff managing activity records and intervention documentation | |
| **Frequency of Collection**: Data will be collected on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Info**: Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * This indicator is adapted from HL.8.1-4 | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

# PERFORMANCE INDICATOR REFERENCE SHEETS FOR KEYWORD INDICATORS

|  |  |
| --- | --- |
| **K01****: Total USD value of cash transferred to beneficiaries** | |
| **APPLICABILITY** | RiA: Required for activities that will transfer cash to beneficiaries |
| **TYPE** | Output |
| **SECTOR** | N/A |
| **SUB-SECTOR** | N/A |
| **KEYWORD** | 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:** Number (amount in USD at market prices) | |
| **Calculation:** This is the sum of values for all cash transfers during the reporting period. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of all cash transfers across the reporting periods. | |
| **Direction of change:** N/A | |
| **Disaggregation:** N/A | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring of activity records, ledgers, electronic records, cell phone records, and electronic service providers. Convert the local values to US Dollar using market prices at the time of distribution. Do not include transfer fees or service charges. | |
| **Source**: Monitoring checklist/form, 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**: Data will be on an ongoing/rolling/monthly basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Info**: Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **K02****: Total USD value of vouchers redeemed by beneficiaries** | |
| **APPLICABILITY** | RiA: Required for activities that will provide vouchers to beneficiaries |
| **TYPE** | Output |
| **SECTOR** | N/A |
| **SUB-SECTOR** | N/A |
| **KEYWORD** | Vouchers |
| **INDICATOR DESCRIPTION** | |
| **Definition:**  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:   * Value vouchers have a designated monetary value that can be exchanged for an array of commodities or services up to that amount. * Commodity vouchers are valid for a fixed quantity and quality of specific goods or services at pre-negotiated prices.   “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).  “Redeemed” refers to when the recipient exchanged it for the commodities that were intended to be provided. | |
| **Unit of Measure:** Number (amount in USD at market prices) | |
| **Calculation:** This is the sum of values for all vouchers redeemed during the reporting period. | |
| **How to Count Life of Award (LOA):** LOA values are the total values of all vouchers redeemed across the reporting periods. | |
| **Direction of change:**  N/A | |
| **Disaggregation:**  N/A | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring of records of redeemed vouchers, electronic records, vendor records Convert the local values to USD using market prices at the time of distribution. Do not include transfer fees or service charges. | |
| **Source**: Monitoring checklist/form, 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**: Data should be collected on an ongoing basis. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Info**: Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

|  |  |
| --- | --- |
| **K03: Total quantity (in metric tons) of food distributed to beneficiaries** | |
| **APPLICABILITY** | RiA: Required for activities that include food distributions |
| **TYPE** | Output |
| **SECTOR** | Food Assistance |
| **SUB-SECTOR** | Conditional food assistance, Unconditional food assistance |
| **KEYWORD** | 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.  Note: This indicator may be used to measure weight (in MT) of ingredients used to prepare cooked meals for distribution. For example, if rice and dry beans are used to prepare meals for distribution, the total weight of the uncooked rice and uncooked dry beans should be counted, not the weight of the prepared meal/s. | |
| **Unit of Measure:** Number (metric tons) | |
| **Calculation:** This is a sum of all values for all distributions of commodities during the reporting period. | |
| **How to Count Life of Award (LOA):**  LOA values are the total values of all commodity distributions across the reporting periods. | |
| **Direction of change:** + | |
| **Disaggregation:** Commodity | |
| **DATA COLLECTION** | |
| **Method**: Routine monitoring of routine monitoring of activity documents | |
| **Source**: Monitoring checklist/form, activity documents and beneficiary management platform specifically distribution records | |
| **Who Collects**: Implementing partner staff | |
| **From Whom**: Implementing partner staff who manage distribution logs, PDM verification | |
| **Frequency of Collection**: Data should be collected on an ongoing basis as distributions occur. | |
| **Frequency of Reporting:** Data will be reported in the semi-annual report, annual report and final performance report. | |
| **Baseline Value Info**: Baseline value is zero. | |
| **ADDITIONAL INFORMATION** | |
| * N/A | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)

# PERFORMANCE INDICATOR REFERENCE SHEETS TEMPLATE FOR CUSTOM INDICATORS

|  |  |
| --- | --- |
| **INDICATOR NUMBER: TITLE OF INDICATOR** | |
| **CUSTOM** | Custom # [Partner should include a unique number for each custom indicator in the Indicator Tracking Table, e.g., “C02” for the second custom indicator] |
| **TYPE** | [Outcome, Output] |
| **SECTOR OR KEYWORD** | [Identify the applicable sector or keyword] |
| **SUB-SECTOR** | [Identify the applicable sub-sector] |
| **INDICATOR DESCRIPTION** | |
| **Definition**: [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.] | |
| **Unit of Measure:** [Number, ratio, percent, e.g., number of women, % of households, etc.] | |
| **Calculation:** [Describe how the indicator value will be calculated. If percent, average or ratio, include numerator and denominator.] | |
| **How to Count Life of Award (LOA):** [Describe how the LOA values will be tabulated. For people indicators, articulate how unique beneficiaries will be counted without double-counting. See the beginning of this handbook for guidance on LOA. ] | |
| **Direction of Change:** [Desired movement of the indicator over time, e.g., + / -] | |
| **Disaggregation:**[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 and presented in this section.] | |
| **DATA COLLECTION** | |
| **Method:** [Approaches to gather data for this indicator, e.g., beneficiary-based baseline/endline survey, beneficiary-based monitoring survey (e.g., PDM), population-based baseline/endline survey, routine monitoring, secondary data, etc.] | |
| **Source:** [From where/what tool the data is gathered, e.g., registration/attendance sheet/records, monitoring checklist/form, questionnaire, etc.] | |
| **Who Collects:** [Implementing partner staff, enumerators, third-party firm, etc.] | |
| **From Whom:** [Individual beneficiaries, beneficiary households, pregnant and lactating women, farmers, etc.] | |
| **Frequency of Collection:** [Details when data is collected.] | |
| **Frequency of Reporting:** [Details 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.] | |

[Table 2. BHA Emergency Indicator Reference Sheet Reference List](#bookmark=id.w8uupbht2al2)