

**MEASURING BETTER THE OUTCOMES
OF
HUMANITARIAN FOOD ASSISTANCE INTERVENTIONS**

- A GUIDANCE NOTE -

INTRODUCTION

This note is envisaged as a first effort to improve the technical understanding of ECHO staff, and of our partners indirectly, in the use of indicators in humanitarian food assistance operations. Indicators measure the achievement of outcomes, outputs, results and activities.

Until recently, food assistance operations have been dominated by a preoccupation with delivering food commodities, and results have been largely measured in terms of quantities of food delivered, or numbers of people assisted. However, as the concept of food assistance has evolved, with a refocusing of objectives not on food availability alone, but also on food access, on the eventual utilisation and consumption of food, and ultimately on the consequence of that consumption in terms of health, nutrition and livelihoods, new indicators have appeared to better capture these more complex, but more meaningful dimensions.

What follows is an indicative guide to the main emerging indicators, and how they should be applied to ECHO programming, log-frames, and operational thinking. It is not prescriptive, and partners are still at liberty to develop their own approaches to measuring outcomes and results, and to compiling log-frames.

1. DG ECHO LOG-FRAMES AND INDICATORS

a) *The Log-frame according to DG ECHO* (cf. Single Form Guidelines: http://ec.europa.eu/echo/about/actors/fpa_en.htm)

- The Principal Objective:
In ECHO's log-frame, there is **only one** principal objective.
The **Principal Objective** explains the longer-term benefits to beneficiaries, or the impact, of the Action. This objective will not be achieved by this Action alone and will require the contributions of other actions and other players as well.
e.g. to reduce malnutrition or protect livelihoods
- The Specific Objective:
In ECHO's log-frame, there is currently **only one** specific objective per Action (although this may be adapted in the future).
The **Specific Objective** is what should be achieved by implementing the Action, or the desired longer-term outcomes. It should address the core problems or one part of it as identified in the findings of the needs assessment. It should be defined in terms of direct benefits for the target groups.
e.g. To increase food consumption of targeted populations
- Results:
Results are the 'products and services' provided by the project or the outputs envisaged to achieve the specific objective. But they also are desired short-term or immediate outcomes that are required to achieve the specific objective.
e.g. Result 1: Targeted populations have better access to food

- **Activities:**
Activities are the tasks that need to be carried out to obtain the planned results.
e.g. Activity 1.1: Conduct a rapid market analysis update



b) Indicators according to DG ECHO

Indicators are usually classified as follows:

- **impact indicators** - assess the long-term consequences of the programme (*e.g. The average Coping Strategy Index has reduced by 20%, the Global Acute Malnutrition rate has been reduced below 15%*)
- **outcome indicators** - assess the benefits for the targeted group(s) achieved through the provision of the goods and services
- *Example for immediate outcome indicator: XX% increase in cereal production/ targeted household*
- *Example for outcome indicator: XX% of targeted households that meet their minimal energy requirements*
- **output indicators** - measure the quantity of goods or services produced (*e.g. Cash transfers of XX currency distributed monthly to YY households over a 6 month period*)
- **process indicators** - assess the means or methods to achieve the desired results (*e.g. Targeted households have received the seeds on time for planting*)
- **input indicators** - measure the resources (human or financial or in-kind) provided to a programme
(*e.g. XX staff recruited*)

c) Reconciling the specificity of ECHO log-frame and Humanitarian Food Assistance Policy requirements:

The current ECHO log-frame model makes the provision for indicators at 2 levels only: at specific objective level and at result level.

Title of the Action				
Principal Objective				
	Intervention Logic	Objectively Verifiable Indicators	Sources of Verification	Risks and Assumptions
Specific Objective				
Results				
Activities				

Paradoxically, any log-frame should at

least include impact, outcome, output and process indicators. The HFA states that Humanitarian food assistance should be results-based, measuring **outcomes and impact** across its operation. This makes the inclusion of impact and outcome indicators in the project log-frame a requirement.

In practice, this implies combining impact indicators with outcome indicators at the Specific Objective level. Indicators at the Result level are likely to include a mixture of outcome, output, process and activity indicators.

The important point to recognise is that any partner should ideally include and report on outcome (longer-term and short-term), output, process and activity indicators – even though the current design of the DG ECHO log-frame may not make this clear.

2. INDICATORS FOR HFA, WHAT FOR?

The policy framework for EU humanitarian food assistance (HFA) that was approved by the European Council and Parliament in March 2010 highlights a number of principles that should be adhered to when implementing actions related to humanitarian food assistance. Two of these principles are directly related to the definition of the project objectives and results and the way partners report on project achievements:

- Humanitarian food assistance should be results-based, measuring outcomes and impact across its operation (HFA Communication).

Where available, nutritional information and data should be monitored and reviewed within all food assistance operations. Where operations specifically seek to address malnutrition, nutritional outcome-indicators will be fully incorporated into the project-cycle and log-frame (HFA Staff Working Document).

The direct implication of these principles is more emphasis on measuring the expected impact and outcome(s) of DG ECHO-funded projects with a higher focus on nutritional outcomes. In practical terms, projects should include nutritional indicators that should be reported against.

The purpose of this note is to provide some guidance on key indicators that can be used to measure project impacts and outcomes as per the DG ECHO HFA conceptual framework. Definitions of principal objectives, specific objectives, results and associated indicators are also included as examples to illustrate the specificity of DG ECHO log-frame and the logic of intervention of some typical projects in relation to the HFA conceptual framework. It is hoped that the application and the use of such indicators will improve the measurement of project impacts and outcomes, and thereby maximise the lessons learned from the projects.

3. THE EU HUMANITARIAN FOOD ASSISTANCE CONCEPTUAL FRAMEWORK¹... THE STARTING POINT

Food assistance aims to ensure the consumption of sufficient, safe and nutritious food that meets the dietary needs and food preferences for adequate child growth and an active and healthy life. This includes ensuring food availability, access to nutritious food, proper nutrition awareness, and appropriate feeding practices. Food assistance may involve the direct provision of food, but may utilise a wider range of tools, including the transfer or provision of relevant services, inputs or commodities, cash or vouchers, skills or knowledge.

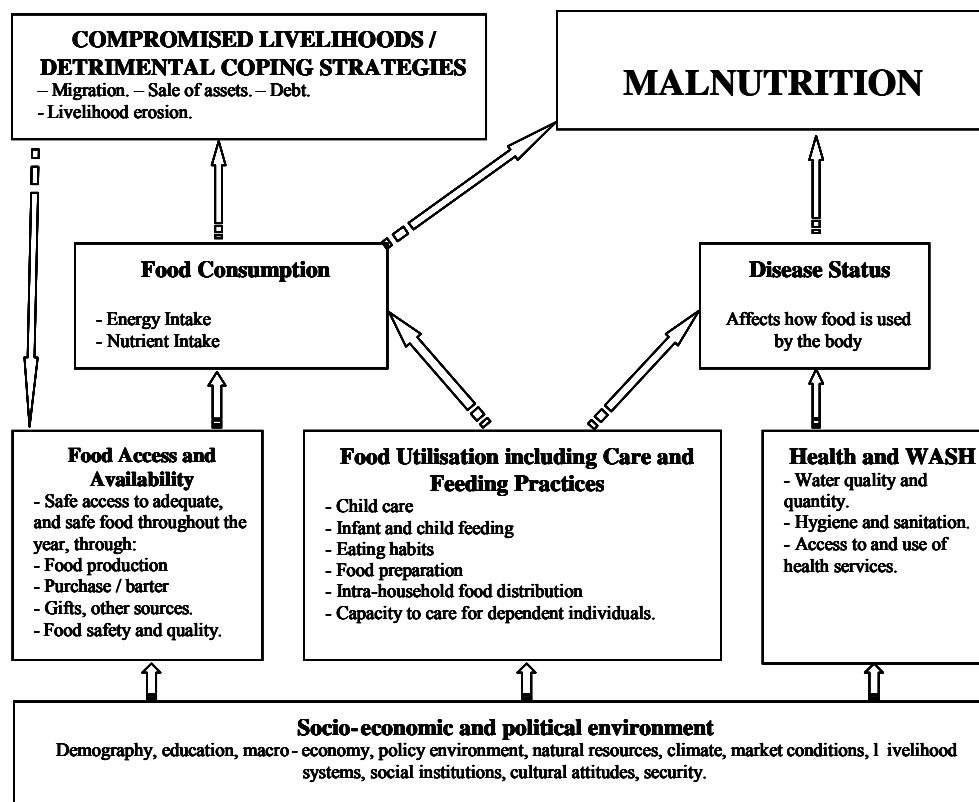
Food assistance should also be used to protect and/or strengthen the livelihoods of a crisis-affected population to prevent or reverse negative coping mechanisms (such as the sale of productive assets, or the accumulation of debts) that could engender either short-term or longer-term harmful consequences for their livelihood base, their food security status or their nutritional status.

Adequate food consumption may not *in itself* ensure adequate nutrition. Poor health may inhibit the digestion and utilisation of nutrients leading to malnutrition. Therefore,

¹ Communication from the commission to the council and the European parliament and commission staff working paper on Humanitarian Food assistance, DG ECHO.

complementary interventions, including those that ensure safe food preparation (e.g. provision of cooking fuel), or access to potable water, hygiene and health services, may be required, alongside direct food assistance, to prevent or treat malnutrition.

The following conceptual framework captures these various dimensions:

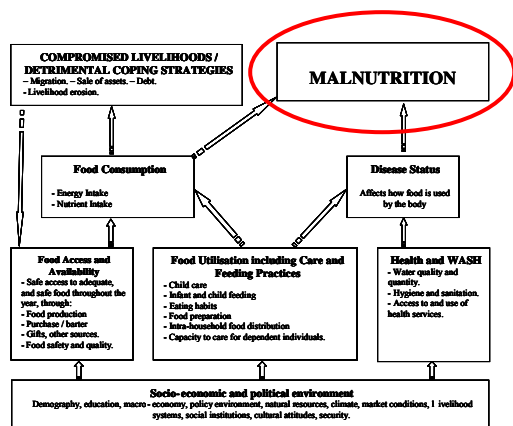


The conceptual framework highlights a series of conditions² that, if not met, translate into negative outcomes, i.e. malnutrition and/or compromised livelihoods associated to the use of detrimental coping strategies. In theory, any action should aim at reverting or preventing these negative consequences. This conceptual framework should be reflected in the 'logic' of partner proposals. For example, higher level objectives are likely to correspond to improvements in nutritional status or livelihoods. These may be achieved through more immediate objectives of improving food consumption. This, in turn, will be achieved through project activities leading to improved food availability, access and utilisation.

Project managers (and DG ECHO) need to understand whether the desired outcomes have been achieved and, if not, whether this was due to poor implementation or an inadequate analysis of the causes and needs. Therefore, DG ECHO-funded actions need to measure their effects at each level. Guidance on specific indicators, corresponding to the different levels of the food security framework, is given below.

² Conditions related to the 3 lower levels of the framework, i.e. socio-economic and political environment (the root causes 4th and bottom level), food access and availability, food utilisation, health and Wash (the underlying causes, the 3rd level), and the food consumption and the health condition (immediate causes).

4. IMPACT AND OUTCOME INDICATORS



Measuring a change in malnutrition prevalence

To assess whether an action aimed at contributing to a reduction in malnutrition or preventing further deterioration of nutritional status has actually achieved its objective, implies the measuring of acute malnutrition prevalence in the project operational area during the pre- and post-period of the project implementation.³ This can be done through the following indicators:

Prevalence of wasting

- in children aged < 5 years that indicates the proportion of children under five years of age with a weight for height < - 2 Z scores. This represents the Global Acute Malnutrition (GAM) rate prevailing in a given area and,
- in children < 5 years (severe wasting < - 3 Z scores) that indicates the proportion of children < 5 years with a weight for height < -3 Z scores and or with bilateral oedema. This represents the Severe Acute Malnutrition (SAM) rate prevailing in a given area.

Prevalence of low MUAC (6-59 months) that indicates the proportion of children 6 – 59 months of age with a MUAC < 125mm (severe: MUAC<115mm)

- Mortality rates for < 5s (per 10.000/day) would not isolate changes in malnutrition prevalence, but can indirectly reflect the impact of nutritional projects dealing with treatment and prevention of acute malnourished children.

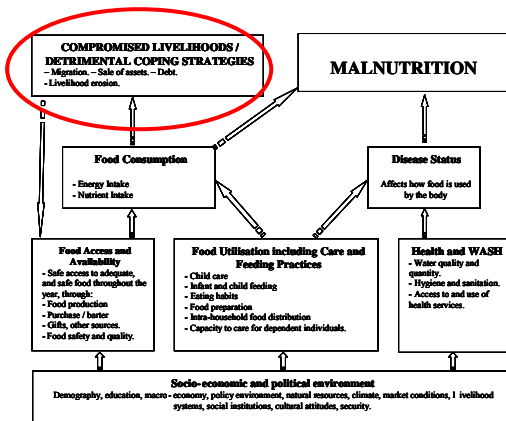
Projects tackling curative aspects of moderate and severe malnutrition should also be gauged against performance indicators. Therefore, the following indicators will have to be inserted⁴: (please refer to Table p12 for Details/Targets):

- Performance Indicators for treatment of SAM and MAM (according to SPHERE Standards): % of recovery; % of death; % of defaulters; % of non response)
- Coverage rate
- Length of stay

³ This is because acute malnutrition, or wasting, is the condition that carries the highest risk of mortality in the short-term, and is most associated with transient food insecurity. It is therefore a sensitive humanitarian indicator.

⁴ These indicators have already been developed by Anopheles Group.

Measuring a change in the use of coping strategies



Coping strategies are actions adopted by individuals or households to overcome adversity and obstacles to access food without solving the underlying factors. Coping strategies include a wide range of activities, some of them being directly linked to food consumption (e.g. skipping meals, limiting portion sizes at meal times) while others are linked to ways to accessing food (e.g. selling productive assets, borrowing money/food, migrating for work). Some coping strategies are deemed to be "acceptable" (e.g. periodic seasonal labour), whilst others are deemed to

be "detrimental" (e.g. transactional sex, accumulating debt).

Measuring changes in the coping strategies could reflect the increasing severity of strategies that households resort to in trying to access their minimum food needs or, on the contrary, an improvement in accessing food.

This can be measured through the following indicators:

- **The Coping Strategy Index (CSI)** is an indicator that can be used to analyse the structure of the coping strategies and its evolution over time in a specific context. It is also a food access proxy-indicator for food security. The index captures the possible responses to the question: "In the past seven days, if there have been times when you did not have enough food or enough money to buy food, how many days your household had to..."⁵. The CSI has to be established for each context.

The higher the CSI score, the more food insecure the household is, meaning that coping strategies are used more frequently, and the more detrimental the strategy is, the higher the weight (and therefore the value) should be⁶.

- **The Reduced Coping Strategy Index (reduced CSI)** has been developed recently to allow comparisons across different contexts. It is a subset of the context-specific CSI, taking into consideration only 5 standard behaviours for which a universal severity weight has been given.

Often reported as an average score per location that can be compared with scores from other locations (for reduced CSI only), the CSI is also used to assess the trend of the score of the CSI in a given location to capture when a situation is improving or deteriorating (for both the CSI and reduced CSI). The indicator could be formulated as follows: "**The proportion of households in the highest CSI score category has been reduced by X%.**"

- Another way of measuring improvements in coping mechanisms is by looking at the **evolution of household income patterns**, i.e. sources of income. Tool to measure such a change: Household economy analysis.

⁵ Emergency Food security Assessment Handbook, Second edition, WFP, January 2009.

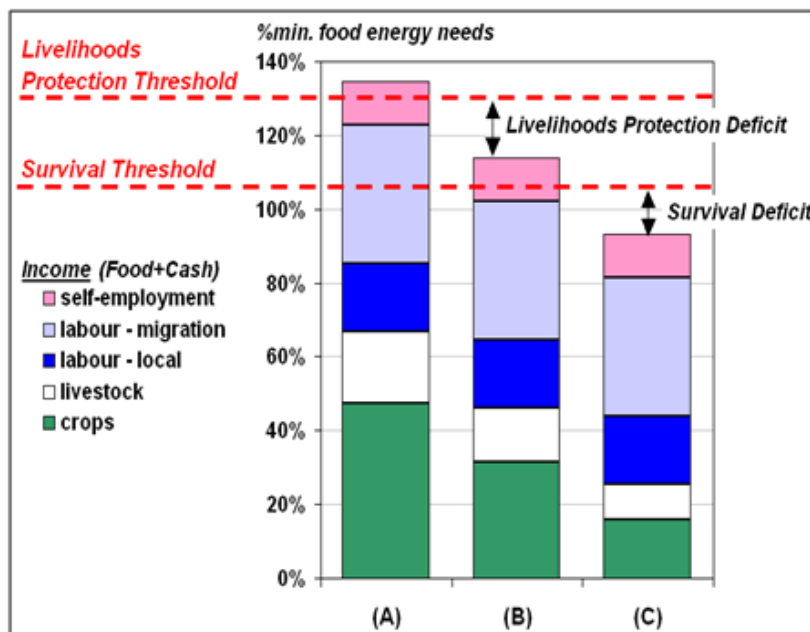
⁶ The Coping Strategies Index Field methods Manual

Measuring a **change in the household productive asset profile of the targeted population** can also be considered as a proxy-indicator to determine whether livelihoods have been either protected or enhanced according to the project objective. The indicator could be formulated as follows: "**Proportion of targeted households able to maintain/increase their productive assets.**" The baseline information requires establishing the household asset profile of the targeted population. If the targeted population encompasses distinct wealth groups, it is recommended to disaggregate the household asset profile by wealth groups.

Relevant data can be collected through household surveys and thresholds to define the wealth group for each asset, which can be obtained through a wealth ranking exercise with key informants.

In the end, we would like to know whether households are able to sustain their Livelihoods. The reference to the Livelihoods framework (DFID) allows us to establish common “standards” for minimum needs on the household level. Two key definitions are⁷:

- The **Survival Threshold** is the total food and cash income required to cover: a) 100% of minimum food energy needs (2100 kcals per person), b) the costs associated with food preparation and consumption (i.e. salt, soap, kerosene and/or firewood for cooking and basic lighting), any expenditure on water for human consumption. It is the line below which intervention is required to save lives.
- The **Livelihoods Protection Threshold** represents the total food and cash income required to sustain local livelihoods. This means total expenditure to: a) ensure basic survival (see above), b) maintain access to basic services (e.g. routine medical and schooling expenses), c) sustain livelihoods in the medium- to longer-term (e.g. regular purchase of seeds, inputs, vet drugs); d) ensure a locally acceptable standard of living (e.g. coffee, berberi). It is the line below which an intervention is required to maintain existing livelihood assets.

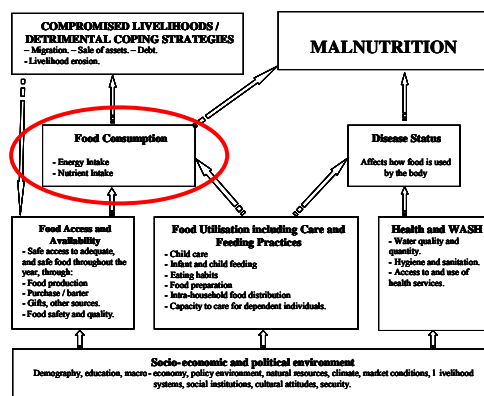


⁷ THE PRACTITIONERS' GUIDE TO THE HOUSEHOLD ECONOMY APPROACH, Chapter 1: Introduction to the HEA Framework, p. 21: <http://www.feg-consulting.com/resource/practitioners-guide-to-hea>

In line with these “standards” within a project, different indicators can be defined that help us to understand the change in the situation of target households with regards to the Livelihood protection and the Survival Threshold:

- Proportion of households able to migrate from one wealth group to another: i.e. from the “Very poor” to “Poor” category.
- Proportion of households no longer suffering from a Livelihood protection (and Survival) deficit

Measuring a change in food consumption



Food access is a measure of the ability of a household to acquire adequate food (both in terms of quantity and quality) to meet the nutritional needs of its members. **Food consumption indicators** capture one step beyond food access by measuring what household members have actually consumed. An increase in access to food does not necessarily translate into an increase in food consumption. Increased access to food is therefore a pre-requisite but not a sufficient condition for increased consumption, hence the importance of measuring the change in food

consumption as such.

- The **Food Consumption Score** is an indicator for food consumption, factoring dietary diversity, energy and macro and micro value of the food consumed at the household level. It compiles information on the types of food eaten, the frequency of food eaten over a 7 day recall and the main sources of food.

The higher the score, the better the food consumption in terms of dietary intake and dietary diversity. Standard thresholds have been defined to classify households into 3 groups:

- the "poor" consumption group (from 0 to 21)
- the "borderline" consumption group (from 21.5 to 35)
- the "acceptable" consumption group (greater than 35)

The FCS can therefore provide **the proportion of the target population households distributed amongst the three consumption groups mentioned above**. Measuring the FCS at baseline level and at regular intervals during project implementation (including at the end of the project) can inform of the trends in food consumption of the targeted population. In this case, the indicator could be formulated as follows: **"X% of targeted population or YY households go from Poor to Adequate consumption group over the project period"**.

The FCS can also be reported against by calculating **mean scores and standard deviation**. A trend analysis of mean score could relate to project outcomes. The indicator would then be phrased as: **"average FCS of the target population increases from x to y"**.

The data is collected through a household survey by administering a standard questionnaire to a random or purposive sample.

- **Dietary diversity** is a qualitative measure of food consumption. When measured at the household level, it reflects the household access to a variety of foods; when measured for individuals, it is a proxy for nutrient adequacy of the diet.
- The **Household Dietary Diversity Score (HDDS)** captures the number of food groups consumed over a given reference period (24 hour recall) in both FANTA⁸ and FAO⁹ guidelines). While HDDS does not indicate the quantity of food consumed, an increase in HDDS is positively associated with socio-economic status and household energy availability. There are 12 food groups included in the HDDS score. The potential HDD Score can therefore range from 0 to 12.
- The **Individual Dietary Diversity Score (IDDS)** informs of the nutrient adequacy of the diet of an individual. Validation studies have shown that an increase in IDDS is positively correlated with an increase in the level of nutrient adequacy of the diet. This was demonstrated for several age/sex groups, including for non breast-fed children, for whom an increase in IDDS is positively associated with an increase in macronutrient and micronutrient adequacy¹⁰.

IDDS can then be measured for various individuals, most commonly used for women aged 15-49 years (WDDS¹¹) or individuals in other age/sex groups such as children 6-23 months of age. The WDDS is based on nine food groups that put more emphasis on micro-nutrient intake. IDDS for children includes 8 food groups only¹².

- There are no established cut-off points for the Household/individual DDS score to indicate adequate or inadequate dietary diversity. However, the **mean dietary diversity score** can be used to assess changes in diet before and after interventions. Related indicators could then be formulated as follows:
 - **% of targeted households/individuals with a HDDS of X (X being equivalent to the mean HDDS of the wealthiest tertile of the population)**
 - **the mean Household/individual DDS of targeted population has increased by Y% over the period of the programme**

The use of a standardised questionnaire administered to a sample of households allows for comparison between communities and geographical areas.

⁸ Swindale, Anne, and Paula Bilinsky. *Household Dietary Diversity Score (HDDS) for Measurement of Household Food Access: Indicator Guide (v.2)*. Washington, D.C.: Food and Nutrition Technical Assistance Project, Academy for Educational Development, 2006. Available at: http://www.fantaproject.org/downloads/pdfs/HDDS_v2_Sep06.pdf

⁹ Guidelines for measuring household and individual dietary diversity, FAO, 2010. The FAO guidelines are adapted from the original FANTA guidelines, 2006 above mentioned. Available at: http://www.foodsec.org/web/publications/pubshome/pubsdetail/en/?dyna_fef%5Bbackuri%5D=%2Fweb%2Ftools%2Fnutrition%2Fmore-resources%2Fen%2F&dyna_fef%5Buid%5D=46732

¹⁰ Same as reference # 6

¹¹ Same as reference # 6

¹² Detailed information on IDDS for children and available questionnaire are provided in the following reference: KPC Module 2: Breastfeeding and Infant and Young Child Feeding, June 2006 version. Available at <http://www.enonline.net/pool/files/ife/kpc-mod2-iyfc-06-28-2006.pdf>

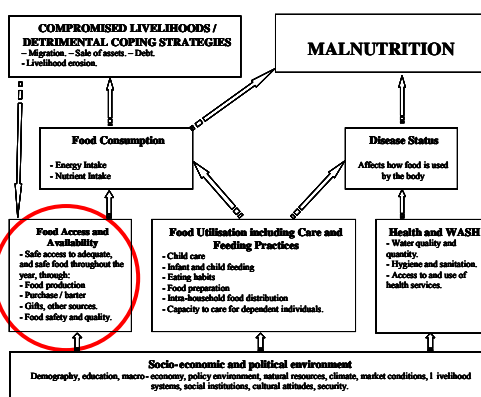
- Another way of looking at a **balanced food intake** is the Cost of Diet tool. The ‘Cost of the Diet’ is a method developed by Save the Children UK to calculate the minimum amount of money a family will have to spend to meet their energy, protein, fat and micronutrient requirements using locally available foods¹³.
 - **% of household being able to afford a balanced diet**
- **Estimate of food deficit through the Household Economy Approach (HEA)**
 The Household Economy Approach provides a comprehensive picture of the access to food of households disaggregated by wealth groups and by livelihood zone (see also HEA as indicator of access to food). It also quantifies (in terms of energy requirements only, not quality) the various food items from various food sources that are being consumed by household members. The actual household production and food/cash income are measured and expressed as a percentage of the total income required to meet either the survival threshold or the livelihood threshold. HEA is therefore able to quantify the size of an energetic food deficit for a particular group of households (a wealth group), and to measure a change in food consumption through the following indicators:
 - **% of targeted households that have no energetic food deficit**
 - **% of targeted households that are able to generate enough food/cash income to meet the livelihood threshold**
 - **% of utilization coverage of minimum kcal requirement per HH (based on the reference of 2100 Kcal/p/d)**

Measuring a change in food access and availability

Key definitions

Food access – A household's ability to acquire food regularly through one or a combination of home production and stocks, purchases, barter, gifts, borrowing, and food aid.

Food availability – The food that is physically present in the area of concern, through all forms of domestic production, commercial imports, reserves and food aid. This might be aggregated at the regional, national, district, or community level.¹⁴



Food access reflects the ability of a household to acquire adequate food (both in terms of quantity and quality) to meet the nutritional needs of its members. An increase in access to food can therefore result from receiving any kind of resource transfer, be it in-kind and/ or in cash or through a voucher scheme (conditional or unconditional) or from supporting economic activities that would result in an increase in income, thereby increasing the household purchasing power.

Food availability relates to sufficient quantities of appropriate food items being available on a rather macro level, as opposed to household level,

¹³ http://www.savethechildren.org.uk/en/54_9288.htm

¹⁴ WFP: CFSVA Guidelines, Jan 2009, first edition, Glossary, p. 17.

such as: food availability in markets, food balance sheets on a national level, etc. An increase in food availability can be achieved through market interventions to support integrated markets and flow of goods, through an increase in food production or macroeconomic interventions linked to exchange rates, inflation, etc.

Measuring a change in access to food would require, in the first place, **the measurement of additional cash income resulting from project activities** (e.g. these are typically output indicators such as X USD equivalent received, Y amount of cash generated per time unit over project duration). Note that an improvement of food access can be achieved by reducing the cost of food (e.g. cereal banks).

- If project activities are about delivering inputs and/or services to increase production and/or income, then it is necessary to measure the production that has resulted from the processing of the inputs delivered. In this case, the resulting production is considered as an intermediate outcome that should boost the food availability of beneficiaries. Such outcome indicators can take the following formulation:
 - An average X MT of food has been produced by targeted households
 - Acreage planted (as an intermediate indicator for e.g. S&T distribution?)
 - Yield per hectare (as an intermediate indicator for distribution of improved seed varieties?)
 - Household food production has increased by XX% compared to normal year/last year/last season.
 - Milk production or kidding rate has increased by XX% compared to normal year/last year/last season.
 - Household milk/meat production has increased by XX% compared to normal year/last year/last season.

- A **change in income level and/or expenditure pattern** can also be used as a proxy-indicator to measure changes in access to food:
 - A change in household expenditure would be captured by the following indicator: ***"Targeted households are able to spend X% more on food compared to baseline"***.
 - A change in household income would be captured by the following indicator: ***"Monthly/seasonal/annual households' income have increased by XX% over the duration of the project"***.

However, all above indicators do not provide information on the extent to which the expected increase in production/income cover the minimum food requirements of a given household. What has been the contribution towards the minimum food needs of a production of X kg of maize? This is an important dimension when measuring a change in the access to food.

It is therefore recommended that any increase in production/income is expressed as a proportion of the minimum household food requirement. This benchmark can be expressed in Kcal (2100 Kcal/p/d) or in cash equivalent. In the latter case, the cost of the minimum food basket¹⁵ will have to be defined for various operational areas as it is context-specific.

¹⁵ The cost of the minimum food basket is usually defined by estimating quantities of various food items that are commonly eaten by households from the poor group in a given area, while making sure that this typical food basket reaches 2100 Kcal/person/day. The cost of the minimum food basket is usually calculated per month and for a typical household of X people.

Indicators that inform of a change of household ability to cover their food need could be formulated as follows:

- **"Households access an additional X% of their minimum food requirements"**. Note that this indicator does not require any baseline at that stage,
- **% of households able to cover their minimum energy requirements (2100Kcal/pers/day) has increased by XX% over the project period.**

Data required to measure these indicators can be either obtained from ad hoc household surveys during which household questionnaires are administered or from household economy assessments.

Food availability relates to sufficient quantities of food of appropriate quality, supplied through domestic production or imports (including food aid).

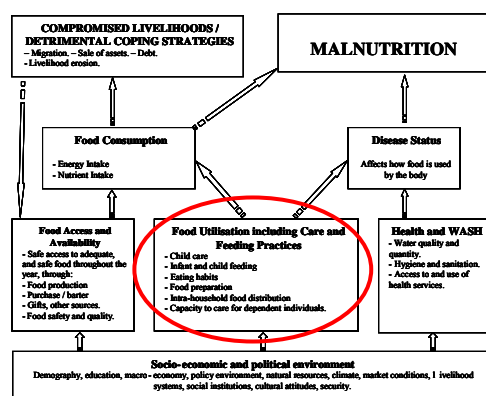
Measuring changes in food availability is about measuring a change in the quantity of food available in markets – through local production, imports or food aid - in a given geographical area.

Indicators aiming at measuring a change of food availability can be formulated as follows: **"Quantity of X food commodity available in both markets and private stocks has increased by Y%"**.

In addition, any changes in the quantity of food in markets and at the household level (through food aid) need to be compared to the minimum theoretical food needs of households. **"Quantity of X food commodity available in both markets and private stocks can cover Y% of consumption needs of the population, compared to Z% prior to the action"**.

Designing an intervention aimed at increasing food availability may bring market prices down and increase the purchasing power of target populations. Food aid could also positively affect the purchasing power of beneficiaries by shifting the focus from the purchase of staple food onto other food commodities. In this regard, influencing food availability will certainly have an impact on food access. Any attempt to measure a change in food availability should be combined with measuring changes in the access to food and therefore food consumption.

Measuring a change in food utilisation including care and feeding practices



Food utilisation refers to what is needed to use food efficiently, in order to reach a state of nutritional well-being where all physiological needs are met. The degree of food utilisation will depend on:

- how children are being taken care of,
- how children (infant and young children) are being fed,
- what are the eating habits,
- how the food is prepared,
- how the food is being distributed among the household members

Project components that aim at enhancing food utilisation are often about promoting and supporting the application of knowledge and good practices in relation to some or all of the themes mentioned above through behavioural change and communication strategy. These are

often measured through conducting KAP surveys (Knowledge, Attitude and Practice) comparing changes against baselines. This implies that there is not a single indicator that is able to measure a change in food utilisation. Indicators need to be developed for each of the relevant themes being addressed in a given project. The table below provides examples of indicators per theme:

Theme	Description	Examples of indicators
Child and maternal care	Child hygiene practices, respect of the immunisation programme, management of a sick child (health seeking behaviour and feeding practices). Pregnant and Lactating women seek appropriate ante and post-natal care.	<ul style="list-style-type: none"> ▪ % of care takers using appropriate feeding practices for the sick child ▪ % of care takers having appropriate hygiene behaviours when feeding children of 6-24months ▪ % of women who received post partum vitamin A supplementation ▪ % of women who received iron/folate supplement during pregnancy ▪ % of women (15-49 years) with a live birth who received ante-natal care (at least four times by any provider, at least once by skilled personnel)
Infant and young child feeding practices ¹⁶	Breastfeeding practices, introduction of complementary foods for children 6-24 months (timing and appropriate food).	<ul style="list-style-type: none"> ▪ % of children who were put to the breast within one hour of birth (early initiation including consumption of Colostrum) ▪ % of infants 0-5 months of age who were fed exclusively with breast milk ▪ % of children 12-15 months of age who received complementary breast milk feeds ▪ % of infants 6-8 months of age who received solid, semi-solid or soft foods. ▪ % of children 6-23 months of age who received foods from 4 or more food groups* ▪ % of breastfed and non-breastfed children 6-23 months of age who received solid, semi-solid, or soft food (but also including milk feeds for non-breastfed children) the minimum number of times or more** ▪ % of children 6-23 months of age who received a minimum acceptable diet (apart from breast milk) ▪ % of children 6-23 months of age who received an iron-rich food, iron-fortified food, that is fortified in the home, or through supplementation
Eating Habits	Frequency and number of meals, food composition of meals, quantity and quality of food, food related taboos.	<ul style="list-style-type: none"> ▪ % of children among target households improve their individual dietary diversity score (IDDS) by X points ▪ % of households consuming locally available nutritious foods
Food preparation	Access to fuel/energy for cooking, cooking practices to maintain highest levels of micronutrients (overcooking, undercooking) and hygiene, steps in	<ul style="list-style-type: none"> ▪ % of households that apply the knowledge from adequate, quality and context specific cooking demonstration sessions and/or hygiene promotion sessions. ▪ % of households with adequate access to fuel for cooking

¹⁶ Indicators for assessing infant and young child feeding practices, Part 3, country profiles, WHO, 2010. http://whqlibdoc.who.int/publications/2008/9789241596664_eng.pdf

	food preparation, food conservation techniques.	<ul style="list-style-type: none"> ▪ % of households using appropriate food conservation methods
Intra-household food distribution	Prioritisation of meal distribution among household members, adjustment of food allocation according to specific individual food requirements (pregnant women, lactating women, teenagers, children U5, elderly, sick people).	<ul style="list-style-type: none"> ▪ % of households adjusting food allocations according to specific individual needs (for pregnant and lactating women, children U5 and sick people)
Capacity to care for dependent people	Special knowledge for chronically ill people, elders.	<ul style="list-style-type: none"> ▪ % of dependent people that benefit from appropriate care provided by caregivers.

A more detailed description of some of the above described OUTCOME indicators is provided in Annex 1.

The scope of this note is limited to the conditions that are associated to the "food" component of the conceptual framework. DG ECHO-recommended Health indicators are to be found in the "Health Indicators" TIP (Website). Reference Indicators for the WASH sector are being developed by the Aquarius technical working group.

5. OUTPUT AND PROCESS INDICATORS

Output indicators are also required to understand the degree to which goods and services have been delivered compared to plans. Output indicators are also related to the use of the products/services received by beneficiaries. Process indicators are also necessary to measure the timeliness of the activities implemented and to inform of the accuracy of the selective (household/individual) targeting when applicable. These are key elements to ensure accountability.

The choice of output indicators is directly linked to the activities or modalities used in the project. Output indicators associated to cash for work interventions, food distributions or destocking schemes will therefore be varied. A few illustrative examples are provided below:

EXAMPLE 1: UNCONDITIONAL CASH TRANSFERS	EXAMPLE 2: GENERAL FOOD DISTRIBUTION	EXAMPLE 3: SEED DISTRIBUTION
Amount of money transferred, by beneficiary category, by location, by month compared to plans	Quantity, Kcal value, nutrient density and micronutrient composition of food distributed by beneficiary category, by commodity, by location and by month compared to plans	Quantity of seeds/tools distributed per household
% of beneficiary households receiving transfers on the 5 th of each month		% of households who have received the seed package by 15 th March (start of planting season)
% of beneficiary households not matching initial criteria Or % of beneficiary households perceiving the targeting as fair/unfair	% of beneficiary households not matching initial criteria Or % of beneficiary households perceiving the targeting as fair/unfair	% of beneficiary households not matching initial criteria Or % of beneficiary households perceiving the targeting as fair/unfair
Average % of cash utilised for each utilisation type (% for food purchase, non food items, productive assets, gifts, savings etc...)	Average % of food utilised for each utilisation type (% of food consumed, % of food sold, % of food exchanged, % of food given etc...)	Average household acreage under cultivation resulting from the use of seeds distributed

6. OTHER CONSIDERATIONS WHEN DEFINING HFA INDICATORS...

Need for SMART Indicators

Any chosen indicators should be **SMART**

- **Specific** (an observable Action, behaviour or achievement is described)
- **Measurable** (a reliable system is in place to measure progress towards the achievement of the objective- **Achievable** (can be reached/achieved within the framework of the Action)
- **Relevant** (is important/relevant for the achievement of the objective)
- **Time bound** (can be measured within the framework of the Action).

Setting Targets...

The need to measure the progress towards the achievement of the objective/result requires defining targets for each indicator. For some indicators, the targets should match international standards whenever available. Standards are meant to be universal and applicable in any operating environment¹⁷. However, the realisation of standards is not always achievable in some contexts and context-specific targets might be defined while taking into consideration local factors. Annex 2 includes existing standards for the reference indicators contained in this guidance note.

7. BUILDING LOGICAL FRAMEWORKS... KEY MESSAGES

- There is no template for food assistance projects. The precise formulation of logical frameworks must be designed according to the specific context and scope of the project. General DG ECHO guidance (as summarised in section 1) should be respected.
- DG ECHO expects that the intervention logic (as described in the logical framework) of any food assistance related actions reflect the conceptual framework described in section 3.
- In line with the HFA Communication, nutritional monitoring should be promoted. Most Food Assistance projects ultimately aim to enhance food consumption and/or prevent a deterioration of the nutrition status, both objectives referring to nutritional outcomes. Note that nutritional outcomes do not refer only to measuring a change in nutrition status; measuring food consumption is also a nutritional outcome. However, some food assistance actions focus on protecting livelihoods which are not sensitive to nutritional indicators.
- DG ECHO should ensure that any logical framework includes impact, outcome, output, process and activity indicators.

¹⁷ SPHERE reference

Annex 1: A FOCUS ON KEY FOOD ASSISTANCE INDICATORS

WASTING PREVALENCE

Expected Formulation (SMART)	During the duration of the project and in the area of intervention, GAM rates are reduced to below the 10% threshold. Proportion of < 5s children with low MUAC goes from X to Y% within the targeted population.
Definition/Description	<p>Wasting (or ‘marasmus’) describes acute undernutrition characterised by low bodyweight compared to height (i.e. < -2 Z-scores of the median weight-for-height¹⁸ according to WHO growth standards). Severe wasting is defined as a weight-for-height < - 3 Z-scores of the median of the WHO standards and or with bilateral oedema.</p> <p>The proportion of children under five years of age with a weight for height < - 2Z scores (severe wasting < - 3 Z-scores) represents the Global Acute Malnutrition (GAM) rate prevailing in a given area.</p> <p>Weight-for-height is recommended for assessments of recent nutrition, and is especially important for assessments of nutrition-related humanitarian emergencies.</p> <p>MUAC, or mid-upper arm circumference, is an anthropometric measurement used to assess nutritional status in children and adults. Low MUAC for children 6 – 59 months of age starts with a MUAC <125mm (severe: MUAC<115mm)</p>
Targets	<p>Nutritional Prevalence cut-off values for public health significance are (WHO, 1995):</p> <ul style="list-style-type: none"> < 5%: Acceptable 5-9%: Poor 10-14%: Serious ≥ 15%: Critical <p>Projects will participate in the reduction of wasting prevalence to below the Serious cut-off</p> <p>Performance Indicators linked to treatment of SAM:</p> <ul style="list-style-type: none"> % of Recovery > 75%; % of Deaths < 10%; % Defaulters < 15% <p>Performance Indicators linked to treatment of MAM:</p> <ul style="list-style-type: none"> % of Recovery > 75%; % of Deaths < 3%; % Defaulters < 15%

¹⁸ Note that WFL is used for children under 85cm (meaning children are measured when lying down); WFH is used for children measuring 85cm and over (meaning they are measured when standing).

Source and Reference	National surveys (DHS, MICS, others); ad hoc surveys Measuring mortality, nutritional status, and food security in crisis situations: SMART methodology.
Pros	Nutritional surveys/prevalence is good to measure short-term changes. MUAC is relatively easy to measure and it is a strong mortality indicator.
Cons	Nutritional surveys can be heavy and costly to organise, and could be temporally replaced by MUAC screenings.

COPING STRATEGY INDEX (CSI)

Expected Formulation (SMART)	The proportion of households in the highest CSI score category has been reduced by X%, or The average CSI score for the target population has decreased by Y%
Description	<p>The Coping Strategy Index is an indicator that can be used to analyse the structure of the coping strategies and its evolution over time in a specific context. It is also a food access proxy-indicator for food security. The index captures the possible responses to the question: "In the past seven days, if there have been times when you did not have enough food or enough money to buy food, how many days your household had to..."¹⁹.</p> <p>The process to establish a CSI in a given community includes²⁰:</p> <p>a) <i>The specific community's usual food-based coping strategies are recorded from focus group and key informant interviews.</i></p> <p>b) <i>Local key informants assign a weight to each coping strategy, based on the severity of the circumstances under which it is used. For example, a slight reduction in food consumption by adults might be a response to short-term food insecurity entailing no major problems in the long-term. On the other hand, the selling of prime productive assets, such as livestock or machinery, might indicate an extreme level of food insecurity.</i></p> <p>c) <i>During the field survey, the current food-based coping strategies that people use and the frequency with which they use each strategy are established.</i></p> <p>d) <i>For each household, a score is given to each coping strategy: Score = (frequency with which coping strategy is used) x (weight).</i></p> <p>e) <i>The scores for each coping strategy are added together to give a composite score for each household. A household's composite score is meaningless unless it is compared with some other factor:</i></p> <ul style="list-style-type: none"> • <i>Comparing the scores of different households at the same time gives an indication of their relative food security status; for example, household X is more severely food insecure than household Y.</i> • <i>Comparing the scores of the same household, or group of households, over time gives a useful indication of the food security trend: improving, deteriorating or stable. The composite score can also be calibrated against other food security indicators. For example, if a score of 95 correlates directly with severe food insecurity as established by other reputable means, this score can be used in the future to indicate severe food insecurity.</i>

¹⁹ Emergency Food security Assessment Handbook, Second edition, WFP, January 2009.

²⁰ Extracted from Box 2.8: process for establishing the CSI, Emergency Food security Assessment Handbook, Second edition, WFP, January 2009

	<p>A Reduced Coping Strategy Index (reduced CSI) has been recently developed to allow comparison across different contexts. It is a subset of the context-specific CSI, taking into consideration only 5 standard behaviours for which a universal severity weight has been given. The behaviours measured by the reduced CSI are:</p> <ul style="list-style-type: none"> - Eating less preferred and less expensive food (universal severity weight of 1) - Borrowing food or relying on help from friends and relatives (universal severity weight of 2) - Limiting portion sizes at meal times (universal severity weight of 1) - Limiting adult intake so that small children can eat (universal severity weight of 3) - Reducing the number of meals per day (universal severity weight of 1) <p>Research has confirmed that a reduced CSI, based only on these behaviours, correlates as well with other food security indicators of food security as the original context-specific CSI²¹.</p>
Target	Targets of CSI scores are context-specific and should be defined from the baseline data, while expecting quantified improvements (in terms of CSI scores) in the situation as a result of the project activities.
Source and Reference	Coping Strategy Index, field methods, Manual. Second Edition, January 2008 http://home.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp211058.pdf EFSA Handbook second edition, WFP, January 2009 http://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp203246.pdf
Pros	Context-specific CSI provides much more information on changes in coping strategies other than food compared to the one in the reduced CSI. Useful to monitor the trend in CSI in a particular context.
Cons	Context specific CSI requires more preparatory work to do before collecting data compared to the reduced CSI. Difficult to define targets as thresholds/targets not defined even for the reduced CSI.
Other remarks	

²¹ Indicator Compendium, FSMS, guidance sheet #2, January 2010 and Coping strategy Index, field methods, Manual. Second Edition, January 2008- DRAFT VERSION

FOOD CONSUMPTION SCORE (FCS)

Expected Formulation (SMART)	X% of targeted population goes from Poor to Acceptable consumption category within the duration of the project or The average FCS of targeted population has increased by Y%
Description	<p>The FCS measures the level of food consumption. It is a composite score factoring dietary diversity, food frequency and relative nutritional importance of different food groups. The FCS is also a proxy-indicator of food access.</p> <p>The data is collected at the household level and therefore through household surveys. Household key informants have to provide information on the types of food eaten, the frequency of food eaten and the main sources of food. The recall period used by WFP is of 7 days. Interviewed households answer the following: "<i>How many days in the past 7 days (one week) has your household eaten the following foods and what was the source?</i>"</p> <p><u>Calculation of the FCS²²</u></p> <p><i>In the household questionnaire</i> Households are asked to recall the foods that they consumed in the previous seven days (see the list of items in Table 2.9). Each item is given a score of 0 to 7, depending on the number of days on which it was consumed. For example:</p> <ul style="list-style-type: none"> • if potatoes were eaten on three of the last seven days, they are given a frequency score of 3; • if potatoes were eaten on three of the last seven days, even if they were eaten twice on each of those days, at two meals, they are still given a frequency score of 3. <p><i>In the analysis</i> Food items are listed according to food groups (see Table 2.9), and the frequencies of all the food items surveyed in each food group are summed. Any summed food group frequency value over 7 is recoded as 7. Each food group is assigned a weight (see Table 2.9 and its note), reflecting its nutrient density. For example:</p> <ul style="list-style-type: none"> • beans, peas, groundnuts and cashew nuts are given a weight of 3, reflecting the high protein content of beans and peas and the high fat content of nuts; • sugar is given a weight of 0.5, reflecting its absence of micronutrients and the fact that it is usually eaten in relatively small quantities. <p>The household FCS is calculated for each household by multiplying each food group frequency by each food group weight, and then summing these scores into one composite score.</p>

²² Extracted from EFSA handbook, WFP, p63

	<p><i>The household score can have a maximum value of 112, implying that each of the food groups was consumed every day for the last seven days.</i></p> <p><i>The household score is compared with pre-established thresholds that indicate the status of the household's food consumption. WFP applies the following thresholds in a wide range of situations:</i></p> <ul style="list-style-type: none"> • <i>poor food consumption: 0 to 21;</i> • <i>borderline food consumption: 21.5 to 35;</i> • <i>acceptable food consumption: > 35.</i> <p><i>These thresholds can be adjusted if there is clear justification for doing so. For example, in some populations, consumption of sugar and/or oil may be frequent among nearly all households surveyed, even when consumption of other food groups is rare and the food score is otherwise low. In these cases, when the base diet of oil and sugar is combined with frequent (seven days) consumption of starch base only, the score already arrives at 21, but this clearly cannot be classified as even a borderline diet. The thresholds can therefore be raised from 21 and 35 to 28 and 42 – adding 7 to each threshold to account for the daily consumption of oil and sugar, which adds 7 points to the FCS.</i></p> <p><i>When the overall population's consumption of oil and sugar is high, the FCS thresholds should be changed to:</i></p> <ul style="list-style-type: none"> • <i>poor food consumption: 0 to 28;</i> • <i>borderline food consumption: 28.5 to 42;</i> • <i>acceptable food consumption: > 42.</i> <p>A validation study by IFPRI (June 2009) confirmed the usefulness of the score and statistically significant associations with calorie intake per capita. The study highlighted that the cut-off point currently used by WFP to define the poor, borderline and adequate consumption groups correspond with energy intake that is considerably below the 2100 Kcal/person/day benchmark. In both case studies (Burundi and Haiti), households with a FCS associated to the poor consumption group, were estimated to have an energy consumption below or equal to 1600 Kcal/person/day.</p>
Target	<p>The analysis of FCS can provide the proportion of the target population households distributed amongst the three consumption groups mentioned above. Measuring the FCS at baseline level and at regular intervals during project implementation (including at the end of the project) can inform of the trend in food consumption of the targeted population. The FCS can also be reported against by calculating mean scores and standard deviation. Thresholds related to the proportion of households in the poor consumption category that would indicate various degree of severity are not defined, but are to be defined from baseline surveys. A trend analysis of mean score could relate to project outcomes.</p>

	Despite the fact that thresholds defining the consumption category are not globally accepted, it is recommended to use the current WFP thresholds until further agreements are reached.
Source and Reference	Food Consumption Analysis- Calculation and use of the Food Consumption Score in food consumption and food security analysis, WFP Vulnerability Analysis and Mapping Branch, January 2008. http://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp203202.pdf EFSA Handbook second edition, WFP, January 2009 http://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp203246.pdf Validation of the World Food Programme's Food Consumption Score and Alternative Indicators of Household Food Security http://www.iadb.org/intal/intalcdi/PE/2009/03925.pdf
Pros	Data is simple to collect and analyse. Useful to monitor trends and compare between various geographical areas. Comparing scores over time and interpretation of changes in FCS needs to take into account seasonality of food consumption.
Cons	Does not provide information on quantity of each foodstuff consumed nor on intra-household food consumption. Setting the thresholds for consumption categories is context-specific.
Other remarks	There is no agreement yet on the recall period (24hrs, 7 days, 30days), but the most commonly used (by WFP) is for a 7 day recall period.

Household/Individual Dietary Diversity Score

Expected Formulation (SMART)	<ul style="list-style-type: none"> ▪ the mean Household/individual DDS of targeted population has increased by Y% over the period of the programme ▪ % of targeted households/individual with a HDDS of X (X being equivalent to the mean HDDS of the wealthiest tertile of a given population)
Description	<p>The Dietary Diversity Score (DDS) captures the number of food groups consumed over a given reference period (24 hour recall). Key informants answer the question: "<i>Describe the foods (meal and snacks) that you ate or drank yesterday during the day and night, whether at home or outside.</i>" - See questionnaire below. Dietary Diversity score is equivalent to the sum of the different groups consumed (extracted from FAO guidelines, 2010).</p> <p style="text-align: center;">DIETARY DIVERSITY QUESTIONNAIRE</p> <p>Please describe the foods (meals and snacks) that you ate or drank yesterday during the day and night, whether at home or outside the home. Start with the first food or drink of the morning. <i>Write down all foods and drinks and drinks mentioned. When composite dishes are mentioned, ask for the list of ingredients. When the respondent has finished, probe for meals and snacks not mentioned.</i></p> <p style="text-align: center;"><i>Breakfast Snack Lunch Snack Dinner Snack</i></p> <p><i>[Households: include food eaten by <u>any member of the household</u> and <u>exclude</u> foods purchased <u>and</u> eaten outside the home]. When the respondent recall is complete, fill in the food groups based on the information recorded above. For any food groups not mentioned, ask the respondent if a food item from this group was consumed.</i></p>

	Question Number	Food group	Examples Yes
	= 1 No = 0		
	1	CEREALS Corn/maize, rice, wheat, sorghum, millet or any other grains or foods made from these (e.g. bread, noodles, porridge or other grain products) + <i>insert local foods e.g. ugali, nshima, porridge or pastes</i>	
	2	WHITE ROOTS AND TUBERS potatoes, white yam, white cassava, or other foods made from roots	White
	3	VITAMIN A RICH VEGETABLES AND TUBERS carrot, squash, or sweet potato that are orange inside + <i>other locally available vitamin A rich vegetables (e.g. red sweet pepper)</i>	Pumpkin,
	4	DARK GREEN LEAFY VEGETABLES green/leafy vegetables, including wild forms + <i>locally available vitamin A rich leaves such as amaranth, cassava leaves, kale, spinach</i>	Dark
	5	OTHER VEGETABLES vegetables (e.g. tomato, onion, eggplant + <i>other locally available vegetables</i>)	Other
	6	VITAMIN A RICH FRUITS cantaloupe, apricot (fresh or dried), ripe papaya, dried peach, and 100% fruit juice made from these + <i>other locally available vitamin A rich fruits</i>	Ripe mango,
	7	OTHER FRUITS Other fruits, including wild fruits and 100% fruit juice made from these	
	8	ORGAN MEAT Liver, kidney, heart or other organ meats or blood-based foods	
	9	FLESH MEATS Beef, pork, lamb, goat, rabbit, game, chicken, duck, other birds, insects	
	10	EGGS Eggs from chicken, duck, guinea fowl or any other egg	
	11	FISH AND SEAFOOD fish or shellfish	Fresh or dried
	12	LEGUMES, NUTS AND SEEDS dried peas, lentils, nuts, seeds or foods made from these (e.g. hummus, peanut butter)	Dried beans,
	13	MILK AND MILK PRODUCTS yogurt or other milk products	Milk, cheese,
	14	OILS AND FATS Oil, fats or butter added to food or used for cooking	
	15	SWEETS Sugar, honey, sweetened soda or sweetened juice drinks, sugary foods, such as chocolates, candies, cookies and cakes	
	16	SPICES, CONDIMENTS, BEVERAGES pepper, salt), condiments (soy sauce, hot sauce), coffee, tea, alcoholic beverages	Spices (black
	Household level only	Did you or anyone in your household eat anything (meal or snack) OUTSIDE the home yesterday?	
	Individual level	Did you eat anything (meal or snack) OUTSIDE the home yesterday?	
	The Dietary questionnaire can be used to collect information either at the household or individual level. The table below describes the differences between the use of questionnaire at the household and individual level for Women in particular. An Individual DDS can also be generated for children 6-23 months old by considering relevant food groups for this age group.		

		Household level questionnaire	Individual level questionnaire
What the tool measures	Household economic access to food (dietary energy)		Quality of the individual's diet; for women probability of micronutrient adequacy of the diet
Respondent	Person responsible for food preparation for the household on the previous day		Women aged 15-49 years or individuals in other age/sex groups
Target of interest	The household (all persons living under the same roof who share meals)		The respondent
Included and excluded foods	Includes foods	Does not include foods	Includes <u>All</u> foods eaten by the individual of interest, consumed inside or outside the home, irrespective of where they were prepared.
	Prepared in the home and consumed in the home or outside the home; or Purchased or gathered outside and consumed in the home	Purchased outside the home <u>and</u> consumed outside	
Number of food groups included in the score	12 groups included in the HDDS		9 groups included in the WDDS
Target	The mean H/IDDS of the wealthiest tertile of the population could be used to set the H/IDDS target level for the targeted population.		
Source and Reference	Swindale, Anne, and Paula Bilinsky. Household Dietary Diversity Score (HDDS) for Measurement of Household Food Access: Indicator Guide (v.2). Washington, D.C.: Food and Nutrition Technical Assistance Project, Academy for Educational Development, 2006. Available at: http://www.fantaproject.org/downloads/pdfs/HDDS_v2_Sep06.pdf Guidelines for measuring household and individual dietary diversity, FAO, 2010. The FAO guidelines are adapted from the original FANTA guidelines, 2006 above mentioned. Available at: http://www.foodsec.org/web/publications/pubshome/pubdetail/en/?dyna_fef%5Bbackuri%5D=%2Fweb%2Ftools%2Fnutrition%2Fmore-resources%2Fen%2F&dyna_fef%5Buid%5D=46732		

	Reference for IDDS young children 6-23 months of age, Guidelines on <i>Indicators for assessing infant and young child feeding practices</i> should be consulted as there are several specific indicators developed for this special age group. These guidelines are available online (WHO, 2010). Available at: http://www.who.int/nutrition/publications/infantfeeding/9789241596664/en/index.html
Pros	Use of standardised questionnaires. Rapid, user-friendly and easily administered questionnaires. Scoring and analysis is straightforward.
Cons	DDS does not indicate the quantity of food consumed Changes in DDS can also reflect a change of seasonal food availability
Other remarks	

COVERAGE OF MINIMUM ENERGY REQUIREMENTS

Expected Formulation (SMART)	<p>Examples:</p> <ul style="list-style-type: none"> ▪ XXX% of targeted households improve their daily energy intake (kcal) ▪ The % of households targeted that are able to cover their minimum energy needs (2100 kcal/ pers/ day) over the project period is increased by XXX points.
Description	An indicator for food consumption factoring minimum energy requirements (quantity)
Target	Min. energy requirements to be met are 2100 kcal/ pers/ day (2000 WHO standards), which is the average energy needs of all people of all ages and both genders, doing <u>only</u> enough to maintain an active live.
Source and Reference	<p>The method for data collection is based on the Household Economy Analysis framework: http://www.feg-consulting.com/resource/practitioners-guide-to-hea (chap. 3 on Baseline Assessment; Activity 5)</p> <p>For monitoring purposes, however, data collection needs to be done for a cohort of beneficiary households who are followed throughout the whole project on an individual basis (that is why we talk about Individual HEA, or IHEA). Members of the cohort are chosen at random in the beginning. The same households are re-visited at a regular basis (longitudinal study).</p> <p>Also, the time frame needs to be adapted. Instead of collecting data for a reference “normal” year as does HEA, data collected refers to the actual situation of the household and the effect of project interventions on the income, expenditure and food intake of the households. The changes in income, expenditure and food intake are monitored throughout the project, i.e. before the project start (baseline), after each in-kind/ cash distribution (as part of PDM) and at the end (endline).</p> <p>Type of information collected remains the same: income, expenditure and food intake (coverage of minimum energy requirements).</p>
Pros	Gives an exact picture of the food intake on household level and quantifies the food deficit at household level compared to 2100 Kcal/p/d.
Cons	Does not give information on intra-household consumption patterns, sharing, etc. Furthermore, does not of the quality of the diet, which needs to be measured by a different indicator, such as HDDS or FCS.
Other remarks	Standardisation of the tools needs to be improved; research (mainly by Save the Children) is still ongoing.

HOUSEHOLD INCOME AND EXPENDITURE

Expected Formulation (SMART)	<p>Examples on household income:</p> <ul style="list-style-type: none"> ▪ Monthly income of households increases by XXX% over project period in region XXX <p>Examples on household expenditure:</p> <ul style="list-style-type: none"> ▪ Targeted households are able to spent X% more on food compared to baseline. ▪ X% of Targeted households who diversify their food expenditure
Description	
Target	<p><i>Income:</i> In emergency contexts, it is common to refer to the “Survival Threshold”, which is the total food and cash income required to cover the food and non-food items necessary for survival in the short term. This threshold does not include other basic expenditure, such as access to basic social services, productive investments, etc., which are taken into account when calculating the “Livelihoods Protection Threshold” defined as the total income required, in order to sustain local livelihoods. However, in the absence of HEA baseline profiles available for the intervention area, it will be difficult to quantify this threshold.</p> <p><i>Expenditure:</i> No absolute thresholds exist yet. Therefore, only the increase in absolute expenditure on food is commonly monitored, as well as the types of foods purchased by the household (e.g. purchase of cereals only vs. investment in better quality food, such as pulses and animal produce).</p>
Source and Reference	Cf. COVERAGE OF MINIMUM ENERGY REQUIREMENTS
Pros and Cons	
Other remarks	Standardisation of the tools needs to be improved, and thresholds to be developed.