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Measuring better the outcomes of Humanitarian Food assistance Interventions

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, 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, yet more meaningful dimensions.

This paper represents an indicative guide to the main emerging indicators, and how they should be applied to ECHO programming, logframes, 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 logframes.

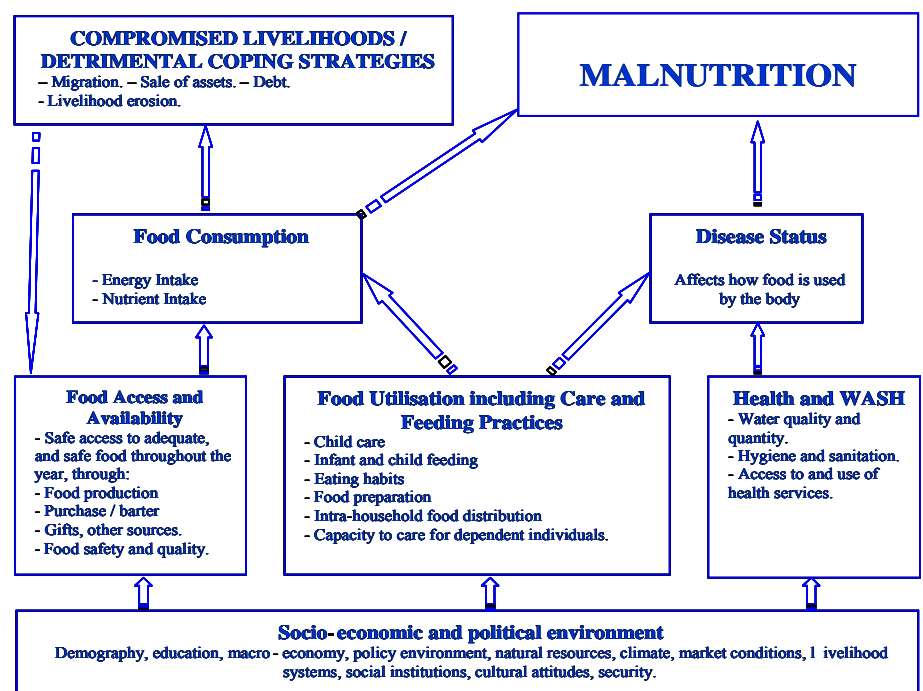
THE STARTING POINT: THE HUMANITARIAN FOOD ASSISTANCE CONCEPTUAL FRAMEWORK¹...

Food assistance aims to ensure consumption of sufficient, safe and nutritious food that meets 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.

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, 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.

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



The intervention logic

The conceptual framework highlights a series of conditions 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.**

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. In turn, this will be achieved through project activities leading to improved food availability, access and utilisation.

DG ECHO expects that the intervention logic (as described in the logical framework) of any food assistance related actions reflect the conceptual framework described above.

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 nutrition-related outcomes. However, some food assistance actions focus on protecting livelihoods and are not sensitive to nutritional indicators.

What to measure?

As for all kind of interventions, implementing agencies (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.

Humanitarian food assistance should be results-based, measuring outcomes (benefits for the target groups achieved through the action) and impact (long-term consequences of the action) across its operations. **This makes the inclusion of impact and outcome indicators in project logframes a requirement.**

Ideally, partners should also include and report on output, process and activity indicators – even though the current design of the DG ECHO logframe may not make this clear.

Output indicators are 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 necessary to measure, for instance, the timeliness of the activities implemented and to inform the accuracy of the selective (household/individual) targeting when applicable. These are key elements to ensure accountability.

The choice of output and process indicators is directly linked to the activities or modalities used in the project. Indicators associated to cash for work interventions, food distributions or destocking schemes will therefore be varied. A few illustrative examples are provided in the guidance note (section 5).

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 immediate outcome, output, process and activity 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).

The number of indicators should be kept reasonable, so as not to overwhelm the monitoring system with information that cannot be collected / used.

Setting Targets...

The need to measure the progress towards the achievement of the objective/result requires defining targets for each indicator. Targets should match international standards whenever available. Standards are meant to be universal and applicable in any operating environment. However, the realisation of standards is not always achievable in some contexts and context specific targets might be defined (and explained) while taking into consideration local factors.

The proposed HFA indicators

There is no logframe 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 of the guidance note annexed) should be respected.

A sample of recommended indicators, corresponding to the different levels of the HFA framework, are compiled in the table below for easy reference. Standards and targets are also specified when internationally recognised.

Other References

- *Communication From the Commission to the Council and the European Parliament and Commission Staff Working paper on Humanitarian Food Assistance*

Annex

- *Measuring Better the outcomes of Humanitarian Food assistance Interventions- A Guidance Note, October 2011*

Annexed to this Technical Issue paper is a more detailed Guidance Note on Humanitarian Food assistance Indicators. It provides definitions, background information and references on recommended indicators.

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.

Measuring a change in...	Recommended Indicators (and examples of formulation)	Standard	Target
Malnutrition prevalence			
Global Acute Malnutrition (GAM)	<ul style="list-style-type: none"> Prevalence of (severe and moderate) wasting in children aged < 5 years, Proportion of children under five years of age with a weight for height < - 2 Z scores. 	Prevalence cut-off values for public health significance¹ < 5%: Acceptable 5-9%: Poor 10-14%: Serious ≥ 15%: Critical	Context-specific (but should aim at reducing GAM rate below 15% in all cases)
Severe Acute Malnutrition (SAM)	<ul style="list-style-type: none"> Prevalence of severe acute malnutrition (including nutritional oedema) in children < 5 years (severe wasting < - 3 Z scores). Proportion of children <5 years with a weight for height < -3 Z scores and or with bilateral oedema. 	Work in progress standard not yet established (currently ≥2% = critical, but needs to be adjusted according to the new WHO growth standards)	Context-specific
Mid Upper Arm Circumference (MUAC) - GAM	<ul style="list-style-type: none"> Prevalence of low MUAC (6-59 months). Proportion of children 6 – 59 months of age with a MUAC <125mm (severe: MUAC<115mm) 	Work in progress <5%: acceptable 5.0-9%: serious 10-14%: Critical ² >15%: very Critical	
Mid Upper Arm Circumference (MUAC) - SAM	<ul style="list-style-type: none"> Prevalence of low MUAC (6-59 months). Proportion of children 6-59 months of age with a MUAC <115mm³ 	Work in progress standard not yet established	
Performance Indicators of Nutrition Programmes			
Process (PHC)	<ul style="list-style-type: none"> Proportion of children (age <5) attending the health facility, which are screened for malnutrition with MUAC or weight/height ratio. Proportion of children (age <5) identified at the health facility as acutely malnourished, who are referred to a nutritional programme. 	Not Available	DG ECHO target 100%
Coverage ⁴	<ul style="list-style-type: none"> Rural areas Urban areas Camps (refugee/IDP) 	> 50% > 70% > 90%	
	<ul style="list-style-type: none"> Recovery rate 	>75%	

¹ Reference: WHO, 1995 p. 208 and 212.

² Or where there is a significant increase from seasonal trends

³ Review of Nutrition and Mortality Indicators for the integrated phase classification, Helen Young and Susan Jaspers, Sept 2009

⁴ SPHERE Standards

Severe acute malnutrition ⁵ : CMAM/OTP and classic appr../TFC	<ul style="list-style-type: none"> Mortality Drop out rate Proportion of non-responders Duration of treatment (length of stay) 	<p><10% <15% Not recovered after 40d (TFC) or 60 days (OTP) 30-40days in TFC without OTP, <60 days in OTP</p>	
Moderate acute malnutrition ⁶	<ul style="list-style-type: none"> Recovery rate Mortality Drop out rate Proportion on Non-responders Duration of treatment (length of stay) 	<p>>75% <3% <15% Not recovered after 3 or 4 months</p>	
Distance to treatment site	90% of targeted population within appropriate distance	< 1-day return walk for dry ration SFPs and not more than 1 hour's walk for on-site feeding	
Coping Strategies and livelihood options			
	CSI/Reduced CSI <ul style="list-style-type: none"> The proportion of households in the highest CSI score category has been reduced by X% 	None	To be established for each context (from baseline data)
	Change in the household productive asset profile of targeted population <ul style="list-style-type: none"> Proportion of targeted households able to maintain/increase their productive assets 	None	To be established for each context (from baseline data)
	Evolution of household income patterns <ul style="list-style-type: none"> Share of income generated through “detrimental”/ non productive activities, such as debt, sales of productive assets such as livestock, outmigration or daily wage labour 	None	To be established for each context (from baseline data)
	Households living below the Livelihood protection or Survival Threshold <ul style="list-style-type: none"> 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	Cf. HEA framework	
Food consumption			
Quantitative and	Food Consumption Score	Pre-established thresholds ⁷ :	Context-specific

⁵ SPHERE Standards

⁶ SPHERE Standards

⁷ 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

qualitative aspects	<ul style="list-style-type: none"> X% of targeted population or YY households go from Poor to Adequate consumption group over the project period Average FCS of the target population increases from x to y 	<ul style="list-style-type: none"> the "poor" consumption group (from 0 to 21) the "borderline" consumption group (from 21.5 to 35) the acceptable consumption group (greater than 35) <p>When the overall population's consumption of oil and sugar is high, the FCS thresholds should be changed to:</p> <ul style="list-style-type: none"> poor food consumption: 0 to 28; borderline food consumption: 28.5 to 42; Acceptable food consumption: > 42. 	
	<p>Household Dietary Diversity Score (HDDS)</p> <ul style="list-style-type: none"> % of targeted households with a HDDS of X (X being equivalent to the mean HDDS of the wealthiest tertile of the population) the mean Household DDS of targeted population has increased by Y% over the period of the programme 	No established cut-off point to indicate adequate or inadequate dietary diversity	HDDS target level can be set using the mean HDDS of the wealthiest tertile.
	<p>Individual Dietary Diversity Score (IDDS)</p> <ul style="list-style-type: none"> % of targeted individual with a IDDS of X (X being equivalent to the mean HDDS of the wealthiest tertile of the population) the mean individual DDS of targeted population has increased by Y% over the period of the programme 	No established cut-off point to indicate adequate or inadequate dietary diversity except for the 6-23 months age group, for which a minimum score of 4 is recommended (see Food utilisation section below).	IDDS target level can be set using the mean IDDS of the wealthiest tertile.
	<p>Cost of diet approach</p> <p>% of households being able to afford a balanced diet</p>	Cf. CoD tool (SC-UK)	WHO micronutrient norms
Quantitative aspects	<p>Estimate of food deficit through Household Economy Analysis (HEA)</p> <ul style="list-style-type: none"> % of targeted households that are able to cover their minimum energetic needs (are not below the Survival threshold anymore) % of targeted households that are able to generate enough food/cash income to meet the livelihood protection threshold % of coverage of minimum kcal requirement per HH 	<p>based on the reference of 2100 kcal pppd,</p> <p>Survival and livelihood threshold is context-specific (livelihood zone level)</p>	Change in the indicator Context-specific
Access to Food			
Step 1: Measuring additional cash/food income resulting from project activities	<p>Output indicators: Quantifying additional cash/food income at household level</p> <p><i>For direct transfers</i></p> <ul style="list-style-type: none"> X local currency/USD/€ equivalent received per time unit over Y months X kg/Kcal received per food commodity per time unit (month) per household/ 	None	Context-specific

	<p>individual per geographical unit over project duration</p> <p>Outcome indicators: Quantifying production (in kind and/or cash)</p> <p><i>For transfers of inputs/services to increase production and/or income</i></p> <ul style="list-style-type: none"> ▪ 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. <p>Change in income level and/or expenditure pattern</p> <ul style="list-style-type: none"> ▪ Targeted households are able to spend X% more on food compared to baseline ▪ monthly/seasonal/annual households' income have increased by XX% over the duration of the project 		
<p>Step 2: Expressing production/income as a proportion of the minimum household food requirement</p>	<p>Production/income as a proportion of the minimum household food requirement (expressed in Kcal or Cash equivalent related to cost of minimum food basket)</p> <ul style="list-style-type: none"> ▪ Households access an additional X% of their minimum food needs ▪ % of households able to cover their minimum energy needs (2100Kcal/pers/day) has increased by XX% over the project period ▪ X% of targeted population or YY households are able to cover their food need for the next X months 	None	Context-specific
Food Availability			
<p>Step 1: Measuring a change in quantity of food available in markets and private stocks of a given geographical area.</p>	<ul style="list-style-type: none"> ▪ Quantity of X food commodity available in both markets and private stocks has increased by Y% 	None	Context-specific
<p>Step 2: expressing quantity of food available as a proportion of population consumption needs</p>	<ul style="list-style-type: none"> ▪ 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 	None	Context-specific

Food Utilisation including Care and Feeding Practices			
Child 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 		
Infant and young child feeding practices	<ul style="list-style-type: none"> % of children who were put to the breast within one hour of birth % of infants 0-5 months of age who were fed exclusively with breast milk % of children 12-15 months of age who were fed breast milk % 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 or iron-fortified food that is specially designed for infants and young children, or that is fortified in the home. <p><i>*the 7 Food groups are:</i></p> <ul style="list-style-type: none"> - Grain, roots and tubers - Legumes and nuts - Dairy products (milk, yogurt, cheese) - Flesh foods (meat, fish, poultry and liver/organ meats). - Eggs - Vitamin A rich fruits and vegetables - other fruit and vegetable 	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>**Minimum defined as:</p> <ul style="list-style-type: none"> 2 times for breastfed infants 6-8 months 3 times for breastfed children 9-23 months 4 times for non-breastfed children 6-23 months Meals include both meals and snacks <p>None</p> <p>None</p>	Context-specific (from baseline data)
Eating Habits	<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 	<p>None</p> <p>None</p>	
Food preparation	<ul style="list-style-type: none"> % of households that apply the knowledge from cooking demonstration sessions and/or hygiene promotion sessions. % of households with adequate access to fuel for cooking % of households using appropriate food conservation methods 	<p>None</p>	
Intra-household food distribution	<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) 	<p>None</p>	
Capacity to care for dependent people	<ul style="list-style-type: none"> % of dependent people that benefit from appropriate care provided by caregivers. 	<p>None</p>	

end

