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# FFP Indicators Handbook

## Part III: Indicators for Emergency Activities

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## Part III: FFP Indicators for Emergency Activities

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## Abbreviations and Acronyms

APS	Annual Program Statement
CBO	Community-based organization
CNA	Child no Adults Household
CU5	Children under five
EFSP	Emergency Food Security Program
EWR	Early warning and response
FCS	Food Consumption Score
FFP	USAID's Office of Food for Peace
FNM	Adult Female no Adult Male Household
F&M	Female and Male Adult Households
GAM	Global Acute Malnutrition
GMP	Growth monitoring and promotion
HHS	Household Hunger Scale
MCHN	Maternal and child health and nutrition
MNF	Adult Male no Adult Female Household
MUAC	Mid-Upper Arm Circumference
NGO	Non-governmental organization
ODF	Open defecation free
PDM	Post-Distribution Monitoring
PIRS	Performance indicator reference sheet
R	Required
RiA	Required if applicable
rCSI	reduced Coping Strategies Index
SAPQ	Standard Annual Performance Questionnaire
SPS	Standardized Program Structure
TPM	Third Party Monitoring
USAID	U.S. Agency for International Development
USG	U.S. Government
WASH	Water, sanitation, and hygiene
WFP	World Food Program
WHZ	Weight-for-height z score

## Introduction

The *FFP Indicator Handbook* provides details and guidance for the U.S. Agency for International Development's Office of Food for Peace (USAID/FFP) indicators. The handbook is intended to be used by potential awardees during the pre-award stage and by successful awardees (also referred to as "implementers" or "implementing partners") post-award. The handbook is divided into three parts: *Part I: Indicators for Baseline and Endline Surveys for Non-emergency Food Security Activities*; *Part II: Monitoring Indicators for Non-emergency Food Security Activities*; and *Part III: Indicators for Emergency Activities*.

[\*Part I: Indicators for Baseline and Endline Surveys for Non-emergency Food Security Activities\*](#), covered in a separate document, is designed to provide third-party survey firms with the information necessary to collect and tabulate data on FFP indicators for baseline and endline surveys for FFP non-emergency activities.

[\*Part II: Monitoring Indicators for Non-emergency Food Security Activities\*](#), covered in a separate document, is designed to provide implementers of non-emergency food security activities with the information necessary to collect and tabulate data on FFP annual monitoring indicators.

*Part III: Indicators for Emergency Activities*, covered in this document, is designed to provide implementers of emergency food security activities with the information necessary to collect and tabulate data on FFP emergency indicators included in the USAID/FFP Fiscal Year 2019 International Emergency Food Assistance Annual Program Statement (APS). Note that *Part III: Indicators for Emergency Activities*, replaces the *USAID/FFP Performance Indicator Reference Sheets for Emergency Indicators* (February 2019). All changes to the performance indicator reference sheets (PIRS) from the February 2019 guidance are highlighted in yellow in this document.

Additional information on indicators relevant to programming and implementation of emergency activities is available in the [\*USAID Policy and Guidance for Monitoring, Evaluation, and Reporting for Emergency Food Security Activities\*](#).

Partners should refer to the [\*USAID Office of Food for Peace Implementation and Reporting\*](#) website for the most up to date reference materials and policy documents for additional guidance.

PBS refers to a population-based-survey. FFP defines population as all households or individuals (depending on the activity's target) resides in a specific geographic area that an activity targets. For example, if an activity targets individuals or households who reside in 120 villages, or communities, or 10 refugee camps, a PBS includes all households or individuals living the 120 communities or 10 refugee camps in the sampling frame regardless of the individuals or households participation in the activity.

PaBS refers to participant-based-survey. FFP defines participants as the individuals or households (depending on the activity's target) who directly participate in an activity. A PaBS sampling frame only includes activity participants.

## Organization of Part III

This document contains performance indicator reference sheet (PIRS) for nine FFP emergency program indicators. The PIRSs define the indicator and describe the methods for data collection, including required disaggregation level and a link to the source document when applicable.

FFP indicators are either *required* (R) or *required if applicable* (RiA). Potential awardees and partners should review the applicability criteria in Table I below to determine which indicators should be included. Note that the indicator numbers (in the column to the far left below) have been updated from the February 2019 USAID/FFP Performance Indicator Reference Sheets for Emergency Indicators.

**Table I. FFP Emergency Food Security Activity Indicators**

FFP No.	SPS No.	INDICATOR	R / RiA	APPLICABILITY CRITERIA	Pg.
<b>Required Indicator</b>					
<b>E.1</b>	EG.3-2	Number of individuals participating in USG food security <b>activities</b>	R	All <b>activities</b>	10
<b>Required if Applicable</b>					
<b>E2</b>	N/A	Percentage of households with poor, borderline, and acceptable Food Consumption Score (FCS)	RiA	<b>Activities</b> 6 months or longer in duration that provide in-kind, non-therapeutic food, cash or voucher transfers.	13
<b>E3</b>	N/A	Reduced Coping Strategies Index (rCSI)	RiA	<b>Activities</b> 12 months or longer in duration that provide in-kind, non-therapeutic food, cash or voucher transfers.	19
<b>E4</b>	N/A	Prevalence of households with moderate or severe Household Hunger Scale (HHS) score	RiA		24
<b>E5</b>	HL.9-1	Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported <b>activities</b>	RiA	<b>Activities</b> (of any duration) that target children under five with nutrition-specific interventions including social and behavior change communication that promote essential infant and	27

FFP No.	SPS No.	INDICATOR	R / RiA	APPLICABILITY CRITERIA	Pg.
				young child feeding behaviors.	
E6	HL.9-3	Number of pregnant women reached with nutrition-specific interventions through USG-supported activities	RiA	Activities (of any duration) that target pregnant women with nutrition-specific interventions including counseling on maternal and/or child nutrition, multiple micronutrient supplementation, and direct food assistance of fortified/specialized food products.	31
E7	HL.9-2	Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported activities	RiA	Activities (of any duration) that target children under two with nutrition interventions at the community level.	34
E8	HL.9-4	Number of individuals receiving nutrition-related professional training through USG-supported activities	RiA	Activities (of any duration) that provide training on basic and applied nutrition-specific or nutrition-sensitive topics to health professionals, primary health care workers, community health workers, volunteers, policy-makers, researchers, students, and non-health personnel.	37
E9	N/A	Prevalence of acute malnutrition	RiA	Activities 12 or longer months in duration that aim to reduce or stabilize acute malnutrition prevalence.	39

## Performance Indicator Reference Sheets

Performance Indicator Reference Sheets should be used to ensure that the indicators are measured consistently. If necessary, a PIRS can be contextualized to meet the specific needs of the implementing partner and/or the operational context. For example, partners should use country-specific “cutoff points” for translating the Food Consumption Score (FCS) raw scores into categories if and when country-specific guidance is available. Any changes to the FFP indicator PIRS (i.e. those provided in this handbook) should be clearly indicated, e.g. using highlighted or colored text. Any changes to FFP indicators should not significantly alter the underlying meaning or calculation of the indicator.

Each PIRS must contain the following pieces of information:

- **Indicator:** Indicator name; FFP indicator reference number and indicator type, i.e. required (R), required if applicable (RiA).
- **Definition:** Description of the indicator and how it is derived. This section should clearly define key words, terms, and phrases. For data collected using questionnaires, include the specific question(s) that enumerators will use to gather the data needed to calculate the indicator. This should also describe how the raw data will be processed to derive the indicator values. Include the formula for calculation and fully define each factor in the formula.
- **How to Count LOA:** Description of how the life of award (LOA) values will be tabulated.
- **Unit:** The unit (or units) of measure in which the indicator will be presented (e.g. number, percent, etc.). If applicable, include the range of minimum and maximum indicator values or a list of the possible encoded values with their meanings.
- **Disaggregate By:** A list of all the different ways the indicator values will be disaggregated, such as sex, region, type of training. For each type of disaggregation, include a description of the categories or cutoff points that will be used. For example, write “Age Category: 0-23 months, 24-59 months, 5-17.9 years, 18-49.9 years, 50+ years” rather than simply “Disaggregation by age.” *Please note that USAID requires sex disaggregation for all individual-level indicators and recommends disaggregation by age, as appropriate and feasible. USAID/FFP also recommends disaggregation of household-level indicators by household composition type: Female and Male Adults (F&M), Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Child no Adults (CNA). Implementing partners may include additional household or family classification types as appropriate and relevant given the operational, security, and cultural context (e.g. polygamous, et cetera).*
- **Level:** Indication of the type of indicator: outcome, output, impact, or context indicator. The level must correspond to the related level in the LogFrame.
- **Direction of Change:** For output, outcome, and impact indicators, indicate the desired direction of change using plus or minus signs (i.e. “+” or “-”) or plain language, e.g. “higher is better.”
- **Data Source:** Describe the basis how data will be collected for each monitoring indicator, for example, maternal and child health and nutrition (MCHN) participants’ health cards, savings and loan groups records, health facility records, monitoring form or checklist, household questionnaire, or other appropriate tool for routine or survey data collection. Be as specific as possible, and avoid generic terms like “project records.”
- **Foreign Assistance Standardized Program Structure (SPS):** SPS indicator reference number, if applicable.
- **Measurement Notes:**
  - Who Collects: Identify who will collect data (e.g. the implementing partner or an external, third party data collection firm).



- From Whom: Describe which individuals, households, or communities will be counted as part of this indicator and/or from whom data will be collected. This is typically either activity participants or the population in the FFP activity implementation area.
- Method: This should include information on data collection approach, sampling design and sampling frame and the frequency of data collection to be used (e.g. population-based survey, participant-based survey, routine monitoring).
- Frequency of Collection and Reporting: Describe when data will be collected, e.g. quarterly, ongoing, or within 30 days of a distribution; and when data will be reported (usually annually).
- Base Value Info: Describe how base values will be determined. Note that all output indicators should have base values of zero.
- **Further Guidance:** Include references to handbooks or other guidance with additional details on the measurement of the indicator. This can also include details on how standard indicators have been adapted to the country and/or program context.

Note that FFP no longer requires the PIRS to indicate if an indicator is cumulative or non-cumulative. The reference to cumulative/noncumulative has been removed from the PIRS in the following section.

## EI. INDICATOR: Number of individuals participating in USG food security activities (R)

**APPLICABILITY:** Required for all FFP emergency food security activities

### DEFINITION:

This indicator is designed to capture the total **unique** number of individuals (without double counting) participating in the food security activities. This indicator counts direct participants of Food for Peace funded **activities**, not indirect participants.

Implementing partners (IPs) should track the number of individual participants across different interventions within their own **activity** and report numbers of participants reached, not number of contacts with the **activity** or **activity**-supported actors.

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

- Adults and children that receive in-kind, non-therapeutic food, cash or voucher transfers from the **activity**;
- Adults that **activity or activity-supported** actors reach directly through nutrition-specific and community-level nutrition interventions, (e.g. parents and other caregivers participating in community care groups, healthcare workers provided with in-service training on how to manage acute malnutrition), but not children reached with nutrition-specific or community-based interventions, who are counted under indicators E6 and E8 instead;
- People reached by productive safety nets, community-based savings and loan and diversified livelihood activities through our assistance;
- Members of households reached with household-level interventions (households with new access to basic water and/or sanitation as a result of the **activity**, households receiving family-sized rations);
- **Smallholder and non-smallholder producers that activity or activity-supported actors reach directly (e.g. through an irrigation training, through a loan provided, through distribution of drought-tolerant seeds to specific farmers);**
- People **who** receive agriculture support such as seed, training, and other interventions;
- People in civil society organizations, **school management committees, teachers,** and government workers whose skills and capacity have been strengthened by **FFP-funded activities or activity-supported actors;** and
- School-aged children who are recipients of USG school feeding programs.

In cases where **activities** work with multiple individuals in a household, this indicator counts all activity participants in the household, not all members of the household. However, in the case of water, sanitation services, agricultural input distribution, and family-sized rations, all members of the household gaining access to a water point, receiving the sanitation facility or food ration should be counted. An individual is a participant if s/he comes into direct contact with the set of interventions (goods or services) provided or facilitated by the **activity**. 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 as a participant. 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. Producers with increased access to goods, services and markets for their products and

<b>EI. INDICATOR: Number of individuals participating in USG food security activities (R)</b>	
who purchase from or sell to market actors that have been strengthened as a result of our activity are considered to have received a significant intervention.	
<b>HOW TO COUNT LOA:</b> Implementing partners are strongly encouraged to maintain a database as part of routine monitoring throughout the activity to record participation by individuals and household members. This will enable an accurate LOA count of unique individuals who receive assistance, training, or other activity interventions throughout the award without double counting.	
<b>UNIT:</b> Number (of people)	<b>DISAGGREGATE BY:</b> <u>Sex:</u> Female, Male  <u>Age Category:</u> 0-23 months, 24-59 months, 5-17.9 years, 18-49.9 years, 50+ years
<b>LEVEL:</b> Output	<b>DIRECTION OF CHANGE:</b> Higher is better
<b>DATA SOURCE:</b> Activity records/data, monitoring form/checklist, registration/attendance records, unique identifier cards	
<b>FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS):</b> EG.3-2	
<b>MEASUREMENT NOTES</b>	
<b>WHO COLLECTS:</b>	Implementing partner
<b>FROM WHOM:</b>	Activity participants
<b>METHOD:</b>	Routine monitoring
<b>FREQUENCY OF COLLECTION AND REPORTING:</b>	Data collection frequency depends on methods described in the M&E Plan. Reporting frequency is annual.
<b>BASE VALUE INFO:</b>	Base value is zero.
<b>REPORTING NOTES</b>	
<b>For the Indicator Table,</b> enter the overall values (required) and disaggregate values (recommended).	
<b>Overall</b>	
1. Total number of individuals participating in USG food security activities	
<b>By Sex</b>	
2. Total number of females participating in USG food security activities	

**EI. INDICATOR: Number of individuals participating in USG food security activities (R)**

3. Total number of males participating in USG food security activities
4. Not applicable (i.e. for household members counted for household-level interventions)
5. Disaggregates not available

**By Age**

6. Total number of individuals aged 0-23 months directly benefiting from USG food security activities (e.g. infants directly under the care of adult direct activity participants)
7. Total number of individuals aged 24-59 months directly benefiting from USG food security activities (e.g. children directly under the care of adult direct participants)
8. Total number of individuals aged 5-17.9 years participating in USG food security activities
9. Total number of individuals aged 18-49.9 years participating in USG food security activities
10. Total number of individuals aged 50+ years participating in USG food security activities
11. Not applicable (ie. for household members counted for household-level interventions)
12. Disaggregates not available

**FURTHER GUIDANCE:**

- Refer to the *USAID Food for Peace Policy and Guidance for Monitoring, Evaluation, and Reporting for Emergency Food Security Activities* for how baseline, endline, PDM, and other data should be reported.
- *Feed the Future Indicator Handbook* (September 2019) includes additional guidance on this indicator.

**E2. INDICATOR: Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS) (RiA)**

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

**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's](#)<sup>[1]</sup> recommended cutoff points (or approved, country-specific cutoff points).

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

**FCS Food Groups and Relative Weights**

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

**GUIDANCE ON 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. Data collectors should refer to the WFP guidance (above) to get ideas on how to adapt the questionnaire to the local context. **The food groups, however, cannot be changed. Implementing partners should coordinate any country-specific adaptations of the FCS with other implementing partners in the country and/or region.**

**GUIDANCE ON HOUSEHOLD FOOD CONSUMPTION INCLUSION/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

## E2. INDICATOR: Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS) (RiA)

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.

### CALCULATIONS:

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 classified as “poor; 21.5-35 as “borderline;” and over 35 as “acceptable.” In countries where the international humanitarian community, national government, or other widely recognized entity as 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 0-24 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.

Once these scores are tabulated, the data points below should be calculated using the formulas below.

### REQUIRED:

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

### RECOMMENDED:

For all disaggregates, the following calculations can be used to identify the recommended data points:

- The **mean** (or sample mean) is the mathematical average of the survey sample. Basic statistical software can be used to calculate the mean.
- The **standard deviation** is a measure of variation or dispersion in a dataset. Basic statistical software can be used to calculate the standard deviation.
- 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 FCS mean. The

**E2. INDICATOR: Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS) (RiA)**

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 confidence interval should only be reported if data are collected using a sample (not a census).

- 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.

[1] [https://documents.wfp.org/stellent/groups/public/documents/manual\\_guide\\_proced/wfp197216.pdf](https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp197216.pdf)

**HOW TO COUNT LOA:**

LOA for percent of households with Poor, Borderline, and Acceptable Scores depends on the duration of the activities: For activities, 12 months or less, use the last available participant-based survey value; for activities 12 months or more, use the endline survey value.

**UNIT:**  
Percent

**DISAGGREGATE BY:**

Recommended:

LEVEL 1

Descriptive statistics: Mean, Standard deviation, Confidence Interval (95%), Median

*Note: Confidence interval should only be reported if data are collected using a sample (not a census).*

LEVEL 2

Gendered Household: Female and Male Adults (F&M), Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Child no Adults (CNA).

*Note: Additional or alternative disaggregation(s) by other household or family classification types, as appropriate and relevant, should be described in the PIRS.*

**LEVEL:**  
Outcome

**DIRECTION OF CHANGE:**

Percent in Poor category: lower is better

Percent in Acceptable category: higher is better

**FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS):** N/A

**DATA SOURCE:** Questionnaire, other tool/instrument

**MEASUREMENT NOTES**

**WHO COLLECTS:**

Implementing partner or third party data collection firm

**E2. INDICATOR: Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS) (RiA)**

<b>FROM WHOM:</b>	For PBS, all households in the activity target area; for PaBS, participating households
<b>METHOD:</b>	Population based survey or participant-based survey
<b>FREQUENCY OF COLLECTION AND REPORTING:</b>	Required for activities 6 months or more in duration or as indicated in the award, but a baseline study is not required for activities shorter than 12 months. For activities between 6-12 months that do not conduct a baseline study, FCS must be measured at least once during the activity, but preferably at a more regular frequency) in order to track the food security status of participants over time. Any additional data collection efforts that include this indicator, e.g. for post-distribution monitoring, should be described here.
<b>BASE VALUE:</b>	If base values are available, include a description of how those base values were determined.

**REPORTING NOTES**

For the Indicator Table, enter the overall values (required) and disaggregate values (recommended).

**Overall (Required)**

1. Percent of households with FCS of 0-21 = Poor
2. Percent of households with FCS of 21.5-35 = Borderline
3. Percent of households with FCS of > 35 = Acceptable
4. Total number of households, in the activity target area (PBS) or participating in the activity (PaBS)

**By Household Composition (Recommended)**

- 5a. Mean FCS score for all households in the survey
- 5b. Standard deviation of FCS for all households in the survey
- 5c. Confidence interval (95%) for all households in the survey
- 5d. Median FCS score for all households in the survey
  
- 6a. Mean FCS score of F&M households in the survey
- 6b. Standard deviation of FCS for F&M households in the survey
- 6c. Confidence interval (95%) for F&M households in the survey
- 6d. Median FCS score for F&M households in the survey
- 6e. Total number of F&M households, in the activity target area (PBS) or participating in the activity (PaBS).
  
- 7a. Mean FCS score of FNM households in the survey
- 7b. Standard deviation of FCS for FNM households in the survey
- 7c. Confidence interval (95%) for FNM households in the survey
- 7d. Median FCS score for FNM households in the survey



**E2. INDICATOR: Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS) (RiA)**

7e. Total number of FNM households, in the activity target area (PBS) or participating in the activity (PaBS)

8a. Mean FCS score of MNF households in the survey

8b. Standard deviation of FCS for MNF households in the survey

8c. Confidence interval (95%) for MNF households in the survey

8d. Median FCS score for MNF households in the survey

8e. Total number of MNF households, in the activity target area (PBS) or participating in the activity (PaBS)

9a. Mean FCS score of CNA households in the survey

9b. Standard deviation of FCS for CNA households in the survey

9c. Confidence interval (95%) for CNA households in the survey

9d. Median FCS score for CNA households in the survey

9e. Total number of CNA households, in the activity target area (PBS) or participating in the activity (PaBS)

In written reports (e.g. the baseline study report), the disaggregate values may be reported in a table (see below for illustrative table) to enable comparison across household types. Note that this table format is useful for comparing data across household types during a single point in time, e.g. at baseline. Refer to the *USAID Food for Peace Policy and Guidance for Monitoring, Evaluation, and Reporting for Emergency Food Security Activities* for additional guidance for how baseline, endline, PDM, and other data should be reported.

**(ILLUSTRATIVE) FOOD CONSUMPTION SCORE (FCS) DISAGGREGATE TABLE:**

Unit	F&M Households	FNM Households	MNF Households	CNA Households	All Households
Mean					
St. Dev.					
CI (95%)					
Median					
Number					

**FURTHER GUIDANCE:**

- Refer to the *USAID Food for Peace Policy and Guidance for Monitoring, Evaluation, and Reporting for Emergency Food Security Activities* for how baseline, endline, PDM, and other data should be reported.
- World Food Program Vulnerability Analysis and Mapping (VAM) Unit. *Food Consumption Analysis: Calculation and use of the food consumption score in food security analysis*. 2008. Rome, Italy.
- The FCS tool and tool summaries are available on the USAID SPRING website:

**E2. INDICATOR: Percent of households with poor, borderline, and acceptable Food Consumption Score (FCS) (RiA)**

<https://www.spring-nutrition.org/publications/tool-summaries/food-consumption-analysis>

- Diana Maria Stukel. 2018. *Feed the Future Population-Based Survey Sampling Guide*. Washington, DC: Food and Nutrition Technical Assistance Project, FHI 360.  
[https://www.usaid.gov/sites/default/files/documents/1866/Feed\\_the\\_Future\\_Population-Based\\_Survey\\_Sampling\\_Guide\\_04.2018.pdf](https://www.usaid.gov/sites/default/files/documents/1866/Feed_the_Future_Population-Based_Survey_Sampling_Guide_04.2018.pdf) Note: While this guidance main focus is population-based survey, when conducting a PaBS, use activity participants in the sampling frame.
- Please refer to the Chapter 13, *Participant-Based Survey Sampling Guide for Feed the Future Annual Monitoring Indicators* for confidence interval guidance: Stukel, Diana Maria. 2018. *Participant-Based Survey Sampling Guide for Feed the Future Annual Monitoring Indicators*. Washington, DC: Food and Nutrition Technical Assistance Project, FHI 360.  
[https://pdf.usaid.gov/pdf\\_docs/PA00TBMK.pdf](https://pdf.usaid.gov/pdf_docs/PA00TBMK.pdf).

### E3. INDICATOR: Reduced Coping Strategies Index (rCSI) (RiA)

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

**DEFINITION:**

The rCSI is a proxy indicator of household food insecurity that is based on a list of behaviors (coping strategies). The index reflects both the *frequency* of each behavior (i.e. how many 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). The rCSI is based on a list of five food-related coping strategies that the household used in the seven days prior to the survey.

The rCSI raw scores are calculated by multiplying the frequency with which a behavior was used by the universal 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.

Recent data quality assessments suggest that the rCSI survey module is often administered incorrectly. Please refer to the table below for the most up to date guidance on the correct way to administer the survey questionnaire and tabulate scores:

(Repeat the introductory phrase for each of the coping strategies below)	Frequency (Number 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	
<b>TOTAL HOUSEHOLD SCORE</b>	Sum the subtotals		

**CALCULATION:**

- The **mean** (or sample mean) is the mathematical average of the survey sample. Basic statistical software can be used to calculate the mean.
- The **standard deviation** is a measure of variation or dispersion in a dataset. Basic statistical software can be used to calculate the standard deviation.

**E3. INDICATOR: Reduced Coping Strategies Index (rCSI) (RiA)**

- 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 correct formula should be used to calculate the confidence interval for a mean, not a proportion; also identify if the population variance is known or unknown. Note that confidence interval should only be reported if data are collected using a sample (not a census).
- The **median** is a measure of central tendency. To find the median, arrange the observations in order from least to greatest value. If there are an odd number of observations, the median is the middle value. If there is an even number of observations, the median is the average of the two middle values. Basic statistical software can be used to calculate the median.

**HOW TO COUNT LOA:**

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

**UNIT:**

Mean, Median

**DISAGGREGATE BY:**

Recommended:

LEVEL 1

Descriptive statistics: Mean, Standard deviation, Confidence Interval (95%), Median

*Note: Confidence interval should only be reported if data are collected using a sample (not a census).*

LEVEL 2

Gendered Household: Female and Male Adults (F&M), Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Child no Adults (CNA).

*Note: Additional or alternative disaggregation(s) by other household or family classification types, as appropriate and relevant, should be described in the PIRS.*

**LEVEL:**

Outcome

**DIRECTION OF CHANGE:**

For mean: lower is better

**FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS):** N/A

**DATA SOURCE:** Questionnaire, other tool/instrument

**MEASUREMENT NOTES**

**WHO COLLECTS:**

Implementing partner or third party data collection firm

### E3. INDICATOR: Reduced Coping Strategies Index (rCSI) (RiA)

<b>FROM WHOM:</b>	For PBS, all households in the activity target area; for PaBS, participating households
<b>METHOD:</b>	Population based survey or participant-based survey
<b>WHO COLLECTS:</b>	Implementing partner or third party data collection firm
<b>FREQUENCY OF COLLECTION AND REPORTING:</b>	Required at baseline and endline for awards 12 months or more, or as indicated in the award. Any additional data collection efforts that include this indicator, e.g. for post-distribution monitoring, should be described here.
<b>BASE VALUE:</b>	If base values are available, include a description of how those base values were determined.

#### REPORTING NOTES

For the Indicator Table, enter the overall values (required) and disaggregate values (recommended).

##### Overall (Required)

1. Mean rCSI score for all households in the survey
2. Standard deviation of rCSI score for all households in the survey
3. Confidence Interval (95%) of rCSI scores for all households in the survey
4. Median rCSI score for all households in the survey
5. Total number of households in the activity target area (PBS), or participants of the activity (PaBS)

##### By Household Composition (Recommended)

- 6a. Mean rCSI score for F&M households in the survey
- 6b. Standard deviation of rCSI score for F&M households in the survey
- 6c. Confidence Interval (95%) of rCSI scores for F&M households in the survey
- 6d. Median rCSI score for F&M households in the survey
- 6e. Total number of F&M households in the activity target area (PBS), or participants of the activity (PaBS)
- 7a. Mean rCSI score for FNM households in the survey
- 7b. Standard deviation of rCSI score for FNM households in the survey
- 7c. Confidence Interval (95%) of rCSI scores for FNM households in the survey
- 7d. Median rCSI score for FNM households in the survey
- 7e. Total number of FNM households in the activity target area (PBS), or participants of the activity (PaBS)
- 8a. Mean rCSI score for MNF households in the survey
- 8b. Standard deviation of rCSI score for MNF households in the survey
- 8c. Confidence Interval (95%) of rCSI scores for MNF households in the survey
- 8d. Median rCSI score for MNF households in the survey

### E3. INDICATOR: Reduced Coping Strategies Index (rCSI) (RiA)

8e. Total number of MNF households in the activity target area (PBS), or participants of the activity (PaBS)

9a. Mean rCSI score for CNA households in the survey

9b. Standard deviation of rCSI score for CNA households in the survey

9c. Confidence Interval (95%) of rCSI scores for CNA households in the survey

9d. Median rCSI score for CNA households in the survey

9e. Total number of CNA households in the activity target area (PBS), or participants of the activity (PaBS)

In written reports (e.g. the baseline study report), the disaggregate values may be reported in a table (see below for illustrative table) to enable comparison across household types. Note that this table format is useful for comparing data across household types during a single point in time, e.g. at baseline. Refer to the *USAID Food for Peace Policy and Guidance for Monitoring, Evaluation, and Reporting for Emergency Food Security Activities* for additional guidance for how baseline, endline, PDM, and other data should be reported.

#### (ILLUSTRATIVE) rCSI DISAGGREGATE TABLE:

Unit	F&M Households	FNM Households	MNF Households	CNA Households	All Households
Mean					
St. dev.					
CI (95%)					
Median					
Number					

#### FURTHER GUIDANCE:

- Refer to the *USAID Food for Peace Policy and Guidance for Monitoring, Evaluation, and Reporting for Emergency Food Security Activities* for how baseline, endline, PDM, and other data should be reported.
- Diana Maria Stukel. 2018. *Feed the Future Population-Based Survey Sampling Guide*. Washington, DC: Food and Nutrition Technical Assistance Project, FHI 360. [https://www.usaid.gov/sites/default/files/documents/1866/Feed\\_the\\_Future\\_Population-Based\\_Survey\\_Sampling\\_Guide\\_04.2018.pdf](https://www.usaid.gov/sites/default/files/documents/1866/Feed_the_Future_Population-Based_Survey_Sampling_Guide_04.2018.pdf) Note: While this guidance main focus is population-based survey, when conducting a PaBS, use activity participants in the sampling frame.
- Please refer to the Chapter 13, *Participant-Based Survey Sampling Guide for Feed the Future Annual Monitoring Indicators* for confidence interval guidance: Stukel, Diana Maria. 2018. *Participant-Based Survey Sampling Guide for Feed the Future Annual Monitoring Indicators*. Washington, DC: Food and Nutrition Technical Assistance Project, FHI 360. [https://pdf.usaid.gov/pdf\\_docs/PA00TBMK.pdf](https://pdf.usaid.gov/pdf_docs/PA00TBMK.pdf).
- Refer to section 4.b of *The Coping Strategies Index: Field Methods Manual 2nd Edition* (January

### **E3. INDICATOR: Reduced Coping Strategies Index (rCSI) (RiA)**

2008) for guidance on how to develop and tabulate the reduced Coping Strategies Index. Note that the manual is designed to inform the development of the full, context-specific Coping Strategies Index, but it includes useful information on how to tabulate and analyze the reduced index, the rCSI. [http://www.fsnnetwork.org/sites/default/files/coping\\_strategies\\_tool.pdf](http://www.fsnnetwork.org/sites/default/files/coping_strategies_tool.pdf)

**E4. INDICATOR: Prevalence of households with moderate or severe hunger (Household Hunger Scale, HHS) (RiA)**

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

**DEFINITION:**

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

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

**CALCULATIONS:**

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

To calculate the percent of households with a score of “moderate” to “severe” hunger.. To calculate the percent, add up the number of households in the “moderate” and “severe” food security categories, then divide by the total number of participant households.

**HOW TO COUNT LOA:**

LOA for percent of households with Moderate to Severe HHS scores depends on the duration of the activities: For activities, 12 months or less, use the last available participant-based survey value; for activities 12 months or more, use the endline survey value.

**UNIT:**

Percent

**DISAGGREGATE BY:**

Recommended:

Gendered Household: Female and Male Adults (F&M), Adult Female no Adult Male (FNM), Adult Male no Adult Female (MNF), Child no Adults (CNA).

*Note: Additional or alternative disaggregation(s) by other household or family classification types, as appropriate and relevant, should be described in the PIRS.*

**LEVEL:**

**DIRECTION OF CHANGE:**



<b>E4. INDICATOR: Prevalence of households with moderate or severe hunger (Household Hunger Scale, HHS) (RiA)</b>	
Outcome	Lower is better
<b>FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A</b>	
<b>DATA SOURCE: Questionnaire, other tool/instrument</b>	
<b>MEASUREMENT NOTES</b>	
<b>WHO COLLECTS:</b>	Implementing partner or third party data collection firm
<b>FROM WHOM:</b>	For PBS, all households in the activity target area; for PaBS, participating households
<b>METHOD:</b>	Population based survey or participant-based survey
<b>WHO COLLECTS:</b>	Implementing partner or third party data collection firm
<b>FREQUENCY OF DATA COLLECTION:</b>	Required at baseline and endline for awards 12 months or more, or as indicated in the award. Any additional data collection efforts that include this indicator, e.g. for post-distribution monitoring, should be described here.
<b>BASE VALUE:</b>	If base values are available, include a description of how those base values were determined.
<b>REPORTING NOTES</b>	
<b>For the Indicator Table</b> , enter the overall values (required) and disaggregate values (recommended).	
<b>Overall (Required)</b>	
<ol style="list-style-type: none"> <li>1. Percent of households with Moderate to Severe HHS Score</li> <li>2. Total number of participant households in the activity target area (PBS), or participants of the activity (PaBS)</li> </ol>	
<b>By Household Composition (Recommended)</b>	
<ol style="list-style-type: none"> <li>3a. Percent of F&amp;M households with Moderate to Severe HHS Score</li> <li>3b. Total number of F&amp;M households in the activity target area (PBS), or participants of the activity (PaBS)</li> <li>4a. Percent of FNM households with Moderate to Severe HHS Score</li> <li>4b. Total number of FNM households in the activity target area (PBS), or participants of the activity (PaBS)</li> <li>5a. Percent of MNF households with Moderate to Severe HHS Score</li> <li>5b. Total number of MNF households in the activity target area (PBS), or participants of the activity (PaBS)</li> </ol>	

**E4. INDICATOR: Prevalence of households with moderate or severe hunger (Household Hunger Scale, HHS) (RiA)**

6a. Percent of CNA households with Moderate to Severe HHS Score

6b. Total number of CNA households in the activity target area (PBS), or participants of the activity (PaBS)

**FURTHER GUIDANCE:**

- Refer to the *USAID Food for Peace Policy and Guidance for Monitoring, Evaluation, and Reporting for Emergency Food Security Activities* for how baseline, endline, PDM, and other data should be reported.
- Diana Maria Stukel. 2018. *Feed the Future Population-Based Survey Sampling Guide*. Washington, DC: Food and Nutrition Technical Assistance Project, FHI 360.  
[https://www.usaid.gov/sites/default/files/documents/1866/Feed\\_the\\_Future\\_Population-Based\\_Survey\\_Sampling\\_Guide\\_04.2018.pdf](https://www.usaid.gov/sites/default/files/documents/1866/Feed_the_Future_Population-Based_Survey_Sampling_Guide_04.2018.pdf) Note: While this guidance main focus is population-based survey, when conducting a PaBS, use activity participants in the sampling frame.
- The *Household Hunger Scale (HHS): Indicator Definition and Measurement Guide* (2011) provides operational guidance for the collection and tabulation of the HHS. This and related guidance are available online at <https://www.fantaproject.org/monitoring-and-evaluation/household-hunger-scale-hhs>

**E5. INDICATOR: Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported activities (RiA)**

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

**DEFINITION:**

**Children under 5:** Children under 5 years are those zero through 59 months of age. They are often targeted by United States Government (USG)-supported activities with nutrition objectives.

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

1. Social and behavior change (SBC) interventions that promote essential infant and young child feeding (IYCF) behaviors including:
  - a. Exclusive breastfeeding for six months after birth
  - b. Continued breastfeeding until at least age two
  - c. Age-appropriate complementary feeding of children 6—23 months old (including improved dietary diversity and appropriate frequency, amount, and consistency)
  - d. Hygienic preparation and feeding of food to a young child
  - e. 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 (i.e. CSB+, Super cereal Plus, etc.)

Children are often reached through interventions that target adults such as mothers and caretakers. 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, then the child should be counted as reached. Implementers should not count a child as reached during pregnancy. There is a separate standard indicator that enumerates the number of pregnant women reached (E6).

A child reached directly or via a caretaker should be counted if s/he receives a product, participates in an intervention, or accesses services from a USG-supported activity during the reporting year.

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 the USG is supporting a nutrition activity that is purchasing nutrition commodities (e.g. vitamin A, zinc, MNPs) or providing “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 USG funding.

**E5. INDICATOR: Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported activities (RiA)**

Activities that support growth monitoring and promotion (GMP) interventions should report children reached under the SBC disaggregate (#1).

A child can be counted under more than one intervention 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. First, count each child by the type of intervention. For example, a child whose mother receives counseling on exclusive breastfeeding and who also receives vitamin A during a child health day should be counted once under each intervention;
2. Second, eliminate double counting when estimating the total number of children under five reached and to disaggregate by sex. The IP 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) projects, some children who are discharged as “cured” may relapse and be readmitted at a later date. There are standard methods for categorizing children as “relapsed”, but due to loss to follow-up, it is generally not possible to identify these children. Therefore, a limitation of this indicator is that there may be some double counting of children who were treated for severe and/or moderate acute malnutrition and relapsed during the same fiscal year.

**HOW TO COUNT LOA:**

Implementing partners are strongly encouraged to maintain a database as part of routine monitoring throughout the activity to record participation by individuals and household members. For the LOA overall and sex disaggregates, the aggregate is the unique number of children under five reached. For LOA intervention disaggregates, the counts should be the unique individuals within each disaggregate.

<p><b>UNIT:</b> Number (of people)</p>	<p><b>DISAGGREGATE BY:</b> <u>Sex:</u> Female, Male</p> <p><u>Intervention:</u></p> <ul style="list-style-type: none"> <li>• Parents/caretakers received social and behavior change (SBC) interventions that promote essential infant and young child feeding (IYCF) behaviors</li> <li>• Received vitamin A supplementation in the past 6 months</li> <li>• Received zinc supplementation during episode of diarrhea</li> <li>• Received Multiple Micronutrient Powder (MNP) supplementation</li> <li>• Admitted for treatment of severe acute malnutrition</li> <li>• Admitted for treatment of moderate acute malnutrition</li> <li>• Received direct food assistance of fortified/specialized food products</li> </ul>
<p><b>LEVEL (OUTPUT / OUTCOME):</b> Output</p>	<p><b>DIRECTION OF CHANGE:</b> Higher is better</p>

**E5. INDICATOR: Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported activities (RiA)**

**FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): HL.9-1**

**DATA SOURCE:** Activity records, registration/attendance records, distribution records, health cards, government health information systems.

**MEASUREMENT NOTES**

<b>WHO COLLECTS:</b>	Implementing partner
<b>FROM WHOM:</b>	Activity MCHN participants
<b>METHOD:</b>	Routine monitoring
<b>FREQUENCY OF COLLECTION AND REPORTING:</b>	Data collection frequency depends on the methodology described in the M&E plan. Reporting frequency is annual.
<b>BASE VALUE INFO:</b>	Base value is zero.

**REPORTING NOTES**

**For the Indicator Table, enter the overall and disaggregate values:**

**Overall**

1. Total number of unique children under five (0-59 months) reached with nutrition-specific interventions

**By Sex**

2. Total number of unique female children under five reached with nutrition-specific interventions
3. Total number of unique male children under five reached with nutrition-specific interventions
4. Disaggregates not available

**By Intervention**

5. Total number of children under five reached through parents/caretakers who received social behavior change interventions that promote essential infant and young child feeding behaviors
6. Total number of children under 5 who received vitamin A supplementation in the past 6 months
7. Total number of children under five who received zinc supplementation during episode of diarrhea
8. Total number of children under five who received Multiple Micronutrient Powder (MNP) supplementation
9. Total number of children under five who were admitted for treatment of severe acute malnutrition
10. Total number of children under five who were admitted for treatment of moderate acute malnutrition
11. Total number of children under five who received direct food assistance of fortified/specialized food products

**E5. INDICATOR: Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported activities (RiA)**

**12. Disaggregates not available**

*Note: Sex disaggregates are required and should be calculated using available activity or government health information system data on actual services provided. If data on sex disaggregates are not available (i.e. not collected by the government system), this should be noted in the indicator narrative and population estimates can be used (only when activity or government system data are not available).*

**FURTHER GUIDANCE:**

- Refer to the *USAID Food for Peace Policy and Guidance for Monitoring, Evaluation, and Reporting for Emergency Food Security Activities* for how baseline, endline, PDM, and other data should be reported.

**E6. INDICATOR: Number of pregnant women reached with nutrition-specific interventions through USG-supported activities (RiA)**

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

**DEFINITION:**

**Pregnant women:** This indicator captures the reach of activities that are targeted toward women during pregnancy, and are intended to contribute to the health of both the mother and the child and to positive birth outcomes. A separate indicator will count the number of children under 2 reached by USG-supported programs (indicator **E7** *Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs*).

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

1. Iron and folic acid (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 IP 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.

The nutrition interventions during pregnancy listed above affect neonatal health outcomes such as low birth weight, small for gestational age, preterm birth, and cretinism. Nevertheless, pregnant women reached by these interventions should be counted under this indicator, and not counted as a “child reached” under the two other Nutrition PPR indicators: **E5** (1) *Number of children under 5 (0-59 months) reached with nutrition-specific interventions through USG-supported programs*; and **E7** (2) *Number of children under 2 (0-23 months) reached with community-level nutrition interventions through USG-supported programs*.

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

1. First, count each pregnant woman by the type of intervention. For example a woman who receives IFA and who also receives nutrition counseling should be counted twice, once under

**E6. INDICATOR: Number of pregnant women reached with nutrition-specific interventions through USG-supported activities (RiA)**

each intervention;

2. Second, eliminate double counting when estimating the total number of pregnant women reached and when disaggregating by age group. The implementing partner should estimate the overlap between the different types of interventions. For example, if 100 women receive comprehensive facility-based ANC care and 20 of those women are also participants in a community-based nutrition SBCC program, the total number of pregnant women reported in aggregate is only 100, not 120.

**HOW TO COUNT LOA:**

Implementing partners are strongly encouraged to maintain a database as part of routine monitoring throughout the activity to record participation by individuals and household members. For the LOA overall and age disaggregate, the aggregate is the unique number of pregnant women reached. For LOA intervention disaggregates, the counts should be the unique individuals within each disaggregate.

**UNIT:**

Number (of women)

**DISAGGREGATE BY:**

Age: <19, 19+ years of age

Intervention:

- received IFA supplementation
- received individual or group counseling on maternal and/or child nutrition
- received calcium supplementation
- received multiple micronutrient supplementation
- received direct food assistance of fortified/specialized food products

**LEVEL:**

Output

**DIRECTION OF CHANGE:**

Higher is better

**FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS):** HL.9-3

**DATA SOURCE:** Activity records, registration/attendance records, health cards, government health information systems

**MEASUREMENT NOTES**

**WHO COLLECTS:**

Implementing partner

**FROM WHOM:**

Activity MCHN participants

**METHOD:**

Routine monitoring.

**FREQUENCY OF COLLECTION AND REPORTING:**

Data collection frequency depends on the methodology described in the M&E plan. Reporting frequency is annual.

**BASE VALUE INFO:**

Base value is zero.



**E6. INDICATOR: Number of pregnant women reached with nutrition-specific interventions through USG-supported activities (RiA)**

### REPORTING NOTES

**For the Indicator Table**, enter the overall and disaggregate values:

#### Overall

1. Total number of unique pregnant women reached

#### By Age

2. Total number of unique pregnant women < 19 years of age reached
3. Total number of unique pregnant women > or = 19 years of age reached
4. Disaggregates not available

#### By Intervention

5. Total number of pregnant women receiving IFA supplementation
6. Total number of pregnant women receiving individual or group counseling on maternal and/or child nutrition
7. Total number of women receiving calcium supplementation
8. Total number of women receiving multiple micronutrient supplementation
9. Total number of women receiving direct food assistance of fortified/specialized food products
10. Disaggregates not available

#### FURTHER GUIDANCE:

- Refer to the *USAID Food for Peace Policy and Guidance for Monitoring, Evaluation, and Reporting for Emergency Food Security Activities* for how baseline, endline, PDM, and other data should be reported.
- *Feed the Future Indicator Handbook* (September 2019) includes a detailed description of this indicator.

**E7. INDICATOR: Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported activities (RiA)**

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

**DEFINITION:**

**Children under 2:** This indicator captures the children reached from birth through 23 months, and a separate indicator will count the number of pregnant women reached by USG-supported programs (E6). Children are counted as reached if their mother/caregiver participated in a community-level nutrition program.

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

Community-level nutrition activities should coordinate with public health and nutrition campaigns such as child health days and similar population-level outreach activities conducted at a national (usually) or subnational level at different points in the year. However, children under two reached only by population-level campaigns should not be counted under this indicator. Population-level campaigns may focus on delivering a single intervention, but most commonly deliver a package of interventions that usually includes vitamin A supplements, de-worming tablets, and routine immunization, and may include screening for acute malnutrition, growth monitoring, and distribution of insecticide-treated mosquito nets.

Children reached solely through community drama, comedy, or video shows should not be included. However, projects should still use mass communication interventions like dramas to reinforce SBCC messages.

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

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

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

**E7. INDICATOR: Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported activities (RiA)**

**HOW TO COUNT LOA:**

The LOA value is the total number of unique children under two (0-23 months) reached with community-level nutrition interventions. For activities longer than 12 months, children should not be double counted across reporting years and only counted once in the LOA value. Implementing partners are strongly encouraged to maintain a database as part of routine monitoring throughout the activity to record participation by individuals and household members.

**UNIT:**  
Number (of people)

**DISAGGREGATE BY:**  
Sex: Female, Male

**LEVEL:**  
Output

**DIRECTION OF CHANGE:**  
Higher is better

**FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS):** HL.9-2

**DATA SOURCE:** Activity records, attendance records, GMP records, health facility records

**MEASUREMENT NOTES**

**WHO COLLECTS:** Implementing partner

**FROM WHOM:** Activity MCHN participants

**METHOD:** Routine monitoring.

**FREQUENCY OF COLLECTION AND REPORTING:** Data collection frequency depends on the methodology described in the M&E plan. Reporting frequency is annual.

**BASE VALUE INFO:** Base value is zero.

**REPORTING NOTES:**

**For the Indicator Table,** enter the overall and disaggregate values:

**Overall**

1. Total number of children under two reached with community-level nutrition interventions through USG-supported programs

**By Sex**

2. Total number of female children under two reached with community-level nutrition interventions through USG-supported programs
3. Total number of male children under two reached with community-level nutrition interventions through USG-supported programs
4. Disaggregates not available

**E7. INDICATOR: Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported activities (RiA)**

**FURTHER GUIDANCE:**

- Refer to the *USAID Food for Peace Policy and Guidance for Monitoring, Evaluation, and Reporting for Emergency Food Security Activities* for how baseline, endline, PDM, and other data should be reported.
- *Feed the Future Indicator Handbook* (September 2019) includes a detailed description of this indicator.

**E8. INDICATOR: Number of individuals receiving nutrition-related professional training through USG-supported activities (RiA)**

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

**DEFINITION:**

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

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

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

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

**HOW TO COUNT LOA:**

Implementing partners are strongly encouraged to maintain a database as part of routine monitoring throughout the activity to record participation by individuals. Implementing partners should count an individual only once each reporting year and in the LOA value, regardless of the number of trainings received during the reporting year and whether the trainings covered different topics.

<b>UNIT:</b> Number (of people)	<b>DISAGGREGATE BY:</b> <u>Sex:</u> Female, Male
<b>LEVEL:</b> Output	<b>DIRECTION OF CHANGE:</b> Higher is better

**FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS):** HL.9-4

**DATA SOURCE:** Activity records, attendance records

**E8. INDICATOR: Number of individuals receiving nutrition-related professional training through USG-supported activities (RiA)**

**MEASUREMENT NOTES**

<b>WHO COLLECTS:</b>	Implementing partner
<b>FROM WHOM:</b>	Activity MCHN participants
<b>METHOD:</b>	Routine monitoring.
<b>FREQUENCY OF COLLECTION AND REPORTING:</b>	Data collection frequency depends on the methodology described in the M&E plan. Reporting frequency is annual.
<b>BASE VALUE INFO:</b>	Base value is zero.

**REPORTING NOTES**

**For the Indicator Table, enter the overall and disaggregate values:**

**Overall**

1. Total number of individuals receiving nutrition-related professional training through USG-supported programs

**By Sex**

2. Total number of female individuals receiving nutrition-related professional training through USG-supported programs
3. Total number of male individuals receiving nutrition-related professional training through USG-supported programs
4. Disaggregates not available

**FURTHER GUIDANCE:**

- Refer to the *USAID Food for Peace Policy and Guidance for Monitoring, Evaluation, and Reporting for Emergency Food Security Activities* for how baseline, endline, PDM, and other data should be reported.
- *Feed the Future Indicator Handbook* (September 2019) includes a detailed description of this indicator.

**E9. INDICATOR: Prevalence of acute malnutrition (RiA)****APPLICABILITY: Activities 12 months or more in duration with an objective to reduce or stabilize acute malnutrition prevalence****DEFINITION:**

This indicator measures the total prevalence of all wasting (i.e. both moderate and severe wasting combined as defined by a weight-for-height Z (WHZ) score  $< -2$  or Mid-Upper Arm Circumference (MUAC) score of  $< 125$  mm) and/or children with edema.

WHZ applies to children 0-59 months, making the numerator for the indicator the sum of the sample-weighted number of children 0-59 months in the sample with a weight-for-height Z score  $< -2$  AND those presenting with nutritional edema. The denominator is the sample-weighted number of children 0-59 months in the sample.

MUAC applies to children 6-59 months, making the numerator for the indicator the sum of the sample-weighted number of children 6-59 months with a MUAC score of  $< 125$  mm AND those presenting with nutritional edema. The denominator is the sample-weighted number of children 6-59 months in the sample.

Summary	WHZ APPROACH	MUAC APPROACH
AGE CRITERIA	0-59	6-59
MEASUREMENT CUTOFF	$< -2.0$ Z score	$< 125$ mm
	and/or edema	and/or edema

**CALCULATIONS:**

No.	Data Point	Calculation
<b>WHZ APPROACH</b>		
1	Percent of children 0-59 months of age with a weight-for-height Z score below $-2$ standard deviation and/or with edema	Divide the number of children 0-59 months of age with a weight-for-height Z score below $-2$ standard deviation and/or with edema by the total number of children 0-59 months in the activity target area (PBS) or participating in the activity (PaBS)
2	Total number of children 0-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)	This is a sum of the total number of children 0-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)

**E9. INDICATOR: Prevalence of acute malnutrition (RiA)**

3	Percent of female children 0-59 months of age with a weight-for-height Z score below -2 standard deviation and/or with edema	Divide the number of male children 0-59 months of age with a weight-for-height Z score below -2 standard deviation and/or with edema by the total number of male children 0-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)
4	Total number of female children 0-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)	This is a sum of the total number of male children age 0-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)
5	Percent of male children 0-59 months of age with a weight-for-height Z score below -2 standard deviation and/or with edema	Divide the number of female children 0-59 months of age with a weight-for-height Z score below -2 standard deviation and/or with edema by the total number of female children 0-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)
6	Total number of male children 0-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)	This is a sum of the total number of female children age 0-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)
7	Percent of children 0-23 months of age with a weight-for-height Z score below -2 standard deviation and/or with edema	Divide the number of children 0-23 months of age with a weight-for-height Z score below -2 standard deviation and/or with edema by the total number of children 0-23 months of age in the activity target area (PBS) or participating in the activity (PaBS)
8	Total number of children 0-23 months of age in the activity target area (PBS) or participating in the activity (PaBS)	This is a sum of the total number of children age 0-23 months of age in the activity target area (PBS) or participating in the activity (PaBS)
9	Percent of children 24-59 months of age with a weight-for-height Z score below -2 standard deviation and/or with edema	Divide the number of children 24-59 months of age with a weight-for-height Z score below -2 standard deviation and/or with edema by the total number of children age 24-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)
10	Total number of children 24-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)	This is a sum of the total number of children aged 24-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)



**E9. INDICATOR: Prevalence of acute malnutrition (RiA)**

<b>MUAC APPROACH</b>	
Percent of children 6-59 months of age with a MUAC score of < 125 mm and/or with edema	Divide the number of children 6-59 months of age with a MUAC score of < 125 mm and/or with edema by the total number of children age 6-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)
Total number of children 0-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)	This is a sum of the total number of children age 6-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)
Percent of female children 0-59 months of age with a MUAC score of < 125 mm and/or with edema	Divide the number of female children 6-59 months of age with a MUAC score of < 125 mm and/or with edema by the total number of male children 6-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)
Total number of female children 6-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)	This is a sum of the total number of female children age 6-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)
Percent of male children 0-59 months of age with a MUAC score of < 125 mm and/or with edema	Divide the number of male children 6-59 months of age with a MUAC score of < 125 mm and/or with edema by the total number of female children 6-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)
Total number of male children 6-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)	This is a sum of the total number of male children age 6-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)
Percent of children 0-23 months of age with a MUAC score of < 125 mm and/or with edema	Divide the number of children 0-23 months of age with a MUAC score of < 125 mm and/or with edema by the total number of children 0-23 months of age in the activity target area (PBS) or participating in the activity (PaBS)
Total number of children 0-23 months of age in the activity target area (PBS) or participating in the activity (PaBS)	This is a sum of the total number of children 0-23 months of age in the activity target area (PBS) or participating in the activity (PaBS)
Percent of children 24-59 months with a MUAC score of < 125 mm	Divide the number of children 24-59 months of age with a MUAC score of < 125 mm and/or with edema by the total

**E9. INDICATOR: Prevalence of acute malnutrition (RiA)**

and/or with edema	number of children 24-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)
Total number of children 24-59 months of age in the activity level area (PBS) or in the activity target area (PBS) or participating in the activity (PaBS)	This is a sum of the total number of children 24-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)

**HOW TO COUNT LOA:**

LOA for prevalence of malnutrition depends on the duration of the activities: For activities, 12 months or less, use the last available participant-based survey value; for activities 12 months or more, use the endline survey value.

<b>UNIT:</b> Percent	<b>DISAGGREGATE BY:</b> <u>Sex:</u> Female, Male  <u>Age:</u> 0-23 month, 24-59 months
<b>LEVEL:</b> Outcome	<b>DIRECTION OF CHANGE:</b> For %: Lower is better

**FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS):** N/A

**DATA SOURCE:**

Questionnaire, other tools/instrument

**MEASUREMENT NOTES**

<b>WHO COLLECTS:</b>	Implementing partner or third party data collection firm
<b>FROM WHOM:</b>	Children under five in the FFP activity target area or children under five who is participating in the activity
<b>DATA COLLECTION METHODS:</b>	Population based survey or participant based survey
<b>FREQUENCY OF COLLECTION AND REPORTING:</b>	Data collection frequency depends on the methodology described in the M&E plan. Reporting frequency is annual.
<b>BASE VALUE INFO:</b>	If base values are available, include a description of how those base values were determined.

## **E9. INDICATOR: Prevalence of acute malnutrition (RiA)**

### **REPORTING NOTES:**

**For the Indicator Table**, enter the overall and disaggregate values:

#### **USING WHZ APPROACH**

##### **Overall**

1. Percent of children 0-59 months of age with a weight-for-height Z score below -2 standard deviation and/or with edema
2. Total number of children 0-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)

##### **By Sex**

3. Percent of female children 0-59 months of age with a weight-for-height Z score below -2 standard deviation and/or with edema
4. Total number of female children 0-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)
5. Percent of male children 0-59 months of age with a weight-for-height Z score below -2 standard deviation and/or with edema
6. Total number of male children 0-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)

##### **By Age**

7. Percent of children 0-23 months of age with a weight-for-height Z score below -2 standard deviation and/or with edema
8. Total number of children 0-23 months of age in the activity target area (PBS) or participating in the activity (PaBS)
9. Percent of children 24-59 months of age with a weight-for-height Z score below -2 standard deviation and/or with edema
10. Total number of children 24-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)

#### **USING MUAC APPROACH**

##### **Overall**

1. Percent of children 6-59 months of age with a MUAC score of < 125 mm and/or with edema
2. Total number of children 0-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)

##### **By Sex**

3. Percent of female children 0-59 months of age with a MUAC score of < 125 mm and/or with edema
4. Total number of female children 6-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)
5. Percent of male children 0-59 months of age with a MUAC score of < 125 mm and/or with edema
6. Total number of male children 6-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)

**E9. INDICATOR: Prevalence of acute malnutrition (RiA)**

**By Age**

7. Percent of children 0-23 months of age with a MUAC score of < 125 mm and/or with edema
8. Total number of children 0-23 months of age in the activity target area (PBS) or participating in the activity (PaBS)
9. Percent of children 24-59 months with a MUAC score of < 125 mm and/or with edema
10. Total number of children 24-59 months of age in the activity target area (PBS) or participating in the activity (PaBS)

**FURTHER GUIDANCE:**

- Refer to the *USAID Food for Peace Policy and Guidance for Monitoring, Evaluation, and Reporting for Emergency Food Security Activities* for how baseline, endline, PDM, and other data should be reported.
- Background information on the World Health Organization Child Growth Standards is available online at <https://www.who.int/childgrowth/standards/en/>