SAVE THE CHILDREN UK

MENU OF OUTCOME INDICATORS

September 2008

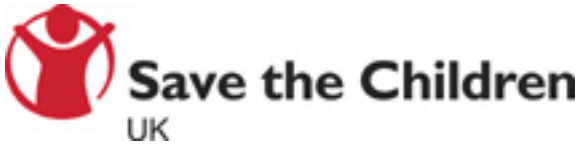


Table of Contents

	Page
Acronyms	3
A Guidance note for developing monitoring and evaluation indicators	4
Child Protection Indicator Menu	12
Education Indicator Menu	30
Health and HIV Indicator Menu	44
Hunger Indicator Menu	57

Acronyms

General

FGD	Focus Group Discussions
LIA	Learning and Impact Assessment Adviser
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
SCUK	Save the Children UK
TPP	Thematic Programme Plan

Protection

CAAF	Children Associated with Armed Forces

Education

ALP	Accelerated Learning Centres
ECD	Early Childhood Development
EFA	Education For All
KEI	Key Education Indicator (for RtF)
MoE	Ministry of Education
RtF	Rewrite the Future

Health and HIV

ACT	Artemisinin - based combination treatment
ARV / ART	Anti-Retroviral Treatment
CHC	Community Health Committees
CHW	Community Health Workers
HBC	Home Based Care
ITN	Insecticide Treated Net
OVC	Orphans and Vulnerable Children
PLHIV	People living with HIV
PMTC T	Prevention of Mother to Child Transmission
SRH	Sexual and Reproductive Health

Hunger

AS	Anthropometric survey
BFH	Baby Friendly Hospitals
CoD	Cost of the Diet Assessment
HEA	Household Economy Approach
IFE	Infant Feeding in Emergencies
IYCF	Infant and Young Child Feeding
KAPB	Knowledge, Attitude, Practice and Behaviour
MUAC	Mid-Upper Arm Circumference
ORS	Oral Rehydration Salts
TFC	Treatment and Feeding Centre

A guidance note for developing monitoring and evaluation indicators for Child Protection, Education, Health & HIV, and Hunger Reduction projects and programmes

Introduction

This guidance is for Save the Children UK staff who are about to begin developing, or are in the process of refining, monitoring and evaluation (M&E) indicators for Child Protection, Education, Health & HIV, and Hunger Reduction programmes.

This guide should be useful for developing indicators and M&E plans for thematic programme plans (TPPs) and also for donor funding proposals.

The guide should complement local context and expertise. It provides good example indicators rather than a prescriptive list and does not cover indicators for every situation. The guide should be read alongside other SCUK key programme guidance documents.

What you will be able to do once you have used this guidance

1. Understand key M&E terms
2. Understand the difference between monitoring and evaluation
3. Understand why we need to monitor and evaluate
4. Understand the purpose of an M&E indicator
5. Understand the difference between output, outcome and impact indicators
6. Decide on the number of indicators to include in an M&E plan for your programme or project
7. Decide how to disaggregate the M&E indicators for your programme or project
8. Select outcome indicators for your programme or project

Development of this guidance

This guide will continually develop as more good examples of indicators and data collection tools are added. If you have developed any indicators or tools which you think are useful and could be shared with others, please get in touch with the Learning and Impact Assessment (LIA) Advisers, as shown below.

Effective Programmes, LIA Adviser, Jo Feather (j.feather@savethechidren.org.uk)
Child Protection LIA Adviser, Sarah Lilley (s.lilley@savethechildren.org.uk)
Education LIA Adviser, Dragana Sretenov (d.sretenov@savethechildren.org.uk)

1. Terminology (what we call things)

The terms used in M&E can be confusing because they are used differently by different organisations and between donors (e.g. donors, NGOs, multilateral organisations – even within SC Alliance). For the purposes of this document, the following definitions apply:

Impact – final or longer term changes as a result of project or programme activities (e.g. changes in children's development, well-being, experience of violence, fulfilment of rights). They may sometimes only be realised after the lifetime of a project or programme.

Objective – a specific, time bound and measurable goal for projects or programmes, which contributes to achieving the longer term aims (impact). Programme or project objectives should indicate what changes the project is hoping to achieve.

Outcome – the intermediate changes as a result of project or programme activities (e.g. changes in knowledge, behaviour, attitudes, children's access and use of services, policy). Outcomes can usually be measured during the lifetime of a project or programme.

Output – the immediate results of project or programme activities (e.g. children receive training, community mechanisms are set up).

Input – the resources that SC uses (e.g. funds, staff, materials) and the activities that SC and its partners undertake (e.g conducting a training workshop, meeting with communities, meeting with government officials, undertaking operational field research) to bring about a result.

Indicator – an objective way of measuring that progress is being achieved. Indicators can refer to each level: input, output, outcome, objective or impact. Indicators provide an indication that something has happened, or that an objective has been achieved.

Monitoring – the regular, routine tracking of data on a given indicator in order to detect changes over time. Monitoring tells us whether a project or programme is being implemented as planned and allows us to make improvements and changes.

Evaluation – the assessment of a project or programme at one point in time against its objectives (usually at the mid-point and at the end of the project), including unintended and negative changes. It can be carried out by someone internal to SC or by an external person and tells us whether the project or programme objectives have been achieved.

Impact Assessment – the assessment of the long-term and wide-ranging changes that a project or programme brings about, including unintended and negative changes. Impact assessment focuses on changes beyond those visible or achieved during the lifetime of most projects or programmes and is therefore usually undertaken some time after the project or programme implementation period.

Why monitor and evaluate?

Monitoring and evaluation is important to:

- Keep track of programme quality;
- Develop on-going improvements to programme design;

- Ensure accountability to children and other stakeholders;
- Ensure accountability to donors;
- Identify the impact of the programme/project/ intervention;
- Identify and record lessons learnt;
- Help develop a useful evidence base on programme effectiveness; and
- Provide evidence base for advocacy activities.

What are indicators?
An indicator is an objective way of measuring that progress is being achieved, through collecting factual information. Data collected about the indicator tells us if the expected change is happening i.e. it indicates or shows if change has happened.

Example of an indicator
A common activity in SC programmes is to conduct child rights training, and a frequently used output level monitoring indicator is the 'number of children who receive training on child rights'.

Taking an example of a 4-year programme with an activity target to conduct training with 5000 children by the end of a project:
- Before a project had started, we assume that no children have received training on child rights therefore the baseline for this indicator is 0.
- Data collected for the mid-point review of this project, found that 3,000 children had received training on child rights since the project started, therefore the value for this indicator is 3,000 at the mid-point.
- Data collected at the end of the four year programme, as part of the final evaluation, found that in total 5,500 children had received child rights training over the four years, therefore the final value of this indicator is 5,500.

The change in the value of the indicator from 0 children to 5,500 children by the end of the programme shows that the activity target to train 5000 children was achieved. Monitoring this **output indicator** at regular intervals allow us to check whether progress is on track.

Indicators are selected at the initial planning stage of a project or programme so that change can be measured from when implementation starts. The first set of data collected for each indicator at the start of a programme is called the **baseline**.

Output, Outcome and Impact indicators

Achieving change for children is usually a long term process and can be monitored and evaluated on three levels ranging from output, to outcome, to impacts. We monitor and evaluate these different levels over time in order to learn about whether, and how, our interventions bring about change for children. **We always monitor at the output and outcome level**, but less commonly at the impact level, as final impact may not be achieved until after the lifetime of a project or programme.

Output indicators – measure the immediate results of project or programme activities and tell us if activities are happening as planned. Indicators that measure outputs are called 'output indicators' or 'process indicators'. These are quite straightforward to develop and therefore not covered further in this guidance note, beyond the examples given below. However, it is important to keep in mind that outputs and outcomes are different. Police participation in a child protection training workshop should encourage more effective and child-friendly working practices but we cannot assume that taking part in such activities automatically achieves this. Similarly,

training for teachers aimed at improving quality of teaching will not automatically lead to changes in classroom practices. In these examples of training workshops, the scheduling of such activities and the number of police/teachers participating would be considered outputs. **The outcomes would require appropriate assessment of whether police / teachers / health workers had changed their attitudes and working practice.**

Output/Process indicators

Example 1: Preventing and reducing exploitation of children working in mines in two districts in country x

- Number of families participating in livelihood programme
- Number of children, parents and employers who participate in child labour awareness raising events, disaggregated by gender
- Number of active community based child protection mechanisms
- Number of labour inspectors trained on child rights, child labour and child friendly inspection

Example 2: Increased primary enrolment for children from key target groups in 3 districts in country X

- Number of teachers and school managers trained to facilitate access to education in the selected SC programme areas
- Number of families involved in activities carried out by SC and partners aimed at supporting the livelihoods of poor parents to facilitate access of their children to education
- Number of community groups formed to support the access to education for children from key target groups
- Number and type of measures introduced in partnership with the local authorities aimed at supporting the access and regular attendance of children from target groups

Example 3: Increased uptake of health services at the community and district level

- Number of health providers trained in xx
- Number of awareness raising sessions held at community level
- Number of people who have received information on available health services
- Number and type of different services available

Example 4: Reduction of malnutrition in under 5s in programme areas

- Number of families/ mothers and carers trained in appropriate feeding practices, breast and bottle feeding and solids
- Number of community support workers trained in infant feeding practices
- Number of therapeutic feeding centres established by SC or partners
- Evidence of referral system established by SC or partners

Outcome indicators – measure the intermediate changes as a result of the project or programme activities. Monitoring outcomes tells us if activities are bringing about the intended intermediate changes. In all programmes, there is likely to be a wide variety of outcomes that are expected, for example changes in community knowledge and attitudes, increased access to and utilisation of Protection, Education, Health & HIV, and Emergency services, increased quality of services, and changes in financing, policy or practice. These outcomes are expected to lead, in combination, to the final impact that is planned.

Outcome indicators

Example 1: Preventing and reducing exploitation of children working in mines in two districts in country x

- % supported families who experience an increase in household income
- # and % of children, parents and employers who demonstrate a change in knowledge and attitudes towards child labour
- Number of children removed from hazardous child labour and enrolled in formal or informal education or vocational training, disaggregated by gender and age
- Evidence of whether or not labour inspectors are inspecting for child labour

Example 2: Increased primary enrolment for children from key target groups in 3 districts in country X

- # (and % if possible) of new children enrolled in primary schools supported by SC, disaggregated by gender and key target groups
- % of students present in schools on a given number of days during the year to the # of children enrolled, disaggregated by gender and key target groups
- # of children enrolled from poor families financially supported by SC and partners, disaggregated by gender and key target groups
- Reasons given by children from key target groups who have never been to school for enrolling in schools for the first time, disaggregated by gender and key target groups

Example 3: Increased uptake of health services at the community and district level

- No and % (if possible) of new users accessing services at the health centre
- % of catchment population living within walking distance of health facility
- No of individual cases of malnutrition / pneumonia / diarrhoea/ malaria detected and treated
- No of respondents reporting satisfaction with health services provided

Example 4: Reduction of malnutrition in under 5s in programme areas

- No (and %) of infants (age) who received breast milk / solid/semi solid in previous 24 hours
- No (and %) of infants and children who had a minimum diversity and frequency diet in previous 24 hours
- No of children screened for Mid-Upper Arm Circumference (MUAC) and referred on for treatment
- No (and %) of reported incidence of diarrhoea

In Child Protection projects and programmes, impact indicators measure the extent to which child protection deficiencies or violations identified at the start of the project have been reduced and children's lives inside and outside project areas have been changed.

In Education projects and programmes, impact indicators measure the extent to which violations of children's rights to education and the lack of good quality services identified at the start of the project have been reduced, access and completion of inclusive quality basic education have been increased, and the longer term changes in the life of children and their communities have been influenced by our programme and advocacy activities.

In Health and HIV project and programmes, impact indicators measure the extent to which children survive and grow up healthy and have greater access to better quality of care.

In Hunger Reduction project and programmes, impact indicators measure the extent to which chronic and acute malnutrition has been reduced to ensure children are growing up free from hunger.

In some cases, anticipated impacts may occur during the lifetime of the programme and can be measured but in most cases they will take longer to be realised and will require a long term evaluation. Due to the short-term nature of emergency responses it is often not feasible to monitor impact level indicators. Where we do not have the resources to continue monitoring impact after the programme has finished it is important to choose indicators which **measure changes that we expect to occur during the lifetime of the programme**.

Impact indicators

Example 1: Preventing and reducing exploitation of children working in mines in two districts in a country

- Number (%) of under-age children removed from child labour and enrolled in education, who remain out of hazardous work 18 months later and are mainstreamed into formal education, or have completed compulsory education
- Number (%) older children removed from child labour and enrolled in vocational training who are working successfully in marketable trades 18 months later
- % all children in two districts who are engaged in hazardous child labour, disaggregated by gender and age (overall incidence rate)

Example 2: Increased primary enrolment for children from key target groups in 3 districts in country X

- # of new entrants to primary grade 1 who are of the official primary school age as a proportion of the population of official entry grade in SC catchment areas 3 years latter, disaggregated by gender and key target groups
- Survival rate to grade 5, disaggregated by gender and key target groups
- # and % of children from key target groups, enrolled in schools at the beginning of the project, completing the full cycle of primary cycle, disaggregated by gender
- # and % of children enrolled in schools at the beginning of the project, transiting to the next level of education, disaggregated by gender and key target groups
- % of parents / community members reporting on new permanent education opportunities created for children from key target groups in SC programme areas

Example 3: Increased uptake of health services at the community and district level

- Decrease in incidence of illness and disease over time
- Increased skilled attendance at birth
- Reduced child and maternal morbidity /mortality in catchment areas

Example 4: Reduction of malnutrition in under 5s in programme areas

- Reduction in stunting among under 5s
- Reduction in global acute malnutrition in under 5s
- Reduction in severe acute malnutrition in under 5s

There is no strict rule about how many indicators should be used but there are a few issues to consider. We need to collect information for each indicator at least at the beginning and end of the programme, and probably more frequently (for education programmes most indicators need to be tracked at the beginning and end of each school year). So, it is advisable not to choose too many indicators that might require excessive work to collect. However, it is often the case that no single indicator can give a full picture of the change that is occurring, particularly where information is sensitive and difficult to collect reliably. Instead we often need to use more than one indicator, and a combination of quantitative and qualitative indicators, to provide an overall assessment. As a rough guide, **you should aim for around 10-15 outcome indicators for each thematic programme.**

Disaggregating indicators

Disaggregation of indicators means checking for change in the value of an indicator for separate sub-groups of children, to make sure that all children are benefiting from a change. Disaggregation is important for assessing changes in equality and discrimination over time, and for understanding which children are being included or excluded in the benefits of a programme, to inform programmatic design.

The key issues that we are likely to need to disaggregate by are given in the table below:

Category for disaggregation
Sex (boys and girls)
Age (e.g. under five, adolescents)
Disability status
Ethnic group
Migrant status
Single orphan, double orphan, not an orphan
Living in a child-headed household
Living in, or coming from, rural or urban area
Children affected by conflict/disaster
Poverty status

Decisions about which other issues to focus on for disaggregation can be guided by evidence in the CRSA.

In order to disaggregate indicators, we may need to collect and record data on the relevant characteristics of a child. For example, in a survey we would ask each child surveyed for his/her age, gender, ethnic group and other demographic characteristics where this is culturally appropriate and safe.

Content of the rest of this guidance

The rest of this guidance is divided into four thematic sections:

Child Protection
Education
Health and HIV
Hunger Reduction

- Each section starts with an overview of expected outcomes for the specific projects and programmes.
- It then presents a detailed table of outcome indicators for each specific outcome.
- It finishes with some good practice examples of impact indicators.

How to select indicators

The strategy for selecting indicators should be based on what we are trying to measure i.e. the project or programme rationale and logic, activities and objectives. It is therefore very important for monitoring and evaluation that each programme has a clear proposal for how inputs and activities will lead to expected outputs, outcomes and final impacts, before developing indicators.

The following sections provide a long list of indicators for each of the four thematic areas. The suggested method for using these sections to develop indicators is:
Step 1: Identify your project or programme objectives and outcomes
Step 2: Match the outcomes that you have identified with the outcomes in the first column of the indicator table
Step 3: Review the indicators suggested for each outcome in the indicator table
Step 4: Either –

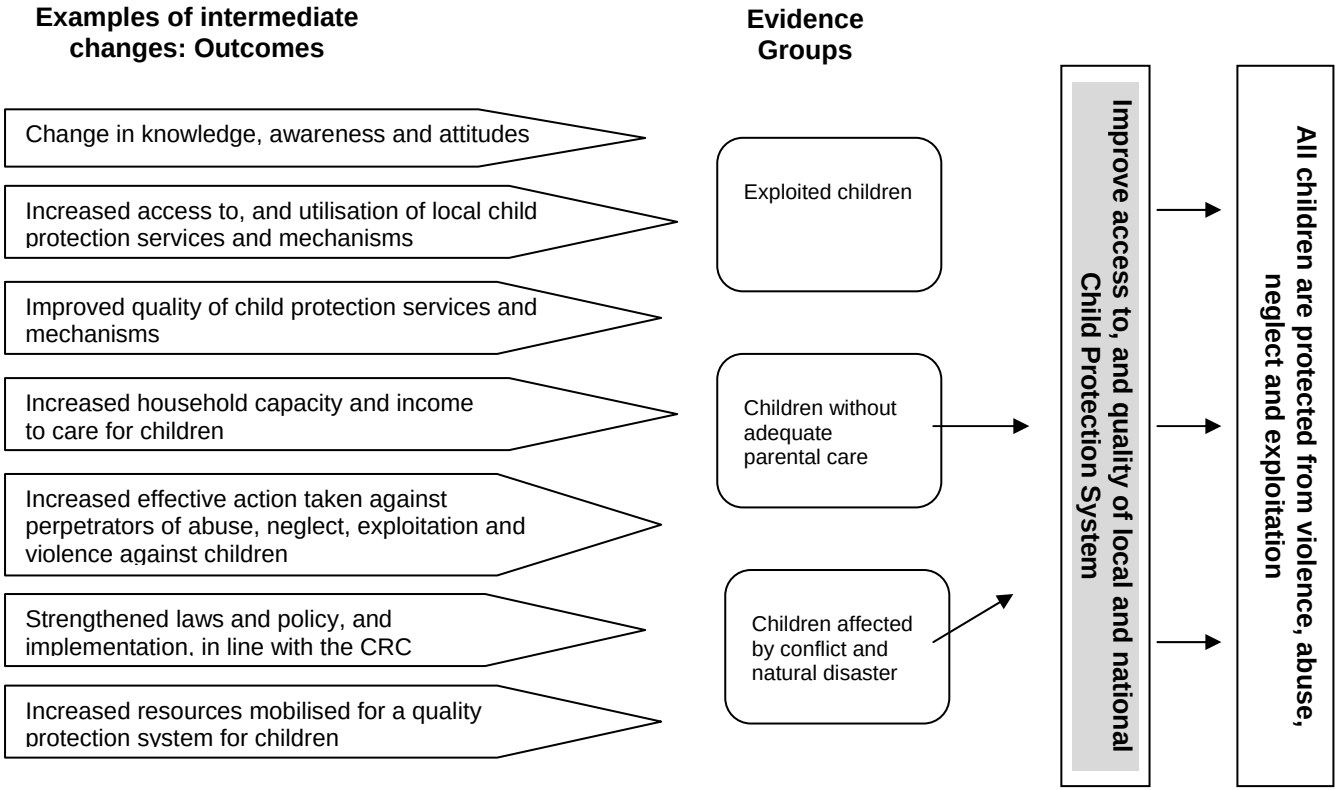
- Select one of the indicators suggested in the table for each specific outcome; or
- Develop your own indicator, using the suggested indicators as a guide.

Every project or programme is different, with different activities and objectives. Therefore there is no universal framework of indicators. Indicators should always be developed to be locally relevant, drawing on this guidance where helpful.

CHILD PROTECTION

All SC UK Child Protection programmes have an overarching objective to improve access to, and quality of local and national child protection systems. This objective contributes to fulfilling all children's right to protection from abuse, neglect, violence and exploitation. In order to achieve this overarching objective, there are a number of outcomes which a programme may aim to directly achieve.

The diagram below provides some examples of outcomes which child protection programmes may be aiming to bring about, through the three pillars of child rights programming. Many of these outcomes are the same for each of our evidence groups and most are also relevant for both development and emergency interventions.



Examples of outcome indicators

The diagram lists some of the broad outcomes which a child protection programme might aim to bring about. The table below gives examples of specific outcomes for each of the protection evidence groups (column 1) and suggests indicators with which to measure these (column 2). For each specific outcome, a number of alternative indicators are suggested. It also sets out:

1. The indicator's relevancy to the three Child Rights programming pillars and programming principles (column 3);
2. Suggestions for data collection methods that could be used to generate each indicator (column 4);
3. General comments on the indicator including where it has been used before (column 5); and
4. An indication of whether the indicator can be usefully applied in development and emergency contexts (columns 6 and 7).

The indicators are grouped by broad outcomes rather than by the evidence groups to emphasise the importance of holistic national child protection systems.

Whilst this section gives examples of a large number of indicators it is not exhaustive. This section of the guidance will be updated as more good examples are developed.

Example of expected outcome as a result of child protection programme or emergency intervention	Example of indicator to measure change	Relevancy to Child Rights pillar and principles	Possible data collection methods	Comment	Apply to Development	Apply to Emergency
Change in knowledge, awareness and attitudes						
Increase in community knowledge around risks of migration and trafficking and how to migrate safely	# and % of children and parents who demonstrate increased knowledge in transit and destination areas of trafficking risks (e.g. main purpose for child trafficking and ways in which children are recruited) # and % children and parents who demonstrate increased knowledge of safe migration and precautionary actions for migration (e.g. investigating legitimacy of job offers)	Pillar 1 & 3 Principle 2	Survey of children and adults' knowledge, attitudes and practice. Undertaken before the awareness raising activities take place and then again after (e.g. at the end of training day or 1 month later). Survey can be conducted	This set of indicators monitors the effectiveness of awareness raising activities on child trafficking	Y Y	Y Y

	# and % of children and adults who demonstrate increased awareness of the services available for those at risk of trafficking e.g. anti-trafficking committee, trafficking telephone helpline % target population who know about penalties for trafficking # information requests to community based mechanisms, centres or telephone lines on safe migration		through group exercises with randomly selected children and adults Activity records from community group, centre or telephone line.		Y Y Y	Y Y N
Increased community knowledge around risks of child labour	# and % of children, adults and employers who demonstrate increased knowledge and changed attitudes towards under-age or hazardous child labour % working children supported by SC who understand their rights to be protected from the worst forms of child labour and their legal position	Pillar 1 & 3 Principle 2	Survey of children and adults' knowledge, attitudes and practice. Undertaken before the awareness raising activities take place and then again after (e.g. at the end of training day or 1 month later). Survey can be conducted through group exercises with randomly selected children and adults	This set of indicators monitors the effectiveness of awareness raising activities on child labour	Y Y	Y N
Increased number of children and adults understand the protection risks in their local community	# and % children and adults who can identify key protection risks in their community	Pillar 1 & 3 Principle 2	Survey of children and adults' knowledge, attitudes and practice. Undertaken before the awareness raising activities take place and then again after (e.g. at the end of training day or 1 month later). Survey can be conducted	This set of indicators monitors the effectiveness of general child protection awareness raising activities	Y	Y

			through group exercises with randomly selected children and adults			
Increased number of children and adults know when, where and how to access help when a child is affected by a protection issue	Number (%) children who can identify someone to go to if they have a protection concern % target children and community who know where and how to formally report a protection violation % target children who are aware of the local child protection committee and any local services	Pillar 1 & 3 Principle 2	Survey of children and adults' knowledge. Undertaken before the awareness raising activities take place and then again after (e.g. at the end of training day or 1 month later). Survey can be conducted through group exercises with randomly selected children and adults	This set of indicators monitors the effectiveness of child protection awareness raising activities	Y Y Y	Y Y Y
Improved community attitudes towards child protection issues e.g. child labour, early marriage, child witchcraft, girls' role etc	Children's views on whether adults and community members have improved attitudes towards child protection issues	Pillar 1 & 3 Principle 2 & 3	Survey of children and adults' knowledge. Undertaken before the awareness raising activities take place and then again after (e.g. at the end of training day or 1 month later). Survey can be conducted through group exercises with randomly selected children and adults	This set of indicators monitors the effectiveness of child protection awareness raising and sensitisation activities	Y	Y
Improved children's knowledge and life skills	% children in SC supported communities who know how to protect themselves from HIV AIDS % children in SC supported communities who demonstrate an	Pillar 1 & 3 Principle 2	Survey of children and adults' knowledge. Undertaken before	This set of indicators monitors the effectivenes	Y	Y

	increased knowledge of life skills		the awareness raising activities take place and then again after (e.g. at the end of training day or 1 month later). Survey can be conducted through group exercises with randomly selected children and adults	s of child protection and life skills training and awareness raising activities	Y	Y
Increased child protection professional's knowledge of protection risks and solutions	% professionals and government officials supported by SC who demonstrate increased knowledge of protection risks and protection laws % community based protection volunteers who demonstrate adequate knowledge of protection risk, laws and solutions	Pillar 2 & 3 Principle 1	Survey of children and adults' knowledge. Undertaken before the awareness raising activities take place and then again after (e.g. at the end of training day or 1 month later). Survey can be conducted through group exercises with randomly selected children and adults	This set of indicators monitors the effectiveness of child protection awareness raising and training activities	Y Y	N Y
Improved access to, and utilisation of local child protection services and mechanisms						
Increase in trafficked children, and those vulnerable to trafficking, who are in community and accessing services	# active community based mechanisms supporting prevention of and response to trafficking # SC supported villages that are free from trafficking # trafficked children who are returned and reintegrated	Pillar 1 & 3	Monitoring meetings with members of community groups Key informant interviews with members of community Case management system		Y Y Y	Y N N

Increase in working children removed from labour and accessing services	# under-age working children in SC operational areas removed from child labour	Pillar 1 & 2	Case management system, project records		Y	N
	% under-age working children in SC operational areas removed from child labour who are enrolled in formal or information education or training		Case management system, project records		Y	N
	# legal age working children in SC operational areas removed from hazardous labour		Case management system, project records		Y	N
	% legal age working children in SC operational areas removed from hazardous labour who are enrolled in vocational training or employed in non-hazardous work		Case management system, project records		Y	N
	% working children in SC supported areas who access basic services (e.g. basic education, basic health, social protection and legal services)		Survey of working children		Y	N
	% working children in SC supported areas enrolled in formal or informal education		Survey of working children		Y	N
Improved access for children without adequate family care to family based care placements and basic services	# children newly placed in foster care, kinship care or adoptive care in SC operational areas (reference period is last 12 months)	Pillar 1 & 2 Principle 1	Local (district-level) statistics, case management records		Y	N
	# children in SC operational areas removed from residential care and reintegrated into a family placement		Case records, project records, institution enrolment records		Y	N

	# new entrants to residential care institutions in SC operational areas (reference period is last 12 months)		Case records, project records, institution enrolment records		Y	N
	% children in residential care institutions in SC operational areas who access quality education		Survey of children and staff in institutions		Y	N
Increase in separated children reunited with families and accessing support services	% separated children identified by SC who are reunited with their family or in a satisfactory alternative care placement	Pillar 1 Principle 1	Case management records		Y	Y
	% separated children who access support services (counselling, medical, legal etc)		Case management records		Y	Y
	# and % returnee children who are accessing basic education		Case management records		Y	Y
Increased in CAAFAG reintegrated into community and accessing support services	# CAAF reintegrated into their own community or a satisfactory alternative care placement	Pillar 1 Principle 1	Case management records		Y	Y
	# & % CAAF reintegrated who are accessing quality informal or formal education or training, or livelihood support		Case management records		Y	Y
	# and % of CAAF reintegrated into community who are accessing quality support services (e.g. counselling, medical services etc)		Case management records		Y	Y
Increased opportunities for children to develop, learn, play, and build, strengthen resiliency after an emergency or crisis, or during a protracted emergency	Views from children and parents about whether activities were appropriate	Pillar 1	Child and parent focus group discussions		N	Y
	Views from children and parents about whether activities and opportunities offered were of high quality		Child and parent focus group discussions		N	Y
	Views from children and parents about whether children's engagement and enjoyment of centre activities		Child and parent focus group discussions		N	Y

	Views from children and parents about children's positive thoughts of their life and hopes for the future		Child and parent focus group discussions		N	Y
	Views from children and parents about children's positive relationships with peers, family and community members		Child and parent focus group discussions		N	Y
Increase in vulnerable children who receive appropriate quality protection services (mediation, psychosocial support, medical or legal support services	# community child protection mechanisms in SC supported communities, that are active and reporting and referring child protection cases	Pillar 1 & 3	Monitoring meetings with members of community groups		Y	Y
	# children and families whose cases are supported by a child protection committee		Committee records, project records, case management records		Y	Y
	% vulnerable children on caseload who receive support services		Case management records, survey of supported children		Y	Y
	# children supported by SC who receive birth registration		Case management records, survey of supported children		Y	N
	# child headed households supported by SC who can access social services in their own right		Survey of supported children in child-headed households		Y	N
Improved quality of protection services						
Improved identification and monitoring of children at risk: e.g. From trafficking e.g. From child labour e.g. for care issues	# of reports made to anti-trafficking committee of children who are migrating and at risk of trafficking	Pillar 1 & 3	Committee records, project records, case management records		Y	N
	# children identified as out of school who are supported to enrol in education		Committee records, case management records, interviews with schools		Y	Y
	# children identified as at risk in SC operational areas in last 12 months (or 1 month in an emergency)		Committee records, project records, case management records		Y	Y

Improved referral to services	% vulnerable children on case load referred to services (medical, legal, psychosocial, education, social services etc)	Pillar 1 & 2 Principle 1	Case management records, committee records		Y	Y
	# and % children who experience sexual violence who are referred to support services within an appropriate time frame (e.g. 2 weeks from reporting)		Case management records, committee records	Columbia University Protective Environment indicator	Y	Y
Improved review of child protection cases	% reintegrated and reunited children supported by SC whose case is followed up (e.g. 1 month after reintegration)	Pillar 1 & 3	Case management records, project records		Y	Y
	% families supported by SC who are satisfied with follow-up received		Survey of families and children supported by SC		Y	Y
	Views from reintegrated and reunited children and parents supported by SC about their satisfaction with the process		Survey of families and children supported by SC		Y	Y
	Reintegrated children's views on whether they feel accepted into the community		Focus group discussions with reintegrated children, interviews with reintegrated children		Y	N
Improved implementation of quality standards and codes of conduct in child protection services	# residential care institutions in SC operational areas who are applying quality care standards	Pillar 2 Principle 1	Interviews with staff in institutions, observation and spot checks		Y	N
	% children in residential care institutions who report reduced incidences of violence, neglect abuse or exploitation		Survey of children in institutions		Y	N
	Children's views in residential care institutions regarding changes in care practices of staff		Focus group discussions or interviews with children		Y	N
	% children in residential care institutions in SC operational areas who have regular contact with family members		Survey of children in institutions		Y	N

Improved qualifications and skills of child protection workers (e.g. teachers, social workers, doctors, police, border police, labour inspectors)	# & % SC supported protection workers demonstrate appropriate knowledge and practice (e.g. in a child friendly space, social workers, in a child protection committee)	Pillar 2 & 3	Knowledge and attitudes test, observation in the workplace		Y	Y
	# & % residential care institutions where staff are trained by SC, who are applying better care and child friendly practices		Knowledge and attitudes test, observation in the workplace, focus group discussions or interviews with children in institutions		Y	N
	# & % of community based protection mechanisms in SC operational areas which require minimal support by the end of the programme		Focus group discussions or interviews with community members, interviews with project staff		Y	Y
Increased child friendliness of child protection services	# & % children who report that local support services (e.g. child protection committees, child friendly spaces, social workers, care staff, police etc) are child friendly	Pillar 2 Principle 1	Comments and satisfaction box, survey of children, scenario mapping	Definition of child friendly to be defined for local context	Y	Y
	Views from working children about whether child labour inspectors are child friendly		Focus group discussions, interviews,		Y	N
	Children's views on whether court procedures are child-friendly		Comments and satisfaction box, survey of children, scenario mapping		Y	N
Increased child participation in child protection services	% surveyed children who actively participate in care decisions that affect them	Pillar 3 Principle 2	Interviews with children		Y	Y
	Children's views about whether they are satisfied with the level of their participation in care decisions that affect them		Interviews with children, participatory discussion techniques		Y	Y

	# and % community based protection mechanisms supported by SC that involve children in decision-making and community protection		Interviews or focus group discussion with community members and separate discussions with children		Y	Y
	Evidence of whether working children are actively involved in the development of minimum work condition standards		Interviews with children, focus group discussions with children, material produced by children		Y	N
Increased client satisfaction with child protection services	Number (%) children and care-givers who are satisfied with the quality of the support they receive	Pillar 1 & 3 Principle 1	Comments and satisfaction box at service point, interviews with children and care-givers	Indicators of satisfaction are not appropriate in all situations e.g. where a child is removed from a family because of protection concerns	Y	Y
	% working children removed from work who report that they are satisfied with their removal		Interviews with working children		Y	N
	% cases brought to a community mechanism which are resolved to the satisfaction of the child concerned		Sample survey of children supported by community mechanism		Y	N
Increased capacity and financial resources to care for children						
Improved care practices	Number (%) care providers and those working with children who use positive discipline methods	Pillar 1	Observation, interviews with care-givers, participatory scenario mapping, attitude and practice survey		Y	N
Increased household income to prevent: e.g. under-age children from entering work	% targeted households whose income falls above a defined level (e.g. US$1 per day)	Pillar 1	Household income survey		Y	N

e.g. children from entering hazardous work e.g. children migrating unsafely e.g. children being sold into exploitation and abuse e.g. children being placed in a residential care institutions e.g. children recruiting into armed forces	% of targeted households with increased targeted assets % households supported by SC livelihoods work who experience an increase or diversification of income					
Increased effective action is taken against perpetrators of abuse against children						
Increase in effective action taken against traffickers and those associated with exploitation of children	# people arrested and convicted for trafficking charges in SC supported areas % criminal cases brought against traffickers in SC supported areas which result in conviction	Pillar 2	Local and national police records Local and national judicial records		Y Y	N N
Increase in effective action taken against employers exploiting and abusing children and breaking the law	Evidence of whether or not labour inspectors are inspecting for child labour # criminal cases brought against employers who are operating against laws on child labour # and % of child workers who report a reduction in abuse and exploitation in the workplace % working children in SC supported areas who report an improvement in working conditions	Pillar 2	Interviews with labour inspectors, employers and working children Local and national judicial records Survey of working children Survey of working children		Y Y Y Y	N N N N

	% working children in SC supported areas who are subject to hazardous working conditions		Survey of working children		Y	N
Increase in effective action taken against abuse and violence	# child protection cases formally reported to police or community # child protection cases taken to judicial system (reference period is last 12 months) # people arrested and charged for protection crimes against children	Pillar 2	Court, police records Court, police records Court, police records		Y Y Y	N N N
Increased confidence of children and communities in the protection system	Number (%) children and community members who feel confident that punitive action will be taken against perpetrators of violence against children	Pillar 2	Survey or interviews with children and community members, focus group discussions		Y	Y
Laws are reformed and policy better implemented in line with the CRC						
Introduction of a specific new law or policy e.g. in each evidence group	Legislation banning worst forms of labour adopted Whether or not there is a change in the law to ban the use of institutions for under 3 year old The existence of a legal/policy framework for formal care which specifies a) steps to prevent separation; b) preference for placement of children in family based care; c) the use of institutionalisation a is last resort and temporary measure; d) involvement of children in decisions about their placement Whether or not a National Child Protection Plan is developed	Pillar 2	Applies to all of these indicators: Review of policy and legal documents, key informant interviews with government officials		Y Y Y Y	N N N N
Improvement in existing law or policy e.g. in each evidence group	Evidence in policy and law of an improvement in terms and conditions for children legally entitled to work Change in the law to ban corporal punishment in schools Child protection is integrated into National Emergency and preparedness response	Pillar 2	Applies to all of these indicators: Review of policy and legal documents, key informant interviews with government officials		Y Y Y	N N N

	System for regulation of foster care adopted or reformed				Y	N
	Whether monitoring and inspection regime introduced or reformed				Y	N
Improved implementation of an existing law or policy e.g. in each evidence group	# government programmes supporting children and their families at risk of trafficking	Pillar 2	Review of policy and legal documents, key informant interviews with government officials		Y	N
	Implementation of gate-keeping system for institutions				Y	N
	Children's views on whether their perspectives and priorities are adequately reflected in local and national protection policies and plans		Interviews, focus group discussions with children		Y	N
	# districts supported by SC where there is evidence of child participatory processes in the development of local child protection policies, services or systems		Interviews with local officials, children and staff members, review of material produced by children		Y	N
	Key local and national child protection policy documents are available in a child friendly format		Review of policy documents published		Y	N
Replication or support for SC supported policy or procedure nationally	Whether or not child protection interventions and programmes developed by SC are replicated by national government	Pillar 2	Review of partners, government policy at local and national level	This set of indicators monitors wider changes as a result of action and advocacy	Y	N
	Whether district child protection system adopts SC's anti-trafficking policies and procedures		Review of partners, government policy at local and national level		Y	N
	Whether government replicates and uses SC standards for residential care institutions		Review of partners, government policy at		Y	N

			local and national level			
	Whether government replicates SC model of community based care placement		Review of partners, government policy at local and national level		Y	N
	# government speeches or policy reports on child protection that draw directly on SC's work or advocacy position		Review of speeches and policy reports		Y	N
	# local and national government policies/laws/guidelines developed that promote building and strengthening national child protection systems		Review of policy and legal documents, interviews with key government informants		Y	N
	# and description of new critical relationships established with local or national government ministries and officials		Interviews with key programme staff and partners, minutes from meetings		Y	Y
Increased public and private sector budget and resources allocated to child protection services and mechanisms						
Increased funds allocated to child protection by government	% of total national and local government spending allocated to child protection	Pillar 2	Public expenditure budget analysis (local and national)		Y	N
	% local and national budgets dedicated to trafficking prevention and response		Public expenditure budget analysis (local and national		Y	N
	Ratio of local authority expenditure on residential care institutions to alternative care systems		Public expenditure budget analysis (local and national		Y	N
	Level of funding per child in target districts for child protection		Public expenditure budget analysis (local and national		Y	N
Increased international aid to child protection	Level of donor funding allocated to child protection	Pillar 2	Analysis of donor funding for protection projects		Y	Y

Increased effectiveness and efficiency of funding for child protection	# private sector organisations which contribute new funds to a community based care project as opposed to residential care institutions	Pillar 2 & 3	Key informant interviews with private sector organisations		Y	Y
	% donors providing long term aid to reintegration and DDR programmes		Review donor funding		Y	Y
	% communities supported by SC who organise civil society participation in local budget setting and monitoring		Interviews with community members, review of project activities		N	N

Examples of impact indicators

Impact indicators measure the long term and wider changes as a result of a protection programme. They are usually monitored after the project or programme has finished. For many programmes, it will be adequate to monitor at the outcome level. In some cases, where we are piloting a new and untested interventions, we should aim to monitor at the impact level. This section gives a small number of good examples of impact indicators for each evidence group. For further advice on impact indicators or undertaking impact assessments, please contact the child protection LIA Adviser.

Exploited children

Long term impacts on supported children

- % under-age working children removed from labour who are mainstreamed into formal education or have completed compulsory education at follow-up (e.g. 18 months later)
- % legal age working children removed from hazardous labour and enrolled in vocational training who are working successfully in marketable trades at follow-up (e.g. 18 months later)
- % working children removed from child labour whose siblings are also not working at follow-up (e.g. 18 months later)
- % working children who report a sustained improvement in working conditions
- % children reintegrated from trafficking who are enrolled in education or engaged in local work at follow-up (e.g. 18 months later)

Wider impacts at local and national level

- # & % children in SC operational area/across child national population engaged in under-age or hazardous child labour (incidence rate)
- # incidents of child trafficking in SC operational area/across child population (incidence rate)
- # villages/districts outside SC operational areas that are free from trafficking

Children without adequate parental care

Long term impacts on supported children

- % children reintegrated into community placements supported by SC, who are still in a community-based care placement at follow up (e.g. 18 months later)
- % children reintegrated into community placements supported by SC, who are receiving better care and access to services than in the residential care institution
- % children in identified families that are adequately fed, clothed and cared for at follow-up (e.g. 18 months later)

Wider impacts at local and national level

- # children in SC operational areas/across child population in residential care institutions (incidence rate)
- # children in SC operational areas/across child population in alternative care placements
- % children in residential care institutions in SC operational areas/across child population who have 1 or more living parents (who are not there for reasons of family abuse or neglect)
- # children in SC supported areas/across child population accused of witchcraft (incidence rate)

Children affected by conflict and natural disasters

Long term impact on supported children

- % reintegrated children supported by SC who demonstrate an improvement in their well-being
- % reintegrated children supported by SC who are still in the community and engaged in education, training or positive employment at follow-up (e.g. 18 months after reintegration)

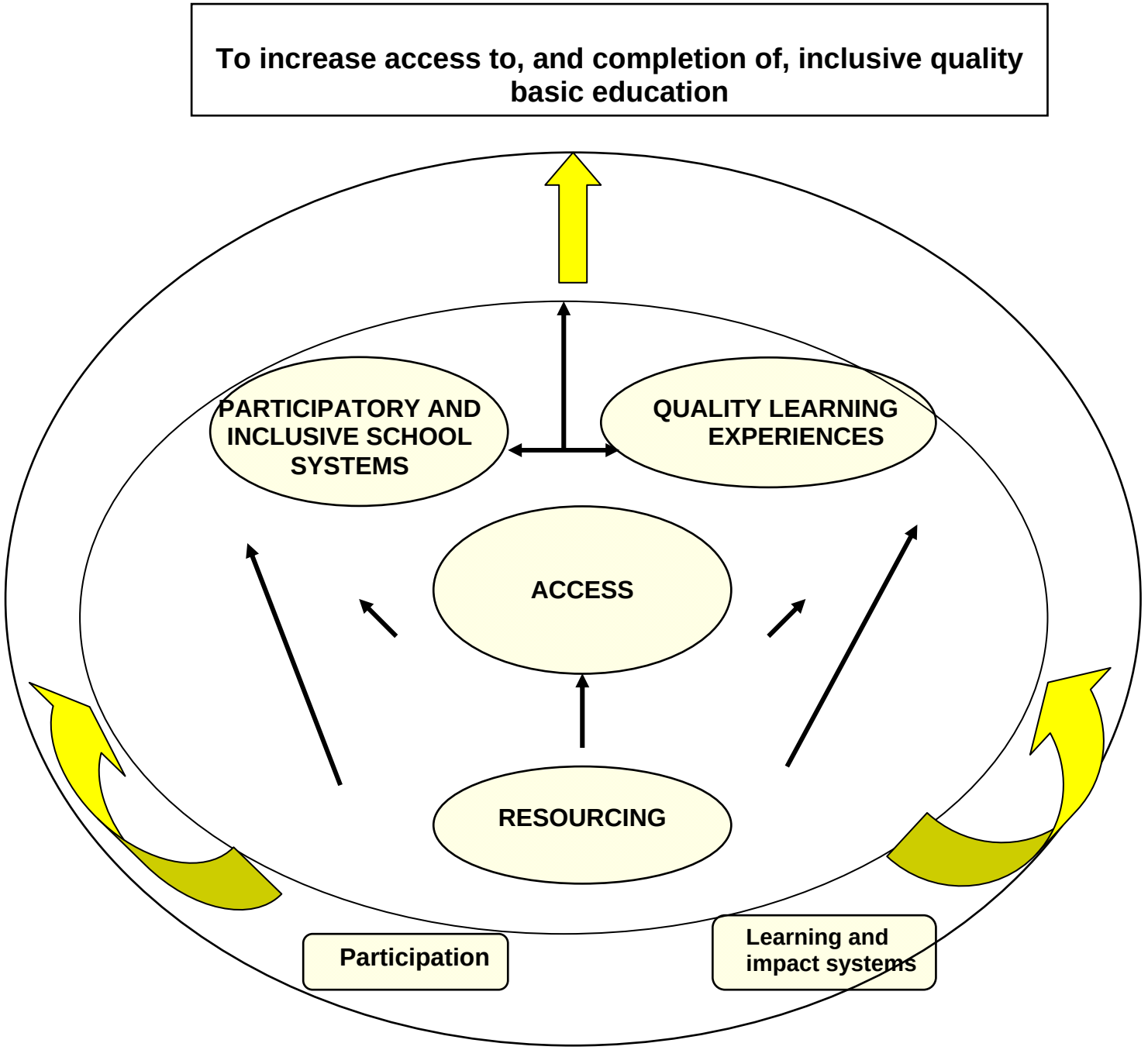
Wider impacts at local and national level

- % child population in SC operational areas/across child population that experiences sexual abuse (incidence rate)

EDUCATION

Save the Children's overall ten – year goal in education is**: To increase access to, and completion of, inclusive quality basic education.** All education programmes are contributing to achieving this overall goal through a number of specific objectives and outcomes. All our education work will focus specifically on children affected by conflict/disasters, ethnic minority children and the poorest 10% of children. In the education sector we are also committed to attaining a specific 'breakthrough' objective, that: 'Children caught up in crises can expect to get a basis education – we've helped get education established as a fundamental part of all emergency responses.'

The diagram below provides our conceptual framework of the process of change towards Save the Children's education overall objective.


To increase access to, and completion of, inclusive quality basic education
PARTICIPATORY AND INCLUSIVE SCHOOL SYSTEMS
QUALITY LEARNING EXPERIENCES
ACCESS
RESOURCING
Participation
Learning and impact systems

Examples of outcome indicators

The diagram lists some of the broad outcomes which an education programme might aim to bring about. The table below gives examples of specific outcomes for each of our key areas of work (column 1) and suggests indicators with which to measure these (column 2). For each specific outcome, a number of alternative indicators are suggested. It also sets out:

3. The indicator's relevancy to the three Child Rights programming pillars and programming principles (column 3). Please see the new programming framework in the attachment.
4. Suggestions for data collection methods that could be used to generate each indicator (column 4). This column is still not fully developed and when finalised will be linked with the tool kit, which has been drafted and it is also in the piloting phase. The full explanation of the calculation process for the each indicator will be also provided for the final version of the manual.
5. General comments on the indicator including relevancy for the Rewrite the Future monitoring system and where it has been used before (column 5); and
6. An indication of whether the indicator can be usefully applied in emergency contexts (columns 6). The last section of the manual is related to emergency specific indicators and these indicators will be integrated in the relevant sections after reaching agreement on them.

The indicators are grouped by broad outcomes rather than by the evidence groups. All our education programmes are targeting specific groups of marginalised children (explained in the table on page 6) and indicators need to be disaggregated by key target groups identified at the beginning of the intervention.

The manual is developed with the idea to capture all hard work already invested in developing the Thematic Programme Plans and Country Plans for Rewrite the Future countries. All existing indicators from these documents are grouped and refined, and the new indicators are suggested for the areas important for achieving our overall objective which are less covered by the country level indicators. All key indicators developed for Rewrite the Future, key internationally agreed education indicators (EFA / MDGs), and good indicators (relevant for the type of work our programmes are implementing) tracked by the Alliance members and other big players in education have been introduced.

Whilst this section gives examples of a large number of indicators it is not exhaustive. This section of the guidance will be updated as more good examples are developed. The final version of the guidance will be presented in the excel format.

Example of expected outcome as a result of education programme or emergency intervention	Example of indicator to measure change	Relevancy to Child Rights pillars and principles	Possible data collection methods	Comment	Apply to Emergency
Children from marginalised groups have increased access to non formal and formal education at different levels					
- Increased enrolment in early learning programmes	- # (and proportion (%) if possible) of children enrolled in early learning programmes supported by SC (disaggregated)	Pillar 1/ Principle 3	Institution enrolment records/ project records		Yes
- Increased primary enrolment OR - Increased primary enrolment for girls (or children from other key target group)	# (and %if possible) of children enrolled in primary schools supported by SC (disaggregated) OR - # (and % if possible) of girls (or child solders; children with disability..) enrolled in SC supported primary schools	Pillar 1/ Principle 3	Institution enrolment records/ project records	RtF indicator	Yes
- Increased non – formal enrolment with focus on coverage, conflict affected and children from target groups	- # and % of children enrolled in non – formal education provision supported by SC (disaggregated)	Pillar 1/ Principle 3	Institution enrolment records/ project records		Yes
- Increased transition between pre - primary and primary education	- # and % of children transiting between pre primary and primary institutions supported by SC (disaggregated)	Pillar 1/ Principle 3	Institution enrolment records/ project records		
- Increased transition between non – formal and formal education	# and % of children transiting between non – formal and formal institutions supported by SC (disaggregated)	Pillar 1/ Principle 3	Institution enrolment records/ project records	RtF indicator	
- Increased transition between primary and secondary education	# and % of children transiting from primary institutions supported by SC to secondary institutions (disaggregated)	Pillar 1/ Principle 3	Institution enrolment records/ project records		

- Increased primary school attendance	- The % of student present in school on a given number of days during the year (determined by head counts) to the # of children enrolled (disaggregated) - Reasons given by children from key target groups enrolled for the first time for staying in the schools (survey of children)	Pillar 1/ Principle 3 Pillar 1, principle 3	Spot checks should be conducted via programme staff visits or special data collection forms administered on a pre – selected Number of specific days that take into account weekends, holidays, and seasonal and other factors affecting regular attendance. Reported number is average of three surprise spot checks on non consecutive days throughout the year. You may be able to use a sample of schools for the spot che is average of three surprise spot checks on non consecutive days throughout the year. You may be able to use a sample of schools for the spot check. Survey of children conducted through individual or group exercise	KEI[1] for RtF KEI for RtF SC US indicator	

[1] Key Education Indicator, optional for RtF countries

Increased net intake rate measured by changes in # of new entrants to primary grade one	# of new entrants to primary grade 1 who are of the official primary school entrance age as a proportion of the population of official entry grade in SC catchment areas (disaggregated **)**		Institution records, project records		
Improved quality of educational provision leading to increased inclusion, participation, relevancy and learning with focus on children from marginalised groups					
- Children have greater influence on improving their learning through their participation in the classroom - Increased number of schools/ communities taking children's views and perspective into account in management of schools and community support for education provision	- % of children observed in programme schools active in their learning (disaggregated) - % of children clubs in primary schools supported by SC that initiate activities - % of SC schools with active children's councils - % of target schools incorporating children's views in their school development plans - % of communities supported by SC involving children in decision making process that directly affect them OR - Examples of ideas proposed by children involved in school/ community networks being accepted and implemented in practice (disaggregated)	Pillar 1, principle 2 and 3 Pillar 1, principle 2 and 3 Pillars 1 and 2, principles 2 Pillars 1 and 2, principles 2 & 3	Observation in the sample of classrooms based on a standardised check list " Active " based on agreed criteria Survey of children; School Committee records; Community records; Case Studies	Corresponds with participation outcome for RtF Corresponds with participation outcome for RtF	Yes
- Increased capacities of education staff to deliver child friendly and inclusive teaching	- % of trained teachers using child friendly, inclusive teaching methods when observed in the classroom (gender disaggregated) OR - Interviewed children's views about changes in classroom methods in classrooms with trained teachers (disaggregated**)** - # and % of schools supervisors /inspectors using SC	Pillar 2 Pillar 2, principles 2 & 3 Pillar 2	Sample observation based on a standardised check list Survey of children Official records		Yes

Increased capacities of education staff to deliver curriculum which is relevant and responsive to children's needs	class and teacher monitoring schemes to capture inclusive , learner centred practice - % of schools with staff trained by SC using flexible assessment methods	Pillar 2	based on a standardised check list Sample school survey based on a standardised check list		
	% of schools in SC supported areas incorporating relevant life skills in primary education curricula OR - # and % of randomly surveyed teachers in SC target schools that can demonstrate local content in their lessons plan OR - Interviewed children's views about changes in learning content or medium in classrooms with trained teachers - % of schools in SC supported areas incorporating lessons that address issues of respect for diversity and tolerance - % of schools in SC supported areas incorporating conflict prevention lessons into primary curricula - % of schools supported by SC providing training for children in child rights - # and % of randomly surveyed teachers in SC supported schools incorporating HIV/ AIDS theme in their lessons plan - % of ECD sites supported by SC meeting locally agreed quality standards	Pillar 2	Sample school survey based on standardised check list Observation during regular staff visits based on a standardised check list School observation and/or survey of children based on locally agreed criteria for key target groups Observation, school plans School records/ observation/ survey of children School records/ observation School records/ observation/ survey	Corresponds with relevancy outcome for RtF KEI for RtF	Yes

	- Reasons given by children and parents in target areas for why they are staying on in schools (disaggregated)		of teachers Observation through regular visits based on a standardised check list Survey of children and parents		
- Improved student's knowledge, skills, attitudes and learning	Apparent survival rate to grade 5 in schools supported by SC (disaggregated) % of children promoted from 1st to grade 2nd grade of primary school on time, for both children who participated in SC supported ECD programmes and for their classmates who did not participate (disaggregated) Pass rate per grade in SC supported schools (disaggregated) OR Drop out rates by grade in SC supported schools (disaggregated) OR Repetition rates by grade in primary institutions supported by SC (disaggregated) Survival rate of non formal primary education programmes measured as % of children enrolled in the final year of the programme cycle % of students in grade X (typically grade 3 or 5) scoring above certain % in a standard test scores (disaggregated) OR # and % of students in the target schools who have passed / performed at or above locally acceptable standard on a standardised or national or regional test of language/literacy and numeracy /math **(**disaggregated**)**	Pillar 1, principle 3		KEI for RtF/ EFA indicator, corresponds with learning outcome for RtF KEI for RtF KEI for RtF EFA indicator KEI for RtF Measured by SC US at grade 3 and/or 5 based on results from national or	Yes

	% of children surveyed in SC supported schools who know how to protect themselves from HIV infection (disaggregated) or % of children in schools supported by SC who have basis knowledge of HIVAIDS % of children surveyed in SC supported schools with basic knowledge of child rights (disaggregated**)** % of children surveyed in SC supported schools having basic knowledge of appropriate life skills (disaggregated) % of children surveyed in SC supported schools having basic knowledge of conflict prevention (disaggregated**)** Changes reported by observer in children's behaviour in classrooms taught by teachers trained by SC			regional tests. Piloted by SC Norway Piloted by CS N based on a standardised test applied to a sample of children Measured by PLAN Survey of children at the beginning and end of the intervention, based on a standardised test (3 indicators) Observation on a sample of classrooms based on a standardised behaviour check list (pre – post)	
Improved protection of children to, from and in school environment in areas supported by SC					
Improved protection of school	- % of SC supported schools and sites that are meeting	Pillar1, principle 3	Locally agreed criteria for the safe	KEI for RtF, corresponds	

children	locally agreed criteria for safe learning environment free of violence and exploitation - Number of child rights violations in schools reported in SC programme areas (disaggregated by gender and vulnerable groups) - % of surveyed children reporting reduced incidences of violence in or around schools, including corporal punishment (disaggregated) - # and % of SC supported schools engaged in monitoring incidents of violence in or around schools including corporal punishment - % of stakeholders surveyed, including children, who perceive that the Code of Conduct is being observed and monitored in school supported by SC - Opinion of girls and children with disabilities about changes in safety within schools supported by SC (disaggregated)		environment needed Measured on a sample of schools annually Survey of a sample of schools (pre – post)	with protection outcome for RtF	Yes
Increased capacities of children to participate in self protection	# and % of children from SC supported schools able to report use of positive discipline methods by teachers (disaggregated) # and % of children actively engaged in child protection networks or children's clubs that include child protection elements in schools supported by SC (disaggregated) % of schools where incidence of violence has been reported by children during the school year	Pillar 1, Principles 2 and 3 Pillars 2 and 3	Sample survey of children (pre – post)		
Authorities/ community actively promote education's role in protecting children	% of teacher training or education institutions supported by SC incorporating child protection components in curricula % of teachers in SC supported schools who sign and apply the code of conduct developed by the relevant ministry # and types of community mechanisms in place to support protection needs of children			Corresponds with protection outcome for RtF	Yes Yes

	Examples of strengthened linkages between community child protection networks and schools with the aim of reducing violations in schools OR Perception of community members about their influence on implementing strategies to ensure that SC supported schools are safer places for children		Sample survey of community members/ representative case studies		
Increased resources mobilised for education of children with emphasis on children from marginalised groups and children in countries affected by conflict and natural disaster					
Increased funds allocated to education by governments	% of total government spending on education as a percentage of total government spending disaggregated by levels of education Public current expenditure on primary education a) as a percentage of GNP; and b) per pupil, as a percentage of total public expenditure on education % of national and regional funding specifically allocated to improve marginalised children access to basic education	Pillar 2, Principle 4 Principle 3		Core EFA Indicator / KEI for RtF Core EFA indicator	
Increased international aid to education	% of international aid that goes to education				
Increased financial resources available for schools in SC intervention areas	% of schools supported by SC that receive the budget allocated by the government on time % of education funding allocated to school development plans OR # and % of schools receiving financial support from MoE for school development plans allocation of education funding to schools in SC supported areas is equitable distributed				
System of social audit established	% of schools supported by SC organising civil society participation in budget setting and monitoring of school	Pillar 3, Principle 1,2,3,4			Yes

and functional in intervention areas supported by SC Participation of key stakeholders in assessing the impact of school fees on education opportunities	development plans Examples of active involvement of parents and community groups in school budget tracking Views of parents and children surveyed on the impact of school fees and charges on children's enrolment and completion of basic education		Case studies Use sampling in focus groups, measure low – medium - high		
Wider changes achieved as a result of SC programming and advocacy initiatives					
Work initiated by SC endorsed and replicated by partners and/or donors & government <u>Increased media coverage of work implemented & advocated by SC?</u>	# and % of teachers trained using curriculum or materials relevant and responsive to children's needs produced initially by SC & partners # of teacher training colleagues adopting training curriculum developed by SC & partners Accreditation received by SC – developed teacher training schemes/ materials # of provincial/ regional education departments adopting mother tongue based multilingual education approaches demonstrated by SC # of teacher training institutions, training of trainers and refresher training courses for ALP teachers, incorporating elements of child protection developed by SC & partners # of school development plans produced by communities outside SC project areas (based on a SC model) <u># of media coverage of initiatives related to right to education/ inequality in education developed by SC and organizations linked to SC???</u> # of policies/ laws/ guidelines developed by relevant	Pillar 2 Pillar 3, Principle 2 Pillar 3 Pillar 3 Pillar 2,			

Laws and policies developed and /or reformed and better implemented and monitored as a result of SC & partners programming and advocacy	ministries that promote the right to education and children's rights within the education system # of new policy guidelines developed promoting more flexible delivery of the curricula # of new policy guidelines developed promoting more flexible assessment process # of school development plans/polices developed, in use and regularly monitored/ reviewed # of new policies & guidelines developed to abolish corporal punishment in schools # of new policy guidelines developed promoting abolition of school users fees # of new policy guidelines developed promoting increased financing of education # of new policy guidelines developed promoting the code of conduct	Principles 3 and 4			
Children have access to education provision, and opportunity to learn and play during emergency					
Adequate provision of inclusive learning activities in child friendly spaces for affected children	# of affected schools & learning spaces made safe and functional for children within 12 weeks after emergency onset % of affected children enrolled and attend education sites regularly in a safe environment, within 12 weeks of an emergency % of affected children regularly attended safe play areas # and % of children with disabilities or from ethnic minority groups attending learning classes # and % of children who are satisfied with quality of provision (disaggregated) ???				

Increased awareness of education actors, teachers, parents and community members of children's social and emotional needs/ well – being in child friendly spaces Improved early recovery of education systems to facilitate smooth transition from humanitarian relief to post – crises reconstruction phase able to provide good quality inclusive education for all Emergency education programmes adequately financed at all stages from immediate onset throughout transition phase into recovery	% of children active in play in child friendly play areas services available and used for children with special needs increased capacity of teachers to recognize psycho – social issues in children and to respond appropriately % of temporary education facilities replaced by permanent facilities within 2 years % of training institutions restored to normal operating status within one year increased capacity of the ministry of education within a year % of humanitarian funding in an early onset crises allocated to education # of donors providing long term predictable aid to education throughout humanitarian to development continuum			Observation during site visits, programme records Programme records, system records, survey of children	

Health and HIV

All SC UK Health and HIV programmes have the overarching objective to reduced maternal, newborn and child mortality and morbidity, and improve health outcomes of children and their carers.

This document is intended to provide some general guidance, and the outcomes and indicators listed are provided as examples. This list is not meant to be comprehensive.
The health and HIV team in Farringdon is working on a more detailed tool that will provide a menu of options also with regards to activities.

Example of expected outcome as a result of health and HIV programme or emergency intervention	Example of indicator to measure change	Relevancy to Child Rights pillar and principles	Possible data collection methods	Comment	Apply to Development	Apply to Emergency?
Health Service Provision						
Increased access to and uptake of health services at the community and district level	Average number of people/women/children <5 attending health facilities per month	Pillar I Principle 1,3	Health facility records		Y	
	Average number of consultations per capita per year		Health facility records and area-specific population data		Y	
	Number of women in catchment population per key functional facility (maternity wing, delivery room).		Census data and health facility assessment		Y	
	% of catchment population living within walking distance to health facility		Household survey		Y	
	Number of individual cases of malnutrition/ pneumonia/ diarrhoea/ malaria/ other in children detected and treated at facility per month		Health facility records		Y	Y

	% of children age one who are fully immunised / immunised with DPT3/ immunised against measles	Pillar I Principle 1,3, 5	Household survey		Y	Y
	% children <5 years sleeping under ITNs		Household survey		Y	Y
	N of ITN distributed		Health facility and distribution facility records Project reports		Y	Y
	% / # women aged 15-49 years attended at least once by a skilled health provider during pregnancy		Household survey		Y	Y
	# of antenatal care visits provided at health facilities		Health facility records		Y	Y
	%/ # of live births attended by skilled health professionals		Household survey		Y	Y
	# of births attended by skilled health professionals at health facilities		Health facility records		Y	Y
	%/# HIV+ pregnant women receiving ARVs for PMTCT		Household survey HIV seropravelence survey Health facility records		Y	Y
Improved quality of health services / services renovated and rehabilitated	% / # respondents reporting satisfaction with health service provided		Patient/ household survey		Y	Y
	%/ # of health facilities in programme catchment area that are fully functioning and in conditions in line with standards of national government	Pillar II Principle 1,4,5	Project reports/ health facility supervision Health facility records		Y	Y

	%/ # of health facilities rehabilitated/ renovated/ equipped according to specifications of national government		Project reports		Y	Y
	Malaria=% of children under 5 presenting with fevers that are tested using a rapid diagnostic test,	Pillar 1 Principle 1, 4	Health facility supervision and Health facility records		Y	Y
	%/ # of diagnosed cases of malaria that are treated with an Artemisinin-based combination therapy (ACT) in accordance with national protocol;		Health facility supervision and Health facility records		Y	Y
	Respiratory infection=% of children under 5 presenting with suspected pnuemonia that are treated with appropriate antibiotics;		Health facility supervision and Health facility records		Y	Y
	Diarrhoea=% of presenting diarrhoea cases in children <5 that are treated with oral rehydration therapy or increased fluids, with continued feeding		Health facility supervision and Health facility records		Y	Y
Increased community satisfaction with health services	% / # of patients interviewed who report that they are satisfied with the care they received including with the attitude of the health staff;	Pillar I, III Principle 1,2,3,4,5,6	Patient survey		Y	Y
	%/ # of community members who feel that receiving the health services they are entitled to		Household survey		Y	Y
	%/ # of patients who report that they have in no way been mistreated or discriminated against by health staff		Patient survey		Y	Y
Network of community health workers established and functioning	# of new community-based health workers trained	Pillar I, II Principle 1,4,5	Project reports		Y	Y
	# of community health workers supported and supervised		Project reports		Y	Y

	# of people/ children provided with curative and/ or preventive services by community health workers	Pillar I Principle 1,3,4,5	Project reports CHW and health facility records		Y	Y
Integration of existing stand alone SRH / HIV services into district PHC system	% / # of health facilities in programme catchment area that provide SRH as part of normal services	Pillar I, III Principle 1,3,4,5	Health facility assessments		Y	Y
	% / # of children aged 10-18 in schools who can accurately identify where they can access youth friendly SRH services	Pillar I Principle 1,2,4	Interviews, surveys and FGD with school children		Y	Y
	% / # of pregnant women in the catchment area who accept voluntary HIV testing	Pillar I Principle 1, 3,4,5	Health facility records		Y	Y
	%/ # of HIV+ pregnant women who receive PMTCT according to national guidelines	Pillar I, II Principle 1,3,4,5	Health facility records		Y	Y
Increase in community knowledge about the signs and symptoms of major childhood illnesses	% / # of mothers who are able to identify all major danger signs which should prompt them to bring a child to facility	Pillar I Principle 1,4	Household survey		Y	Y
Increased knowledge and practice on how to prevent major	% infants< 6 months exclusively breastfed	Pillar I	Household survey		Y	Y

childhood illnesses	% / # of households with appropriately hung bed nets	Principle 1,4,5	Household survey		Y	Y
	% / # of household heads who know where ITN, waterguards and condoms can be found in the marketplace or community		Household survey		Y	Y
	% / # of villages in catchment area that have functioning water and sanitation systems		Spot check villages in catchment area		Y	Y
	% / # of villages in catchment area that hold to regular maintenance schedules for water and sanitation facilities	Pillar III Principle 1,2,3,4	Spot check villages in catchment area		Y	Y
	% / # of households who can answer questions about availability and fee status of services	Pillar I Principle 1,2,3,4	Household survey		Y	Y
	% of young people (15-24) who can correctly identify at least 3 strategies to prevent sexual transmission of HIV % of young women and men who reject major misconceptions about HIV transmission.		KABP survey		Y	
Improved skills and knowledge of health care workers (in-service training)	% of correct questions to pre- and post-training tests administered (content of test linked to content of testing)	Pillar I, II Principle 1,4,5	Project reports Pre- and post-training tests		Y	
	% of correct diagnosis and treatment plans by health workers before and after training		Spot checks during supervisory visits of health facilities		Y	Y
	# of health workers enrolled in in-service training programme		Project reports		Y	

	%/# of health workers and mangers aware of policies guaranteeing access and rights for PLHIV	Pillar I, II Principle 1,3,4,5			Y	Y
Increased community participation in Health Committees in communities and schools	Number of functioning CHCs in programme catchment area;	Pillar III Principle 1,4,5	Project reports		Y	
	Number of people/women/children /people living with HIV participating in CHC	Pillar II Principle 1,2,3			Y	
	Number of children participating in school health clubs;	Pillar I Principle 1,2,3,4			Y	
	Number of active school health clubs;				Y	
	% / # of children participating in school health clubs who can correctly answer questions regarding X, Y, Z.		KABP survey of children participating in clubs		Y	
OVC programmes						
Home based carers better able to care for infants and children within households affected by HIV and AIDS	%/# of HBC who report being better able to meet the needs of orphans and other children made vulnerable by HIV as a result of programme interventions %/# of HBC who received training are able to name at least 3 specific needs for children in HIV affected households	Pillar I, II Principle 1,2,3,4,5	Training reports/ pre and post test Interviews with Home based carers		Y	

Increased access to better quality of care and treatments for children affected by HIV and AIDS	Evidence of functioning, effective referral system # of children receiving appropriate paediatric HIV treatment %/# of children report satisfaction with the care and treatment provided	Pillar I, II Principle 6 Pillar I, II Principle 1,3,4,5 Pillar I, II Principle 1,2, 3,4	Project reports/ clinic data Clinic data Exit interviews		Y	
Increased appropriate community support for OVCs	# of vulnerable children who report being able to better access shelter an care, education, CBCC, psychosocial, health, food and nutrition, economic strengthening, legal protection	Pillar I, III Principle 1,2,3,4,5	Focus Group discussions / in depth interviews		Y	Y
Increased economic support for HIV affected households	%/# of HIV affected households receiving cash transfers, child saving accounts, community savings groups, other IGAs) %/# of HIV affected households report being better able to cope as a result of improved economic situation	Pillar 1 Principle 1,3	Project records Interviews		Y	
Increased	%/ # of vulnerable children members of OVC and children's committees	Pillar I, II	Interviews and focus group		Y	

participation by orphans and other vulnerable children in OCV and children's committees	%/ # vulnerable children report increased confidence and self efficacy as a result of participation in programme activities # of children in leadership roles / # of OVCs who are in the chair or vice chair position on committees %/# of child parliamentarians who are OVCs or from traditionally marginalised backgrounds	Principle 1,2,3 Pillar I, II Principle 1,2,3,4	discussions FGDs/ interviews Meeting minutes and membership records			
YReduced stigma and discrimination experienced by orphans and other vulnerable children	%/# of children reporting knowing someone who was refused a service because of their OVC or HIV status %/# of orphans and vulnerable children who report feeling socially isolated %/# of orphans and vulnerable children who report knowing someone who stood up for them or the rights of other OVCs and people living with HIV	Pillar I Principle 1,2,3,4	Interviews/ questionnaires		Y	
Health workforce						
Availability of health workers, staff profile	# new health workers trained	Pillar I, II Principle	Project reports		Y	

match needs	# of health facilities fully staffed according to government specifications	1,3,4,5	Project reports Health facility records Spot checks during supervisory visits Payroll		Y	
	% / # of health cadres with formal training curricula		Project reports Curricula		Y	
	% / # of health cadres with clear competency frameworks		Project reports Competency frameworks		Y	
	% / # of health worker positions with clearly defined job description		Project reports Job descriptions		Y	
Improved staff motivation and retention at health facilities	% / # of health workers who are satisfied with their posting;		Health workers surveys Health workers FGD		Y	
	%/ # of health workers who have been paid in full and on time.		Project reports Health facility records Spot checks during supervisory visits Payroll Health workers FGD		Y	
	Average % staff turn-over in health facilities				Y	
HMIS						
Improved (government) Health Management Information systems	%/# of forms that are correctly filled within a month	Pillar II Principle 1,4,5	Spot checks during supervisory visits of health facilities		Y	Y
	# of supervisors/ health workers trained in monitoring of HMIS;		Project reports		Y	Y
	%/# of facilities regularly reporting to a high quality (predefined) standard.		Spot checks during supervisory visits of health facilities District health office records		Y	Y

	% /# of facilities reporting accurately on financial expenditure		Spot checks during supervisory visits of health facilities District health office records		Y	Y
Medical products						
Improve and strengthened supply chain management	% /# of facilities reporting no stock-out of tracer drugs	Pillar II, Principle 1,4,5	Health facility records Supervisory visits Spot checks		Y	Y
Improved quality of services and equipment	%/# of facilities providing immunisation who have a functioning cold chain		Spot checks during supervisory visits of health facilities		Y	Y
	# of stores rehabilitated/ equipped/ made operational		Project reports		Y	Y
	# of staff trained in supply chain management/ needs forecasting		Project reports		Y	Y
	# of ITNs/ condoms/ waterguard/ vaccines/ etc procured and distributed		Project reports		Y	Y
Financial access and demand						
Increased funds allocated to health by government	% of government spending on health as a percentage of total government spend	Pillar II Principle 1,4,5	National health accounts National reports		Y	
	Per capita total expenditure on health				Y	

Financial protection	Out-of-pocket expenditure as % total expenditure on health	Pillar II Principle 1,4,5	National reports Household survey		Y	
Allocation of resources to intervention areas	Per capita public expenditure on health in the intervention areas		District and national financial reports		Y	
Financial accountability	% (and amount) of planned expenditure at district/ facility level actually spent according to plan		District and facility financial reports		Y	
	% / # of health facilities/ districts opening their financial record to public/ external scrutiny		Project reports District and facility financial reports		Y	
Leadership and governance						
Increased accountability and responsive-ness of district and national health system	% / # of health facilities supervised by government authorities on a regular basis	Pillar II Principle 1,4,5	District health office records Health facility records		Y	Y
Strategic planning	N/ % of districts/ health facilities producing a yearly costed implementation plan linked to the budgeting process		Plans Project reports		Y	Y
Improved system of accreditation	Establishment of accreditation system for health facilities/ health providers/ training institutions/ procurement and supply management agencies		Project reports Accreditation institution(s) reports		Y	
	% / # of institutions/ health providers with official government accreditation				Y	

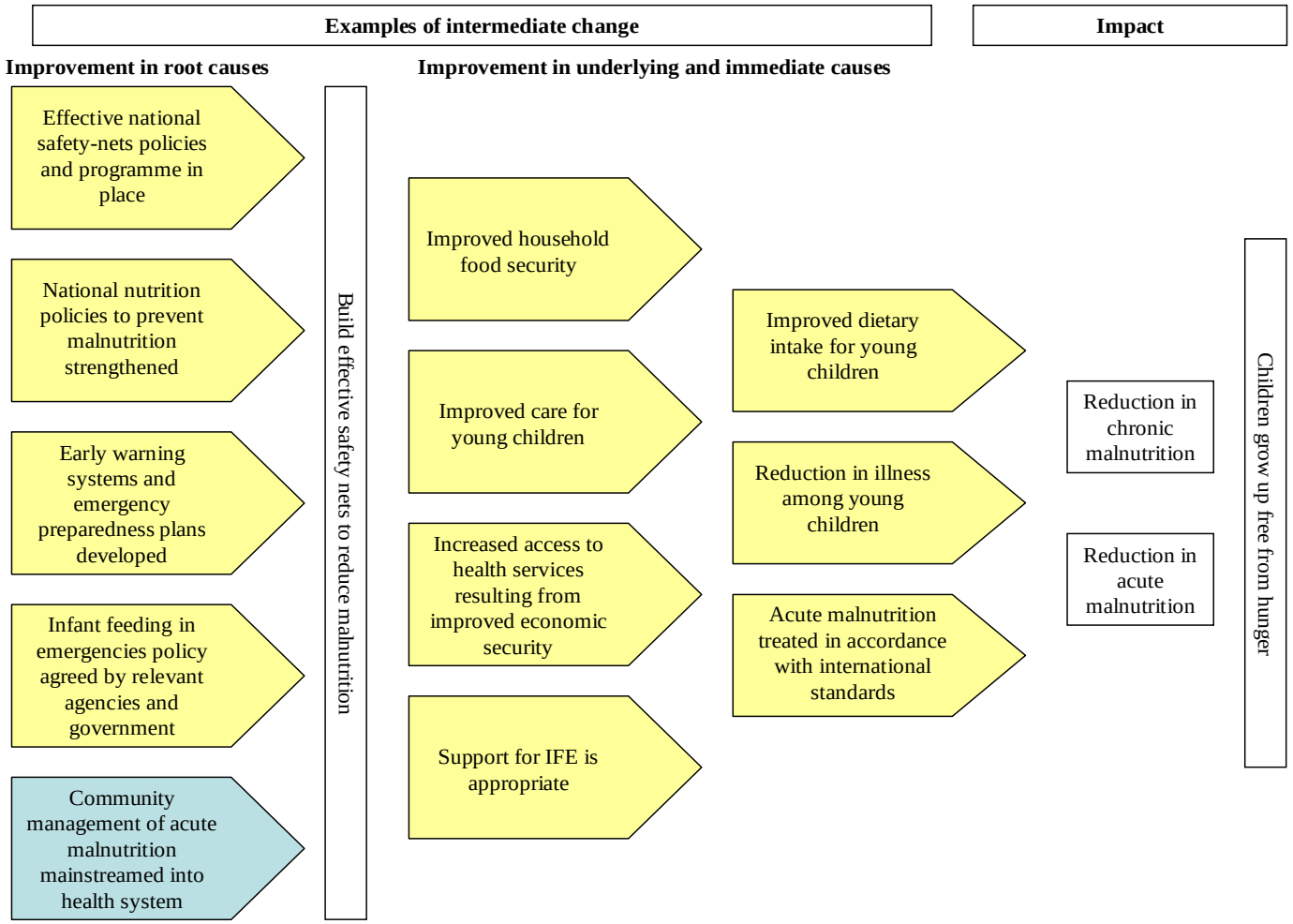
	% / # of national public health workers granted official qualification				Y	
	# of foreign health workers granted official qualification				Y	
	% / # of private sector health workers granted official qualification				Y	
Emergency preparedness						
Improved emergency prepared-ness plans in place and operational	Availability of an Em prep document that includes: At country level 1. national morbidity profile 2. seasonal calendar 3. analysis of emergency context 4. national health services coverage with focus on RH, child and neonatal health. 5. Key at risk groups 6. Migration and future financial risks commonly associated with such emergencies.	Pillar I, II Principle 1,3,4,5	Emergency preparedness plan			Y
	Completed strategy for emergency response that is shared with Emergency Section, MoH, and partners Em prep document includes: 1. Stakeholder and gap analysis 2. Suggested strategy for em. Response e,g Direct geographical service delivery Direct specialised response. Support to MoH in specific technical capacity. Support to LNGOs in specific technical capacity		Emergency preparedness plan Interviews with key informants			Y
Improved procurement and drug management system in place for responding to	Procurement plan in line with international procurement standards.	Pillar II Principle 1,4,5	Procurement plan			Y
	SC drug management guidelines followed in prep plan.		Preparedness plan			Y
	Distribution plan included in emergency preparedness plan.		Preparedness plan			Y
	Community involved in identification of best NFIs in the event of emergency.		FGD and interviews with key informants			Y

emergencies						
Advocacy						
Increased evidence base for advocacy re. health policy	# of key issues, solutions, targets, allies and advocacy opportunities identified	Pillar III Principle 1,2,3,4,5,6	Project reports		Y	
	# of stakeholders who report having seen and made us of any comprehensive mapping exercise		FGD, interviews with key informants		Y	
	# of partners actively participating in and contributing to coalition activities		Project reports		Y	
	# of high level meetings where coalition voiced opinions and put forward positions		Project reports		Y	
	Success of advocacy strategy reflected in both policy and practice change (choice of indicator will depend on the change that the advocacy initiative is meant to bring about)	Pillar II, III Principle 1,2,3,4,5,6	Official documents of government or international agencies (or other target organisations) Reports of meetings, workshops Project reports		Y	

HUNGER REDUCTION INDICATOR MENU

All SC UK Hunger Reduction programmes have an overarching objective to ensure all children grow up properly nourished, to reduce both chronic and acute malnutrition.

The diagram below provides some examples of outcomes which hunger reduction programmes may be aiming to bring about, through the three pillars of child rights programming. Many of these outcomes are relevant for both development and emergency interventions.


Examples of intermediate change
Impact
Improvement in root causes
Improvement in underlying and immediate causes
Effective national safety-nets policies and programme in place
National nutrition policies to prevent malnutrition strengthened
Early warning systems and emergency preparedness plans developed
Infant feeding in emergencies policy agreed by relevant agencies and government
Community management of acute malnutrition mainstreamed into health system
Build effective safety nets to reduce malnutrition
Improved household food security
Improved care for young children
Increased access to health services resulting from improved economic security
Support for IFE is appropriate
Improved dietary intake for young children
Reduction in illness among young children
Acute malnutrition treated in accordance with international standards
Reduction in chronic malnutrition
Reduction in acute malnutrition
Children grow up free from hunger

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
IMPACT:						
Reduction in number of malnourished children	% of children aged <5 years with stunting	Pillar 1, principle 1	AS		X	
	% of children aged <5 years with acute malnutrition as % of global acute malnutrition		AS		X	X
	% of children aged <5 years with severe acute malnutrition		AS		X	X
OUTCOME						
Improvement in immediate causes of malnutrition and treatment of acute malnutrition						
Improved dietary intake for young children	#/% of infants aged 0 to 6 months who received only breast milk in the previous 24 hours	Pillar 1, principle 1	24 h recall		X	X
	#/% of infants aged 12 to 16 months who received breast milk in the previous 24 hours		24 h recall		X	X
	#/% of non-breastfed infants aged 0 to 6 months fed appropriately in previous 24 hours		24 h recall	See specific guidelines	X	X
	#/% of infants aged 6 to 9 months who received solid/semi-solid/mushy foods in previous 24 hours		24 h recall		X	X
	#/% of children aged 6 to 24 months who received foods from at least 4 or more food groups in the previous 24 hours		24 h recall		X	X
	#/% of children aged 6 to 24 months who were fed with appropriate frequency (age-specific) in the previous 24 hours		24 h recall	Age-specific indicator	X	X
	#/% of children aged 6 to 24 months who had a minimum diversity and		24 h recall	Combined	X	X

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
	frequency diet in the previous 24 hours			indicator		
	#/% of children aged 6 to 24 months who received an iron-rich food or an iron-fortified food in the previous 24 hours		24 h recall		X	X
	#/% of carers who reported adding a multiple micronutrient product to child's complementary food		Programme monitoring		X	X
	#/% of targeted households who receive multiple micronutrient product at each distribution		Programme monitoring		X	X
	#/% of adverse events reported by caregivers of children receiving multiple micronutrient product		Programme monitoring		X	X
	#/% of recipients of multiple micronutrient products for children are given an insecticide-treated bednet		Programme monitoring	In malaria-endemic areas	X	X
Reduction in illness among young children	#/% of children reported to be ill with diarrhoea in previous 2 weeks	Pillar 1, principle 1	AS		X	X
	#/% of children reported to be ill with acute respiratory infection in previous 2 weeks		AS		X	X
	#/% of children reported to be ill with measles in previous 2 weeks		AS		X	X
Acute malnutrition identified and treated in accordance with international standards	#/% of children aged 6 months to 5 years in therapeutic and supplementary feeding programme who are cured	Pillar 1, principle 1	Programme monitoring		X	X
	#/% of children aged 6 months to 5 years in therapeutic and supplementary feeding programme who default		Programme monitoring		X	X
	#/% of children aged 6 months to 5 years in therapeutic feeding programme who die		Programme monitoring		X	X
	#/% of children aged 6 months to 5 years in supplementary feeding programme who die		Programme monitoring		X	X
	#/% of children aged 6 months to 5 years in therapeutic or supplementary feeding programme whose weight gain meets international recommendations					
	#/% of cases of acute malnutrition referred and followed up		Programme monitoring		X	X

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
	#/% of caregivers who answer correctly on how to recognise and treat sever acute cases of malnutrition		Programme monitoring / questionnaires		X	X
	#/% of beneficiaries in SC-supported treatment programmes who receive standard preventative health interventions in accordance with protocols		Programme monitoring	Vitamin A supplement, measles vaccination, de-worming	X	X
	#/% of MOH staff who participated in capacity-building trainings for treatment of acute malnutrition able to answer correctly all post training questions		Programme monitoring / pre and post test questionnaires		X	X
	#/% of CHWs/volunteers working with SC-supported treatment programmes trained for community mobilization able to answer correctly all post training questions		Programme monitoring / pre and post test questionnaires		X	X
Improvement in the underlying causes of malnutrition						
Safety Nets						
Safety net programmes meet the changing needs of the poorest and most	#/ % of targeted households who receive cash transfer at each distribution	Pillar 1, principle 3			X	X
	#/% of households included in safety net programme who are classified as poor or vulnerable	Pillar 1, Principle 3	HEA		X	
	#/% of households who are able to cover their essential needs with transfers	Pillar 1,				

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
vulnerable households	(food, water, fuel)	Principle 4				
	#/% of households who are able to invest in productive assets with transfers (seeds, tools, education, etc.)	Pillar 1, Principle 4				
	Link established between early warning system and safety nets programme	Pillar 2				X
	# of households targeted during lean period	Pillar 1, Principle 4				
	Amount of transfers and % of a minimum essential basket of food and NFIs					
	Means of disbursement allow for easy scale up/scale down					
	% of households who participate in financial literacy/information sessions on cash transfers (if relevant)	Pillar 1, Principle 1, 2, 3				
	# /% of children involved in livelihood monitoring / designing livelihood interventions/ monitoring impact	Pillar 1, Principle 2				
	# /% of children who participate in designing safety net programme	Pillar 1, Principle 2				
	#/% of children who participate in designing safety net programme	Pillar 1, principle 2				
	# of children involved in food security & livelihood monitoring	Pillar 1, principle 2				
Improved household food security						
Poorest households can meet their food needs	#/% of households whose food access meets or exceeds minimum energy needs	Pillar 1, principle 1	HEA/CoD			
	#/% of the households daily requirements covered through food or cash distributions (if relevant)		Post-distribution monitoring			
	#/% of affected households receiving food/cash distribution entitlement (if relevant)					

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
	#/% of targeted children meet their daily kilocalorie requirements with the contribution of SC food and/or cash distribution (if relevant)		Post distribution monitoring			
	Food ration composition and/or cash transfers cater to specific needs of young children (if relevant)					
	#/% of household increasing their diet diversity		Programme monitoring			
	#/% of households who report having to reduce the number of meals eaten per day at certain months of the year		Programme monitoring			
	#/% of households who report feeling hungry after eating during certain months of the year					
	#/% of households whose income levels meet the cost of a minimum essential food and non-food basket		HEA, CoD			
Poorest households can diversify/restore their livelihoods and sources of income	# /% of targeted households able to access productive assets through in-kind or cash-based distributions from SC-supported programmes	Pillar 1, principle 1,3,4		For example, livestock, savings, productive assets		
	# or % of targeted households who took part in livelihoods training and able to answer preset questions correctly		Pre and post test questionnaire			
	# or % of targeted households who report sustaining new/developed livelihood					
	#/% of households whose income is above a pre-defined level					

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
	% of household income spent on food, health and education for children in a month				X	X
	#/% of targeted households able to restore/increase their main crop production					
	#/% of targeted households able to maintain/increase their core reproductive livestock					
	% of expenditure covered through own production/income post emergency					
	#/% of households, who were trained, able to answer correctly key questions on financial literacy and cash transfers (if relevant)		Questionnaire/ interviews			
Poorest households can increase food production	% increase in annual crop production at household level	Pillar 3				
	Increase in # food items produced seasonally/ annually					
	% increase in livestock births					
	% increase in milk yields/meat production					
	Prevalence of common animal diseases					
	#/% of trained community animal health workers able to provide basic livestock management					
	#/% of households who participate in disaster risk reduction activities					
Poorest households can reduce vulnerability to shocks	#/% of children who participate in disaster risk reduction activities	Pillar 1, principle 3,4				
	#/% of children who participate in designing/ developing early warning systems					
	# of community based information systems (early warning system) in place and working effectively					

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
	#/%of households reporting negative coping strategies					
	#/% of households who participate in financial literacy/information sessions on cash transfers					
	% increase in targeted households who have access to in-kind cash savings					
Poorest households can access dynamic supportive markets better	Increase in income from market sales over the previous x months					
	# of traders reporting increase in trade over the previous x months					
	Increase in # of different produce items available in market(s)					
	Increase in # of different produce items taken by households/villagers to market over the previous x months					
	# of traders consulted during FS&L programme design					
	Programme design supports/allows longer term safety net scheme (if relevant)					
Emergency affected households receive timely and appropriate food security and livelihood support	# of coordination meetings tackling emergency livelihoods					
	Emergency food security and livelihood response is based on adequate needs assessment/seasonal calendar					
	Emergency food security & livelihood response is timely and mitigates the incidence of harmful coping strategies					
	Emergency food security response addresses the specific food needs of young children and pregnant/lactating mothers					
Improved care for young children						
Improved breastfeeding practices	#/% of infants aged 0 to 24 months who were put to the breast within 1 hour of birth	Pillar 1, principle 1	KAPB	See also immediate causes	X	X
Improved artificial feeding practices	#/% artificially-fed infants using cups	Pillar 1, principle 1,4	KAPB		X	X

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
for non-breastfed infants	#/% of artificially-fed infants using bottles/teats					
	#/% of infants who have been bottle-fed in past 7 days					
					X	X
			KAPB		X	X
	#/% of caregivers who report washing their child's hands with soap		KAPB	Weekly recall (as part of normal 24 hour recall questions)	X	X
Improved hygiene practices associated with	#/% of caregivers who report washing their hands before food preparation	Pillar 1, principle 1,4				
	#/% of caregivers who report re-warming previously cooked food for the child					
	#/% of caregivers who report having no refrigeration/cold storage facility					
	#/% of caregivers who report washing &drying feeding utensils/bowls before feeding child		KAPB		X	X
	#/% of caregivers who report treating the water used in non-boiled liquids and foods given to the child (where water is unsafe to drink)		KAPB		X	X
	#/% of caregivers who report washing their hands before feeding their child		KAPB		X	X
	#/% of caregivers who report washing the child's hands before feeding		KAPB		X	X

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
child care and feeding						
Care practices during feeding improve	#/% of caregivers who report feeding infants aged 6 to 12 months directly		KAPB		X	X
	#/% of caregivers who report assisting children aged 13 to 23 months in eating	Pillar 1, principle 1	KAPB		X	X
	#/% of caregivers who report feeding their child when their child asks for food		KAPB		X	X
	#/% of caregivers who report at least one cue that their child is hungry		KAPB		X	X
	#/% of caregivers who report at least one cue that their child is full		KAPB		X	X
	#/% of caregivers who report at least one positive strategy to test whether their child is full		KAPB		X	X
	#/% of caregivers who report at least one positive strategy to encourage their child to eat		KAPB		X	X
	#/% of caregivers who report at least one positive strategy to teach their child to eat		KAPB		X	X
	#/% of caregivers who don't make their child finish their plate		KAPB		X	X
	#/% of caregivers who offer "one more bite"		KAPB		X	X
	#/% of caregivers who report at least one positive strategy to overcome food refusal		KAPB		X	X
	#/% of children fed by a consistent adult caregiver		KAPB		X	X
	#/% of caregivers who don't allow animals in the area where the child eats		KAPB		X	X
	#/% of children fed with a separate bowl		KAPB		X	X
	#/% of caregivers who report sitting down with their child during eating		KAPB		X	X
	#/% of caregivers who report talking to their children at mealtimes		KAPB		X	X
	#/% of caregivers who report allowing their children to try to feed themselves		KAPB		X	X
	#/% of caregivers who provide finger foods to their children.		KAPB		X	X
Appropriate supervision is given to young	#/ % of children aged 6 to 36 months who were cared for by a sibling (<6 years) when the primary caregiver was away		KAPB		X	X
	#/% of caregivers who spent more than 2 hours away from a child aged 6 to	Pillar 1,	KAPB		X	X

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
children	36 months	principle 1				
Improved quality and coverage of nutrition education-style programmes	#/% of caregivers who are aware of SC nutrition education programmes	Pillar 1, principle 1,2	KAPB	Nutrition education programme refers to any type of 'direct' programme aimed at supporting child nutrition – whether for complementary feeding, breastfeeding, care practices, etc.	X	X
	# of children involved in the design and implementation of nutrition education-style programmes		Questionnaire / interviews		X	X
	#/% of caregivers who report being able to put into practice guidance provided via SC-supported nutrition education programmes		Routing programme monitoring data		X	X
Increased access to health services resulting from improved economic security						

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
Improvement in treatment of diseases linked to malnutrition	#/% of families who report taking their child to a health facility when he/she is sick	Pillar 1, principle 1	Questionnaire / interviews		X	X
	#/% of families who report accessing ORS and/or zinc treatment when their child has diarrhoea					
	#/% of children who receive standard preventative health interventions in accordance with protocols		Questionnaire / interviews		X	X
Increased coverage of preventative health care services linked to malnutrition	#/% of families who report that their children sleep underneath insecticide-treated bednets	Pillar 1, principle 1	Routing programme monitoring data / quality check	Vitamin A, measles vaccination, de-worming	X	X
			Questionnaire / interviews	In malaria-endemic regions	X	X
Infant Feeding in Emergencies response is appropriate						
Coordination of IFE response improves	Nutrition cluster/other coordinating body agrees to monitor IFE responses	Pillar 3, principle 1				X

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
	All relevant SC emergency response staff in-country receive written guidelines on IFE					
SC emergency response staff are equipped to support IFE	# or % of SC health and nutrition staff trained to support breastfeeding as part of an emergency response	Pillar 3, principle 1				X
	# of breastfeeding counsellors trained by SC					X
Support to mothers provided by SC during emergencies is optimal	% of breastfeeding mothers who receive specific food ration as part of an emergency response	Pillar 1, principle 1	Programme monitoring			X
	# of breastfeeding support centres in operation		Programme monitoring			X
	% of women who report problems with breastfeeding who are referred to SC breastfeeding support programme		Programme monitoring			X
	# or % of referred mother/child pairs who receive a skilled assessment		Programme monitoring			X
	# or % of mother/child pairs who receive skilled support for required duration		Programme monitoring			X
	# or % of mother/child pairs who receive basic aid (without skilled assessment or support)		Programme monitoring	Skilled support can be disaggregated: Wet nursing Artificial feeding Relactation Specific		X

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
				breast problem Psychosocial		
	% of mothers who report being satisfied with support given via SC IFE programme		Programme monitoring			X
	# or % of mothers attending infant and young child feeding education sessions via SC-supported emergency programmes		Programme monitoring			X
Use and distribution of infant formula as part of emergency response meets international guidelines	Infant formula distributed for artificially-fed infants meets Codex requirements	Pillar 2,3, principle 1	Logistic reports			X
	Procurement of breast milk substitute by SC meets IFE regulations					
	% of mothers who are artificially feeding their infants who are given required supply of approved infant formula each week/fortnight/month		Logistic reports			X
	% of mothers who are artificially feeding their infants who receive infant formula throughout the duration of their involvement with the programme		Programme monitoring	Approved infant formula refers to that which meets codex requirements and that has been procured by SC and not		X

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
				donated		
	No SC-supported emergency response programme distributes breast milk substitute as part of a general ration		Programme monitoring			X
	% of SC TFCs or stabilization centres that provide skilled support for breastfeeding		Emergency sit-reps			X
Services for intensive infant feeding and treatment of acute malnutrition are available	% of SC TFCs or stabilization centres that provide rehabilitation of severe acute malnutrition for infants <6 months	Pillar 1, principle 1	Programme monitoring			X
	# /% of mother/infant pairs referred to a therapeutic feeding programme		Programme monitoring			X
Community support for breastfeeding in emergency response is strengthened	# /% of mother/infant pairs that receive skilled support via TFC or stabilization centre	Pillar 1, principle 1	Programme monitoring			X
	% of community members who report increased knowledge of benefits of breastfeeding		Programme monitoring			X
	#/% of peer counsellors who report increased confidence and ability to counsel new mothers on breastfeeding		Programme monitoring			X
Separated infants have skilled support for appropriate feeding	# separated infants referred to IFE/health/nutrition programme / MoH BFH services	Pillar 1, principle 1	Programme monitoring			X X
Improvement in root causes of malnutrition						
Effective national safety nets						

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
policies and programmes in place						
National nutrition plan/poverty reduction strategy etc includes safety nets in the context of tackling malnutrition	Existing strategy amended OR new strategy developed and implemented with input from SC	Pillar 2, principle 4, 5, 6	Policy analysis		X	
Financing of food security related programmes(inc national safety net programmes) from national and local budgets increases	National poverty reduction strategy reviewed as a result of SC input to specifically address access to adequate food	Pillar 2, principle 3, 4 6	Policy analysis		X	
	% of total government spend on national safety nets programmes					
	% of budget spent on food security programmes at local level		Policy analysis		X	
	Scale up of SC pilot hunger safety nets schemes to regional or country level		Budget tracking		X	
Increased international aid to hunger reduction programmes	% of international aid that goes to food security or nutrition information systems % of increase in international aid to hunger reduction programmes # of donors who increase their funding for hunger reduction (diversity)	Pillar 2/3, principle 3	Budget tracking		X	X

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
Laws and policies developed and/ or reformed and put into practice as a result of SC advocacy work	# of new policies / guidelines developed at national, regional and international levels relating to food security or nutritional information systems	Pillar2, principle 4, 6	Policy analysis			
National Government increase their support to safety nets for the poorest	#/ % of households targeted classified as poor # of safety net schemes with government involvement (funding / HR)	Pillar 2, principle 3				
Number of organizations that design their hunger reduction strategies based on SC methods increases	# of strategies where SC is consulted during design/implementation # of strategies that make direct reference to SC hunger reduction reports and documents	Pillar 3, principle 6	Agency reports		X	X
National nutrition policies and programmes to prevent child malnutrition strengthened						
Increased commitment by national	% of government funding allocated to nutrition programming as % of total budget	Pillar 2,3 principle 4	Budget tracking		X	

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
government to improve child nutrition	National nutrition strategy developed, adopted and implemented by government					
	# of civil society organizations participating in developing national nutrition strategy				X	
IYCF policies developed and/or strengthened	National policy on infant and young child feeding officially adopted by government National policy on HIV and infant feeding officially adopted by government	Pillar 2, principle 4		Consistent with international guidelines	X	
	National strategy/action plan for achieving targets set by the Global Strategy for Infant and Young Child Feeding has developed and implemented			In HIV-endemic regions	X	
Baby Friendly Hospital Initiative expanded	#/% of hospitals and other services offering maternity services that have been designated baby friendly	Pillar2, principle 4	MoH reports		X	
Regulation of the marketing of Breastmilk Substitutes improved	National Code policy ratified by government	Pillar 2, principle ?	Policy analysis		X	
	Code monitoring system established					
	# of monitoring reports produced annually				X	
	# of Code violations per year				X	
	#/ % of Code violations prosecuted		Code monitoring reports		X	
Legislation for protecting working mothers strengthened	ILO Maternity Protection Convention (No. 183) gets ratified Measures put in place to protect breastfeeding mothers in the informal workforce	Pillar 2, principle 3	Policy analysis		X	

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
Early warning systems and emergency preparedness plans developed						
National or regional Food Security and Nutrition Information Systems implemented	# of national livelihood baselines developed for X areas and updated as necessary	Pillar 2,3 principle 3, 4, 6	Government records and interviews		X	
	Evidence of livelihoods information systems feeding into the national early warning systems					
	Evidence of national early warning systems integrated into emergency nutritional surveillance		Policy analysis / interviews		X	
	Evidence that Integrated Phase Classification or similar inter-agency process is used to collate analysis from a range of sources providing a consensus inter-agency view on the severity and causes of food insecurity		Policy analysis / interviews / surveillance data		X	
	Evidence that preventative humanitarian response decisions are informed by national early warning systems		Policy analysis / interviews		X	
Infant feeding in emergencies policy agreed by relevant agencies and government						
IFE policies developed/strengthened	National policy on infant feeding in emergencies officially adopted by the government	Pillar 2,3, principle 1, 4	Policy analysis		X	X

Example of expected outcome as a result of hunger programme or emergency intervention	Example of indicator to measure change	Relevance to CRP pillars and principles	Data collection methods	Comment	D	E
	#/% of agencies working in-country with an agreed policy on IFE		Agency/ cluster reports		X	X
Use of infant formula in emergencies and non-emergency programmes well-regulated	Written criteria for use of infant formula finalized	Pillar 3, principle 1, 4			X	X
	#/% of agencies in-country who have agreed to follow the written criteria		Agency/ cluster reports		X	X